The Senate met at 2:15 p.m. and was called to order by the Honorable Rob Portman, a Senator from the State of Ohio.

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

Let us pray.

Lord God, source of righteousness and the center of our joy, forgive us when we assume we know what is right without seeking Your wisdom. Inspire our lawmakers to think Your thoughts, to listen for Your directions, and to follow Your guidance. Lord, lead them to seek what is best for our Nation and world, depending always on Your sovereignty and might. May they constantly remember that You possess all power and can accomplish the seemingly impossible if they would only believe. Continue to sustain them with Your might, showering them with Your bountiful blessings.

We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE
The Presiding Officer led the Pledge of Allegiance, as follows:

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE
The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. Hatch).

The senior assistant legislative clerk read the following letter:


To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable Rob Portman, a Senator from the State of Ohio, to perform the duties of the Chair.

Orrin G. Hatch, President pro tempore.

Mr. PORTMAN thereupon assumed the Chair as Acting President pro tempore.

RESERVATION OF LEADER TIME
The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS
The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE CALENDAR
The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to consider the Nye nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

HEALTHCARE LEGISLATION
Mr. GRASSLEY. Mr. President, I am going to speak for about 5 minutes. Before I begin, I will reference an item that I ask unanimous consent be printed in the Record following my speech.

I rise to share real stories of real hardships from hard-working families in my home State of Iowa. Seven years ago, Americans were promised that the Affordable Care Act would make health insurance cheaper and healthcare more accessible. Well, I will not pretend to break any news here. The facts speak for themselves: ObamaCare is not living up to its promises. When passing the law, the other side made promises they knew could not be kept.

The irony is, the so-called Affordable Care Act is anything but affordable. I have heard from many Iowans who tell me, in no uncertain terms, that they cannot afford to buy health insurance because ObamaCare is unaffordable. In fact, 72,000 Iowans can’t even get help from the exchange because there isn’t an insurance company to service them. One Iowan wrote to me:

I am forced to pay $230 a month for a healthcare plan that covers nothing until I reach $1,000 in deductible. So on top of paying 100 percent of my medical bills anyway, now I also have to pay for insurance I can’t use.

How did we get to this point?

Seven years ago, I spoke right here on the Senate floor and predicted what would happen to the cost of insurance if ObamaCare passed. So let’s go back to that period of time when I spoke in October of 2009. This is my own quote from that speech:

And while some of the supporters of these partisan bills may not want to tell their constituents, we all know that as national spending on health care insurance increases, American families will bear the burden in the form of higher premiums. So let me be very clear, as a result of the current pending healthcare proposals, most Americans will pay higher premiums for health insurance.

That is the end of my quote from a speech in the Senate in October of 2009. Now, I don’t have a magic crystal ball, but it was easy to read the writing on the wall. I knew that layers of new taxes and burdensome new mandates in ObamaCare would lead us to where we find ourselves today: a broken healthcare system that is not better off than it was 7 years ago, and for millions of Americans—including those 72,000 Iowans—it is much worse.

So where do we go from here? After 7 years of rising premiums, soaring deductibles, and climbing copays, Republicans are committed to fixing the damage caused by the Affordable Care
Act. Not only is it unaffordable for too many people, it is unsustainable. ObamaCare is unable to fulfill its promises to the American people.

Here is what every lawmaker in Congress ought to agree on: Insurance isn’t worth having if patients can’t afford use that insurance. The facts are clear. A one-size-fits-all, government-run plan from Washington, DC, is driving insurers out of the exchanges, driving up premiums, driving away customers, and driving up the tab to the tax-paying public.

ObamaCare has overregulated, overtaxed, and oversold its promises to the American people. ObamaCare has not healed what ails the U.S. healthcare system. It is time to move forward.

Mr. President, I also want to speak about Medicaid for a moment. Medicaid, as we know it, is not sustainable. The national Government and States spent $553 billion on Medicaid in 2016. That amount is very close to $593 billion spent on the No. 1 responsibility of the Federal Government—our Nation’s defense.

Every program since Medicaid started, it has grown faster than the economy. Medicaid is now unmatched as a driver of the deficit of our country. We cannot sit by and leave this kind of debt to our children and our grandchildren.

Dollars are not the only metric by which we measure Medicaid. Medicaid is a program that should supply healthcare to diverse populations and should have quality measured, but it does not.

Medicaid dollars should be spent efficiently, but they are not. Activists in Washington, DC, are fighting to preserve the status quo and, of course, in the process, scaring the daylights out of the American people.

Yet Iowans tell me that there are waiting lists for Medicaid waivers to obtain services for children with disabilities. Others tell me that medicines that will cure diseases are rationed to the elderly.

It is a fact that Medicaid is not working the way it should for everyone. The time to act to preserve and improve Medicaid as the safety net for the most vulnerable citizens is right now.

I am holding up a letter here because, under a Democratic President, proposing what we are doing, 46 Democrat Senators wrote to President Clinton and expressed their ‘strong support’ for Medicaid per capita caps.

The letter went on to say that it would give States the flexibility to achieve savings without cuts to essential services. It is what the current proposal aims to do as well.

We are proposing per capita caps as a way to make sure tax dollars are spent wisely on the most vulnerable people in our Nation. Medicaid dollars should be spent on children with cystic fibrosis who needs a blockbuster drug. A person with severe mental illness should be able to rely on Medicaid for care.

Medicaid cannot continue to be a limitless credit card for the States to spend money without any accountability to the people who need it. I urge my colleagues to put aside partisan dogma and work to solve this problem for the American people.

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

WASHINGTON, DC, December 13, 1995.

President William J. Clinton,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: We are writing to express our strong support for the Medicaid per-capita cap structure in your seven-year budget. We have fought against Medicaid block grants not containing a substantive mental guarantee to Medicaid for eligible Americans.

We commend you on the courage you have exercised in linking these two commitments to the budget without undermining the health of children, pregnant women, the disabled, and the elderly.

The savings level of $54 billion over seven years included in your budget will require rigorous efficiencies and economies in the program. Closer working with many Medicaid Directors and service providers across the country, we believe a reduction of this level is possible to achieve without the kind of dramatic cuts to essential services. States will need flexibility to achieve these savings, and you have taken steps toward granting it in your bill.

We were encouraged that your Medicaid proposal does not pit Medicaid populations against one another in a fight over a limited pot of federal dollars.

We were further encouraged to hear Chief of Staff Panetta relay your commitment to veto any budget not containing a substantive mental guarantee to Medicaid for eligible Americans.

We commend you on the courage you have exercised in linking these two commitments to the budget. There is a bottom line when it comes to people’s health; do not allow the current Congressional leadership to foist a bait and switch on Medicaid beneficiaries.

Your current proposal is fair and reasonable, and is consistent with what we have advocated. It puts us in the strongest possible terms to hold fast to these commitments in further negotiations.

We are prepared to offer any assistance you may need in this regard.

Sincerely,
Bob Graham; John Breaux; Jay Rockefeller; Herb Kohl; Patrick Leahy; Frank R. Lautenberg; Ted Kennedy; Tom Daschle; Patty Murray; Barbara Boxer; David Pryor; Barbara A. Mikulski; Max Baucus; Paul Wellstone; Joe Lieberman; Paul Sarbanes; Carol Mosely-Braun; John Glenn; Jeff Bingaman; Carl Levin; Bill Bradley; John F. Kerry; Bob Kerrey; Joe Biden; Daniel K. Akaka; Dale Bumpers; Daniel Inouye; Chuck Robb; J. James Exon; Howell Heflin; Claiborne Pell; Russ Feingold; Daniel P. Moynihan; Sam Nunn; Robert C. Byrd.

MR. GRASSLEY. Mr. President, I yield the balance of my time.

RECOGNITION OF THE MAJORITY LEADER

THE ACTING PRESIDENT pro tempore. The majority leader is recognized.

Mr. McCONNELL. Mr. President, I want to start this afternoon by offering deepest condolences to the Marine Corps and to all those who lost loved ones in the tragic plane crash yesterday in Mississippi. We are still learning details about the incident, but we know that at least 16 on board the plane perished as a result of the crash.

Our hearts break for all those impacted and the many lives cut short in this tragedy. We are reminded of the bravery that our voluntary servicemembers exhibit, putting their lives on the line, both at home and abroad, in order to defend our communities and our freedom. We are indebted to them for their courageous, courageous sacrifice.

Mr. President, on a totally different matter, ObamaCare is a direct attack on the middle class. Seven years ago, Democrats imposed it on our country. In the years since, Americans have fought themselves and the mercy of its failures repeatedly. Choice was supposed to go up, but it plummeted. Costs were supposed to go down, but they skyrocketed.

ObamaCare’s defenders spent years trying to deny any of these clear realities. When the weight of the evidence became too clear to ignore, some appeared to bemoan ObamaCare’s harmful impact on our country.

The Democratic Governor of Minnesota declared that it was “no longer affordable.” President Clinton branded it “the craziest thing in the world.” Other Democrats said similar things.

Such acknowledgements of the obvious seemed to many of us like progress, but they turned out to be just rhetoric. In the last election, voters delivered Congress the opportunity to finally address the ObamaCare status quo. Yet Democrats made clear early on that they did not want to work with us in a serious, bipartisan way to actually do so.

I wish they had made a different choice. I wish their sudden calls for bipartisanship now were even somewhat serious, but this is the reality before us. We must accept it because that is where we are.

As my Republican colleagues know, this is the charge we must accept as well. The American people are looking to us for a better way. That is why, despite many, many headwinds, we keep working toward a better solution than ObamaCare. I have seen the pain in the eyes of too many of my constituents because of this law. I think they deserve better than what ObamaCare has given them. I hope, in the end, that a majority of the Senate will agree.

We have been continuing with ongoing conversations across the conference about how to get there. Members shared significant input over the State legislatures, and we kept working very hard on this. We will continue to focus on the fundamentals that have guided the process from the start, like improving the affordability.
of health insurance and stabilizing collapsing insurance markets before they leave even more Americans without any options at all.

We also want to strengthen Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on the program don’t have the rug pulled out from under them.

Many States want the ability to reform their Medicaid programs so they can actually deliver better care at a lower cost. Under current law, States have some ability to do so. Indiana, for example, has launched a particularly notable effort, thanks to the leadership of now-CMS Director Seema Verma.

Ms. Verma has also helped States like Kentucky develop their own plans, but the process is still too restrictive. It hinders broader innovation, and it is very slow. Kentucky’s plan, for instance, still has not been approved by the Federal Government.

The Senate’s healthcare legislation contains a provision to dramatically expand the State’s authority to improve its Medicaid system. It is an idea that could significantly improve healthcare in States across the country. As the Wall Street Journal wrote in a recent editorial:

This booster shot of federalism could become the greatest devolution of federal power to the states in the modern era. [It could] launch a burst of state innovation.

The Journal went on further:

Introducing many competing health-care models across the country would be healthy. California and South Carolina don’t—and shouldn’t—have to follow one uniform prototype designed by Washington, and even a state as large as California doesn’t have the same needs from region to region [within the State]. If nothing else the repeal and replace debate has shown that liberals, conservatives and centrists have different health-care priorities, and allowing different approaches and experimentation would be politically therapeutic. These innovative can be become examples to those that stay heavily regulated.

It is clear that we have an important opportunity to achieve positive things for our country. It is also clear that, if we let this opportunity pass by, the options left are not good ones.

The Senate Democratic leader acknowledges that ObamaCare isn’t working the way they promised, but his solution, as he noted in a statement last week, is even more money for insurance companies. The solution would be an insurance company bailout—no reforms, no changes, just more money to paper over the problems under the current law. It is a multibillion-dollar bandaid, not a real solution.

Senator SANDERS acknowledges that ObamaCare isn’t working, too, but his solution, as he stated in my State over the weekend, is to move to the kind of fully government-run single-payer system that was already abandoned in his home State. Of the 80 percent of the voters recently rejected in Colorado, and that even the California State Legislature and its huge Democratic majority is finding rather hard to swallow.

Is it any wonder? The so-called single-payer plan Senator SANDERS proposed in his Presidential campaign would strip Americans of so many facets of choice for their own healthcare and literally hand it over to the government. It would require almost unimaginably high tax increases—unimaginably high.

The cost, according to a recent analysis by the Journal, stands at an astonishing—listen to this—$32 trillion. That is trillion with a “t.” That represents a greater sum than the entire economy of the most populous nation on Earth—China. It is more than Japan’s economy, too—and Germany’s, Britain’s, and France’s. It is the same with Italy’s, Brazil’s, India’s, and Canada’s.

In fact, the cost of Senator SANDERS’ healthcare plan is projected to be roughly equal to the size of all nine of those countries’ economies combined. It would total more than the entirety of the European Union twice over. If you laid out 32 trillion one-dollar bills end to end, they would stretch from the Earth to Neptune. It took the Voyager 2 spacecraft 12 years to reach Neptune.

That is the government-run single-payer plan put forward by the most famous proponent of the idea. Many in the Senate Democratic leadership now support single-payer, too, and these days, increasing numbers on the left seem to openly comment on the failures of ObamaCare, as if they see an opportunity to finally realize their lifelong dream of total government dominance of the healthcare system.

That is the dream of many on the other side in this body. That will not happen if we succeed in our charge today. Americans deserve better than what we are getting under ObamaCare. They deserve better than what they get under an even more government-heavy system than we have now. They also deserve better than a bandaid solution.

The people we represent deserve more affordable health insurance. They deserve improved healthcare choice. They deserve a more flexible Medicaid system that can help improve outcomes for those truly in need. They deserve a more responsive healthcare market that trusts the American people to make more of their own choices, not the government.

That is what we have been fighting for throughout this debate. That is what we are going to keep fighting for today.

Mr. President, on one final matter, believe it or not, the current business before the Senate is the consideration of a noncontroversial nominee to be a U.S. district judge in Idaho—Idaho.

How do we know he is noncontroversial? Well, the Judiciary Committee reported out his nomination on a voice vote, and, then, every single Senate Democrat voted yesterday for cloture on his nomination, thereby agreeing that there is no need to continue debate on this noncontroversial nomination—a noncontroversial district court judge.

Why are we still having a debate on a noncontroversial district court judge? If they agree that the Senate should bring the debate on the nomination to a close, then, why did they insist on dragging out the 30 hours of postcloture debate time in order to debate a nomination that not a single Democrat said needed to have more debate?

We all know the answer. It is that the unnecessary procedural vote yesterday served our colleagues apparent purpose of wasting—literally wasting—more of the Senate’s time. Unfortunately, this has become a common practice for our friends across the aisle.

At this point in President Obama’s Presidency, we allowed more than 90 percent of his nominees to clear by simple voice vote. Let me say that again. At this point in President Obama’s Presidency, we allowed more than 90 percent of his nominees to clear by a simple voice vote, and we only asked for those procedural votes known as cloture votes eight times. At the same point under this current President, President Trump. Democrats have allowed voice votes 10 percent of the time. Of the time, 90 percent of Obama’s nominees got a voice vote, 10 percent of Trump’s got a voice vote, and they forced procedural hurdles 30 times.

These delays have nothing to do with the credentials or whether Democrats support the nominee. In many cases, in fact, they do support the nominee, like the nominee before us.

As the Wall Street Journal observed yesterday:

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position.

What does this mean? It means a 2-day waiting period and then another 30 hours beyond that. It is not about changing the outcome; it is about wasting time to make it more difficult for the President to make appointments.

According to the nonpartisan Partnership for Public Service, at this point in President Obama’s administration, he had 183 of his nominees confirmed. While the current President has made 178 nominations—almost as many—the Senate has confirmed only 46 of them.

The Wall Street Journal editorial I mentioned goes on to note that the extent of this Democratic obstruction extends far beyond the cloture vote issue. I have discussed this issue before, and I urge the Democratic minority to think about the consequences for the Senate and our country if they allow this near-total obstruction to continue.
Mr. President, I ask unanimous consent that the Wall Street Journal editorial I just mentioned be printed in the RECORD.

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

[From the Wall Street Journal, July 10, 2017]

RUNNING THE SCUMMER BLOCKADE: THE GOP SENATE NEEDS TO STOP DEMOCRATIC ABUSE OF THE RULES

(By the Editorial Board)

The Trump Presidency is well into its seventh month, and the Trump Administration still barely exists. Senate Democrats are abusing Senate rules to undermine the executive branch, and Republicans need to restore order.

President Trump got an inexcusably slow start making nominations, but in the past few weeks he’s been catching up to his predecessors. According to the Partnership for Public Service, as of June 28 Mr. Trump had nominated 178 appointees but the Senate had confirmed only 46. Barack Obama had 180 nominations confirmed that date in his first term, and George W. Bush 130.

The White House has understandably begun to push back on these delays, and Minority Leader Chuck Schumer says it “has only itself to blame.” But a press release Mr. Schumer sent out Monday made the White House situation look better than it is. The Senate has received 422 nominations but confirmed only 50 through June 30. Democrats are now the problem.

Among the non-controversial nominees awaiting confirmation: Kevin Hassel to lead the White House Council of Economic Advisers; David Malpass, under secretary at Treasury for international affairs; two nominees needed to review pipelines and other projects at the Federal Energy Regulatory Commission; and Noel Francisco for Solicitor General. Mr. Malpass was nominated in March 2018, but the Senate really is taking the obstructionism to a new level if you compare it to any past administration. He pointed out the number of nominees President Obama was able to get in and on the way in which Republicans here in the Senate cooperated with him on his nominees. Then there is the Senate reality is taking the obstructionism when it comes to trying to block even getting people into the administration, into their positions, to an entirely new level.

Frankly, about the only thing that probably exceeds the pileup of President Trump’s nominees who are not getting into his administration is the pileup of bad Obamacare news stories. Just take a look at a few of the recent headlines:

From the Cincinnati Enquirer: “Anthem’s Exit Creates Obamacare ‘Crisis for Rural Nevadans.’”

From the Washington Free Beacon: “Recent Obamacare Insurer Exits Lead to More Counties With No Choices.”


Across the United States, the story is the same—huge premium increases, fewer choices, and a system that is well on its way to complete collapse.

In late May, the Department of Health and Human Services released a report comparing average individual market insurance premium in 2013, which was the year 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. This is what they found:

Between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent. That is in the 4-year time-frame since ObamaCare was implemented. On average, individual market premiums more than doubled in just those few years.

In my home State of South Dakota, premiums increased by 124 percent, or $3,585. That is more than 2.5 times the average increase in all of the other States, which is why South Dakota families had to take from other priorities, such as saving for retirement or investing in their children’s education. Over the past 5 years, the average individual market yearly premium in South Dakota has increased by $4,908 in Arizona; $9,364 in Alaska; $3,648 in Louisiana; $5,064 in North Carolina; $4,488 in Tennessee; and $5,292 in West Virginia.

Premium hikes aren’t over. In fact, in many cases, they are getting worse. Here are a few more examples:

From the Washington Free Beacon: “The ObamaCare status quo is not sustainable. This law was fatally flawed from the beginning, and it is rapidly imploding. The American people need relief. Inaction is not an option.”

Republicans are committed to providing real help to the millions of Americans who have been hurt by ObamaCare, and we are working on legislation to do just that. My colleagues...
in the House made a good start, and we are working to build on their bill here in the Senate.

We are committed to helping to stabilize the collapsing insurance markets that left millions of Americans with no options. We are committed to freeing the American people from the onerous ObamaCare individual mandate, which requires Americans to purchase insurance that they may not want or can’t afford. We are committed to improving the affordability of health insurance, which will make our citizens more employable under ObamaCare. We are committed to preserving access to care for Americans with preexisting conditions. We are committed to strengthening Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on this program don’t have the rug pulled out from under them.

The American people have suffered under ObamaCare for long enough. It is time to give them some relief, and that is what we intend to do.

KOREA

Mr. President, I would like to take a few minutes today to discuss the serious threat posed by a nuclear-capable North Korea.

Last week, on the Fourth of July, North Korea leader Kim Jong Un took the latest and possibly most alarming step in his unwavering quest for a nuclear weapon by successfully testing an intercontinental ballistic missile. Estimates suggest that the missile tested had a range of more than 4,000 miles, which means it could reach Alaska. North Korea has not yet demonstrated the ability to arm these missiles with nuclear warheads, but that day may not be far off.

North Korea’s nuclear program has achieved a disturbing number of milestones in this year alone. The United States must do everything we can to prevent a nuclear-capable North Korea, but we need to be prepared should Kim Jong Un put the final pieces together, and that starts with maintaining a credible military deterrence.

This weekend’s B-1 bomber flights were but a sliver of the response the United States could bring to bear in direct military engagement.

Gen. Terrence O’Shaughnessy, commander of the Pacific Air Forces, said of the exercises:

Let me be clear, if called upon, we are trained, equipped, and ready to unleash the full, lethal capability of our allied air forces.

We need to make sure we maintain that lethal capability. Congress has a key role to play here by making sure we adequately fund our military and pass defense appropriations in a timely manner.

While Kim Jong Un has not shown much of an inclination toward rationality, we need to keep emphatically reminding him that his regime would not survive a war on the Korean Peninsula. A robust and redundant defense is also an important component of the U.S. and allied response to North Korea. A key part of building our defenses should be a rigorous test schedule to inform research and development of anti-ballistic missile technology. It is true that some U.S. missile interceptors have failed, but those setbacks have led to improvements. Some of our best men and women are working to keep us ahead of threats. We must repeatedly and aggressively test intercept systems to ensure that they are effective.

Gen. James D. Thurman, the head of U.S. Strategic Command, has pointed out that our testing schedule for intercept systems lags behind the pace of North Korea’s aggressive missile testing.

Tuesday’s successful THAAD missile defense system test against a simulated intermediate-range ballistic missile attack was a timely demonstration of this critical defense capability, and I hope we see further deployment of this promising system. Placing THAAD or the Aegis missile defense system in Japan would bolster frontline defenses against future North Korean missile launches.

We should also increase information sharing and military cooperation in the area around the Korean Peninsula to ensure that sanctions are enforced. The joint maritime operations conducted by the U.S. Navy and Coast Guard and the Japanese Maritime Self-Defense Force are good examples of this cooperation.

We must also examine how we have gotten to this state. For a so-called hermit kingdom, North Korea has made significant advancements, while evading international sanctions. Those advancements, which build off a legacy of Soviet support, have been facilitated by North Korea’s ties with Iran and a passive China providing North Korea with an economic lifeline. Not all the blame rests with China, but we know President Xi has proved largely willing to curtail North Korea’s agenda.

Late last month, Treasury Secretary Steve Mnuchin announced sanctions on Chinese entities with financial ties to North Korea. This is a positive first step, but more can be done to target banking and front companies that serve as financial conduits for North Korea. Increased transparency in Chinese customs and export reporting, for example, would restrict oil and steel exports to North Korea and ensure that China is not helping North Korea evade sanctions.

The United States should also weigh whether new sanctions, both punitive and preventive, could exert additional pressure on China to rein in North Korea. I hope the administration will seriously consider such sanctions alongside measures to address other problematic Chinese actions, such as its continued military buildup on disputed reefs in the South China Sea.

The United States must also act together to improve the United States and its allied, and we should have no illusions that he is planning to reverse course. We need to make sure that we are prepared for any threat he or his regime poses.

I yield the floor.

I suggest the absence of a quorum. The Acting President pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. NELSON. Mr. President, I want to speak on behalf of a group of Floridians I have met with who would be tremendously hard-hit by the healthcare bill, whether it be the one that has already been published by the majority leader. Please of the iterations that are being discussed.

I want to talk on behalf of and be the spokesperson for these people who have cried out to me. I want to say that people are crying out. It is not just the garnered four families I assembled in my Tampa office last week, but it also includes walking down the street, being in an airport, or going into a public building. Constantly, folks are walking up to me and saying: Please, don’t let them take away my healthcare.

Just this past week, I was in—it shall remain nameless—a Republican Senator’s State. It happened in the airport while my colleagues and I were waiting for the airplane walked up to that Republican Senator and beg. Please don’t take away my healthcare.

What we have seen in this Republican bill is that it takes health insurance away from millions of Americans. That is not my conclusion; that is the conclusion of the Congressional Budget Office. According to CBO, it also cuts back some $800 billion out of Medicaid over a decade, and it allows insurance companies to hike rates for older Americans.

Under the bill, 22 million people would lose their insurance by 2026. Over 2 million of these folks are in Florida. In fact, the bill would increase the uninsured rate in Florida by 62 percent. That is not what I want inflicted on the folks in Florida.

This bill lets insurance companies go back to the days when they had annual and lifetime limits on coverage and refused to cover basic health benefits, such as prescription drugs, mental health services, and even maternity care. This Republican healthcare bill, which has been so much the subject in the news and the center of the debate here for the past innumerable weeks, really does cut Medicaid. According to CBO, in my words—funding will be 26 percent lower in Medicaid by the year 2026 than under the existing law.
My home State of Florida is projected to lose $5.7 billion in Federal Medicaid funding from 2020 to 2026 under the bill that is proposed by the majority leader. If that is not enough, the Senate bill would dramatically increase costs for Americans between the ages of 50 to 64 before they turn that magic age of 65 when they are eligible for Medicare. It dramatically increases those costs. That dramatic rise in cost is due in large part to a provision that would allow insurance companies to charge older Americans up to five times what younger people are charged. The current law, the Affordable Care Act, has a differential of 3 to 1. This bill as proposed has a differential of 5 to 1. So if you are not on Medicare because you haven't turned 65 and you are an older American in those ages—which increasingly seem very young to me—up to age 64 when the differential from what the insurance company charges the young person is five times, not three times, as is the current law, this would especially be felt among those older individuals making between $42,000 and $48,000 a year who, after that point, no longer qualify for the tax credits under the bill I am about to read to make coverage more affordable.

Remember, in the current law, up to 400 percent of poverty level, you are entitled to get tax credits according to what your income is to help you buy private insurance from insurance companies on the marketplaces in each State. Even that is going to be reduced.

This bill also includes a backdoor provision that undermines the protections that currently exist for people with preexisting conditions. In defending the bill, people will argue that it doesn’t do that, but look what the bill says. It says that it can be left up to the States to determine that. What is a way save costs can lessen the amount of insurance premiums? Take away the guarantee that someone can get insurance if they have a preexisting condition.

I have had some experience in this as the former elected insurance commissioner of Florida, when it was an elected position. It was also a constitutional position of the State treasury. I held that position for 6 years, and I have dealt with insurance companies. I have seen some insurance companies say: You have a preexisting condition. We are not going to insure you because you have asthma. I have seen an insurance company call: We are not going to insure you because you have a preexisting condition, and you, of all people, would want health insurance. Before, you couldn’t get it. Now, under the current law, you can.

I don’t want you to hear this plea over and over again from me. I want the pleas from several Floridians to reach out across the State lines and get to the Senators who are going to be voting on this. I want them to hear from some of my constituents. When I turned 64 in Tampa, I had many who said that they would be devastated if Medicaid were cut.

I want to share with you how this has personally affected them and how apprehensive and plain scared they are right now that the healthcare they are getting will cease if this bill proposed by the majority leader is to become law.

Take, for example, Michael Phillips. He is 36 years old, and he has spinal muscular atrophy. It is a genetic disorder that affects control of his muscle movement. He relies on a tracheotomy, a breathing tube, and uses assistive computer technology to be able to talk. The computer talks for him. Michael’s mother was able to join us on that day, but he wasn’t feeling well, and, of course, there is always the added exposure to germs in his weakened immune condition. Instead came two caregivers, his single mother Karen and his brother Brian. Michael relies on Medicaid, which allows him to live at home with his mom and have a personal care assistant. He benefits from the Medicaid home and community-based waivers. If the waivers are eliminated because of the whacking of billions and billions of dollars from Medicaid, he would ultimately end up in a nursing home, away from his mother and his family, being forced to compromise his level of care and quality of life.

You may have seen this fellow and his mom interviewed by the national news networks. He is one and the same, Michael Phillips. The Senate healthcare bill ends Medicaid as we know it. Whether it is a cap on the amount of money going to the State or it is called a block grant, the effect is the same. It will put people like Michael at risk of losing critical services, and it will certainly take away his independence and his quality of life.

I have already said that the bill certainly takes away the guarantee of coverage with a preexisting condition. Let me tell you about another Floridian who was in that meeting. Elizabeth Isom is from St. Petersburg, and she told me that the Affordable Care Act saved her life and allowed her to purchase insurance for the very first time. If it is taken away, she doesn’t know how she is going to be able to afford coverage because of lifetime caps. An insurance company cannot put those lifetime caps on what they pay out. For example, in the old days, before the existing law, an insurance company would say: I will pay you as long as you have cancer, up to $25,000 or $50,000. That was all figured into their insurance payment and their premium. In the current law there are essential health benefits. There are about a dozen of them.

Elizabeth was a social worker before she developed a sinus tumor. She went without insurance for 3 years, during which time her health was deteriorating. Because she did not have health insurance, she could not afford to have that tumor operated on. What I do not know is if she knew this at the time—because she hadn't had the operation—or if she thought it was cancerous. As it turned out, later, when she was able to get under the Affordable Care Act to get health insurance and to have the operation, the good Lord it was benign. But her health had deteriorated to the point that as this thing started to grow into her sinus passages and into her brain cavity, she actually thought she was approaching death. She ended up having vital organ damage and reached the point of complete disability. The mass in her sinus had extended into her skull.

The ACA helps patients pay for the cost of health care. It provides for tax credits for individuals making between $42,000 and $48,000 a year who, after that point, no longer qualify for the tax credits under the bill I am about to read to make coverage more affordable. For example, in the old days, before the existing law, an insurance company charged the young and the healthy $48,000 a year who, after that point, no longer qualify for the tax credits under the bill I am about to read to make coverage more affordable.

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Tampa, a place called Lutz. She also has a preexisting condition. She told me that she uses the essential health benefits guarantees by the existing law. She is scared that insurance companies would take away the coverage of treatments for her disability and would not reinsist annual and lifetime limits on coverage.

Let me tell you about this young lady. She is just amazing. She was born without arms. She uses her feet and her toes to be able to function in the place of hands and fingers. She had to have a total knee replacement in one leg by the time she turned 30. She works as a community organizer. She doesn’t qualify for Medicaid in Florida, because her income is considered too high. She actually has an income. Olivia purchased health insurance through healthcare.gov with the help of tax credits to help her afford health insurance.

This young lady, now in her mid-thirties, is just amazing. With no arms, she uses her feet and her toes, and she is capable of getting around in her wheelchair. She is capable of driving a car as a business. She has an income, and she is paying taxes. She is able to function because she has health insurance.

Now, thanks to the ACA, people like Olivia benefit. Because there are bans on lifetime limits in insurance policies, and, thanks to the ACA, she lives an active life. She goes snorkeling, hiking, and even skydiving. Her legs are good, except for the knee replacement that she had so that she can walk. Then, when she has to do the normal functions with hands and arms, she sits down, and she uses her legs, her feet, and her toes. She told me that, without the ACA, she is trapped.

I told you about this unnamed Republican Senator who was in an airport in another State—that of the Republican Senator’s. What happened to that Republican Senator happens to me back in Florida with people coming up and over to me and saying do not take away my healthcare.

We should not continue to waste our time with this healthcare bill that only takes away healthcare and charges more for less coverage. We have said—so many of us out here on this floor—that we are looking for a fix. We ought to be looking at approaches like this.

I welcome almost of my colleagues on this side and on that side—and I have been talking to some on that side—to join together and do something productive, like getting behind ideas just like the one that I suggested.

I heard our colleague this morning. One of our favorite colleagues out here is JOE MANCHIN from West Virginia, and I heard him being interviewed on one of the morning shows. He was terrific. He said: We need to be working together. We should not be divided by party or should not be divided ideologically on this. We ought to be openly trying to work together to figure out how to drive down healthcare costs and increase coverage for more Americans.

That is what those folks in Tampa, FL, told me last week with whom I met. That is what those hundreds of folks are telling me who come up to me in the airport, on the airplane, on the street corner, in the public buildings, in the hospitals—whether I Please, get together, and work it out. They are asking us to fix what needs fixing. That is what the American people are asking us today, and that is what I beg of the Senate.

As the good Lord says: Come. Let us reason together. Let us use some of our common sense.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

Mr. SCHUMER. Mr. President, first, I thank my good friend from Florida for his inspiring words. He is always trying to work together on bipartisan solutions. He represents one of the largest and most diverse to the Senate in the country—a State that very much depends on having good healthcare. I hope my colleagues on the other side of the aisle will heed his words.

MISSISSIPPI PLANE CRASH

Mr. President, first, I send my sincere condolences to the Marine Corps, which lost 15 of its finest today, as well as 1 Navy corpsman, in a plane crash in Mississippi. It was the deadliest crash in the Marine Corps family since 2005. According to reports, the aircraft that crashed this morning was based at Stewart Air National Guard Base in my home State of New York.

Our hearts break for the families of these sailors and marines. We mourn their loss and wish comfort to their families and their loved ones in this time of tragedy.

May they rest in peace.

HEALTHCARE LEGISLATION

Mr. President, on an entirely different matter, the majority leader said today that we are going to have an extra 2 weeks during the August break. We Democrats are willing to stay 2 weeks, 2 months, 2 years to get a good healthcare bill, but in all due respect to my good friend, the majority leader from Kentucky, it is not time that is the problem here. Our Republican colleagues for 7 years said: Repeal ObamaCare. But they had nothing to put in its place. Then President Trump was elected with a Republican majority in the House and the Senate. Since January 4, when they deliberately excluded us from all discussions by enacting a reconciliation bill, they have been trying to put together a healthcare bill. They cannot. It is not because of a lack of time. Two weeks is not going to help. The real problem is the substance of the bill.

The bill provides massive tax cuts for the wealthy, and, just as bad, if not worse, it puts a dagger in the heart of the Medicaid Program, which has become a program that affects so many Americans. With kids—poor kids—is where it started, but now it affects people who have Mom and Dad in a nursing home and who might face thousands of dollars of expenses, those on dialysis treatment, those who have kids with disabilities, and many, many, many, with preexisting conditions. Those are all helped by Medicaid, and our Republican colleagues here want to slash it.

Just like my colleague from Florida, I was in some very conservative parts of New York State, places that voted for Trump by over 60 percent. The revulsion—revulsion—is the word—and the fear that this healthcare bill has put on the heels of Republicans in Republican areas are dramatic.

So I would say to my good friend the leader that we are willing to stay as
long as he wants, but he is not going to solve his problem until he abandons tax cuts on the rich, abandons the decimation of Medicaid, and works with us to improve the existing law. His problem and our Republican colleagues’ problem is not time. It is the substance of the bill.

I will say one more thing. If I were a Republican, I would not want to go home either. Every time they go home, they are lambasted because the American people have such a negative feeling about the bill. So, of course, they would want to stay here, but that is not the answer. The answer is to change the bill. Work with us. We have been begging, pleading, asking, cajoling for a month or two, when it was clear their bill was going to fail. I would say that is very important.

Mr. President, I heard the majority leader complain about the slow pace of nominations.

One Republican friend, when they are worried about the slow pace of nominations, ought to look in the mirror. This President has nominated fewer nominees than has anyone else, and seven of the major nominees had to withdraw their nominations. Many of them have been nominated two to three times in the absence of the necessary documentation—the paperwork, the ethics reports, the FBI reports. The chaos in the White House is now spreading to the Republican Senate. Our President seems to have forgotten that when his administration makes a mess, Let’s not do that here.

Again, the number of nominees that this President has submitted is lower than that of any President’s in recent memory. My colleague complained about this nominee from Idaho. He was outraged that he had to file cloture. I would remind the majority leader that this district judge was nominated by President Obama in the last Congress, which was responsible for putting nominees on the Senate calendar. The district court judge is only one of many nominees who the Republicans failed to move in the last Congress—Congress which confirmed the fewest number of judges of any Congress since the Eisenhower administration.

That goes to show how desperate our Republican leadership is to shift blame and attention away from its hard-cold fact to hypocrisy and preposterous complaints on nominations. It is in order to distract from the healthcare bill. They can try other tactics. On one more point, I would remind my colleagues that it is the majority leader who has the power to put nominees on the floor. In the Department of Defense, we have been asked about three nominees. Leader McConnel has the power to put them on the floor—in fact, this judge from Idaho, instead of the Ambassador to Japan—tomorrow, if he chose. It is his choice. If he puts them on the floor—these Defense nominees—in regular order next week, they will be approved.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTHCARE LEGISLATION

Mrs. MURRAY. Mr. President, from the moment President Trump and Republicans began trying to jam TrumpCare through Congress, I heard from family after family in my home State about the damage their efforts to undermine Medicaid would do, and this last week was no different. Again and again, my constituents told me what a difference it makes to have affordable insurance, to know that benefits like substance abuse treatment are covered, or to worry about how they would manage if TrumpCare ever became law.

I heard some of my Republican colleagues went out of their way to avoid those kinds of stories when they were home, so I wanted to make sure they found them out. I do know that they are back in town. And I appreciate that many of my Democratic colleagues will also be sharing stories they heard from their constituents over the past few days.

Like many of my colleagues on both sides of the aisle, I come from a State in which the opioid epidemic has had a devastating impact. It has been both heartbreaking and inspiring to talk with patients and families who are doing everything they can to fight back. Right now, the message I am getting from them loud and clear is that they do not want TrumpCare.

Daniel, one of my constituents, was injured in the military. He was given a prescription for painkillers. He was on them for 8 years, and he told me that during that time, his three daughters wondered why he wouldn’t play with them. Eventually, Daniel changed doctors and was prescribed Suboxone, which has made a difference for him. He is now able to work again. He manages a grocery store. He relies on Medicaid for healthcare coverage, which covers the hundreds of dollars a month his prescriptions cost. Daniel told me that if he lost Medicaid under TrumpCare, he would not be able to make ends meet and all of the progress he has made will be threatened.

I heard from a constituent named Rachel of Seattle who was addicted to opioids and living in her car when she found out she was eligible for Medicaid. She got connected with Swedish Medical Center in Seattle, where she received wraparound health services, including mental healthcare and primary healthcare. Now she and her husband are successfully in recovery. They are raising a family, and Rachel is going to school. But, just like Daniel, they do not know what they will do if TrumpCare becomes law and the Medicaid coverage that is keeping them going is taken away.

These stories are powerful. They make it undeniable clear just how hard-hit people are. So it is no wonder that Senate Republicans spent the last week lying low and avoiding defending, oddly, the indefensible. Senate Republicans have read the same independent Congressional Budget Office analysis as we all have. They have heard from countless doctors and nurses and hospitals and nursing homes and patient advocates about all of the ways TrumpCare would raise families’ costs and take away coverage. They know that people across the country are successfully in recovery. They know that a group of 13 men wrote a bill in secret to defund Planned Parenthood—the nation’s largest provider of women’s healthcare—removing a quality, affordable provider from communities in which it is now very difficult to get care.

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Even though it seems one would be hard-pressed to find anyone who wants to stick up for TrumpCare—including, by the way, President Trump—Senate Republican leaders are still doing everything they can to jam this through Congress as quickly as they can. They are working on backroom deals as we speak and coming up with new ways to sweeten the deal for Senate Republicans who are rightly wary of voting for a bill that would so clearly do so much damage.
down on pulling the rug out from under patients with preexisting conditions. They put together this two-track plan to make middle-class workers and families pay more. If they get their way, insurance companies would be back in charge and could tell patients with preexisting conditions on anyone who happens to get sick in the middle of the year “tough luck,” and they will do that in a way that even conservative experts predict will cause premiums and deductibles to skyrocket. Senate Republicans are coming up with other ideas, too, such as an opioid fund that a Republican Governor said is like “spitting in the ocean.”

Let me be clear. There is no “fixing” TrumpCare. No tax break and the edges is going to turn TrumpCare—which, by the way, is just a tax break for special interests and the healthcare industry on the backs of patients—a healthcare bill that actually helps people. No way. TrumpCare, as the President said, is mean at its core, and unless it is dropped altogether, Senate Republicans are going to have to decide whether they stand with their party or the people they campaigned to represent.

So to everyone out there who has called and written and rallied and tweeted, you are having an impact. You are why TrumpCare isn’t already law. Do not give up now. And Democrats here in the Senate won’t either. We are going to keep doing everything we can to make sure Senate Republicans can’t hold their noses and vote for TrumpCare just to hand big corporate handouts and President Trump a hollow political win, whether it is next week or the weeks into August.

I also want to remind my Senate Republican colleagues again that we have made the case: the way that TrumpCare is is a better way to do this. Democrats are ready. We are willing to work with you on policies that make healthcare more affordable and workable for patients and families.

So I am here today to say I hope you all listen to the stories our Democratic colleagues are bringing to the floor. Think about how devastating TrumpCare would be, and do the right thing. Drop this mean bill once and for all so all of us can get to work on real healthcare that is affordable and workable for patients and families.

I just come off of eight open-to-all townhall meetings in my home State of Oregon. Five were in counties won by President Trump, three were in counties won by Hillary Clinton, and the single unifying issue that dominated each one is that TrumpCare is a loser. Across the political spectrum—Democrats, Republicans, liberals, and conservatives—there is agreement that the Congress ought to set this TrumpCare bill aside, that the one MITCH MCCONNELL has been working on ought to be dropped, and after it is dropped, Democrats and Republicans ought to get together and look for the common ground by trying to show some common sense.

I am going to spend a little time talking about what I heard, what people are concerned about, and then briefly talk about, as Senator MURRAY said, what we would like to do if our colleagues on the other side of the aisle will drop this ill-advised, “our way or the highway” approach and do what the Senate has traditionally done when there are tough issues—a big issue, which is find common ground.

It doesn’t get much bigger than healthcare. We are spending $3.2 trillion each year now on healthcare. It comes to something like $10,000 for every man, woman, and child. We are spending enough money; the real question is whether we spend it in the right place, and this very flawed TrumpCare bill will compound that problem.

During those eight townhall meetings over the past weekend, Americans asked me: When is this flawed TrumpCare bill coming to a vote? How are my frail, not physically well, older parents supposed to get by if this bill passes and they lose their health care coverage?

As I have talked about with Senator MURRAY, we know that Medicaid picks up the bill for what amounts to two out of three older people in nursing homes. What often is not mentioned is that it also covers home- and community-based services for seniors. I remember from my days as director of the Oregon Gray Panthers that the whole goal was to create this continuum of choices for older people and, as Senator MURRAY touched on, the older people who need some coverage but don’t need a lot of benefits. She is absolutely right. We also need to protect the Medicaid guarantee for the seniors for whom care is appropriate in other settings, such as home- and community-based services.

At these townhall meetings at community centers and auditoriums, folks knew that I am the senior Democrat on the Finance Committee. We have another talented member from the committee, Senator BENNET, here, as well as my knowledgeable colleague from Oregon, Senator MERKLEY. We have worked on these issues with respect to taxes and healthcare for some time, and I have really dedicated my professional life to trying to find that common ground. I was told that common sense in the areas of healthcare and taxes. But the fact is, this version of TrumpCare is a tax break for some of the most powerful special interests masquerading as a health plan, and when Oregonians heard that, whether it was in a Trump county or in a Clinton county, everybody started nodding.

The secret is out. This is not a plan to fix anybody’s healthcare. This is hold down the premiums; this is one big handout to the most powerful special interests. People heard that Republican leaders were saying those tax cuts were going to create jobs. That is not very likely when they have made the tax cuts retroactive to 2017. So when they made the big one retroactive to January 1—is that if you have a capital gain say in March, and if this bill is passed in its present form, if that capital gain is $1 million, you get a tax break of $38 000. That is not creating jobs, it is creating windfalls, and the American people have caught on.

Now that the Senate is back in session, the public is reading about the newest proposal on offer. It is a Hall Ticket TrumpCare. Republican leaders, trying to put together $50 billion for their version of TrumpCare. And we know in the Finance Committee, they have billions and billions of dollars that they can use to try to find the financing. For the talk about bringing costs down. This plan is going to send health expenses into the stratosphere.

The plan tells insurance companies: You are off the hook as it relates to basic consumer protections. You get to bring back annual and lifetime caps on coverage.

Think about that. In the State of Alabama and everywhere else in America under the Affordable Care Act, the 16 million people who got health care through their employer heard about this bill and said: We are home free. It really does not affect us. They got a little extra bonus. The Affordable Care Act gave them a major catastrophic benefit if they had that employer coverage. With this Republican bill, all of those folks who thought they were home free with the employer coverage should know that once again there would be limits on what insurance companies could pay.

I will tell you, this Senator Cruz proposal as it relates to healthcare is a prescription for mayhem in the private health insurance marketplace. It is going to mean misery for so many families dealing with health issues. Forget the talk about bringing costs down. This plan is going to send health expenses into the stratosphere.

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anything, but there are millions of people in the country who can’t get by, can’t make it with skimpy insurance that covers nothing but stitches and atherectomy.

There are people who have had a cancer scare or diabetes or someone who get hurt on the ski slopes or slip off a ladder. The only coverage that works for them will come with an astronomical price tag.

By the way, the people between 55 and 64 who can get charged five times as much as younger people, get fewer tax credits under this Republican proposal. They can’t get by with skimpy coverage. A lot of them have really serious health problems. Skimpy coverage for them is just a prescription for trouble.

The fact is, this new proposal basically starts marching America back to trouble.

For weeks before that July break, you could tell what the majority was thinking. They said: This TrumpCare bill is a loser for us. It doesn’t work. Drop it and move on to approaches that involve common sense. Look for common ground that both sides could support. It is absolutely vital.

The evidence of the last few weeks have shown the power of the grassroots. I walked through for my constituents what could have happened if 2 weeks ago the Republican leader had brought his bill to the floor. It was in the morning. I described how the bill could have gotten through the Senate. Maybe the House would have stayed in; maybe the House would have passed it; maybe the President would have signed it. One of my constituents said that morning: If that had happened and we had lost the ACA, even though it is not perfect, that morning we would have been in mourning.

Let us show today that we can tackle this in a way that the Senate historically has worked best. Let’s block the lettuce turn around immediately to show that we can come together, find common ground.

I see one of our colleagues, the distinguished Senator from Virginia, who has one of the important reinsurance proposals. He knows something about reinsurance and move on to approaches that in-.
same thing. I will do it the week after that.

Then at some point, people started to say: Well, you keep having the vote on repealing ObamaCare. Why haven’t you actually done it?

They said: Well, we didn’t have the Senate.

They have had the Senate now for two Congresses.

Well, we didn’t have the Presidency.

Now we have the same party in Presi-
dency, the Senate, and the House of Repre-
sentatives. This terrible bill we are con-
sidering is not a bill that any-
body—that is an exaggeration—virtu-
ally no one in my State supports or has asked for. That is what we have in front of us.

I know somebody else who knew that the American people were dissatisfied with their healthcare system, and that was Paterson. I think the diagnosis has a lot to do with the way they were running for President of the United States.

I hope, in particular, the people who voted for the President, as a way of keeping Washington accountable, will remember he was there to provide the American people “a terrific plan,” to “cover everyone at a fraction of the cost.” The President, when he was running—he still does it—was very fond of talking about—his words—how stupid everybody in Washington was and he knew how to make deals and he was going to come here and make great deals and he was going to cover every-
body at a fraction of the price with a terrific plan. That is what he promised the American people. That is what he was peddling when he was running for President. He said: “Everybody is going to be taken care of much better than you are taken care of now.” That is what he said. This isn’t fake news. This isn’t CNN or the New York Times or the Wall Street Journal or whoever is in the crosshairs. This is what the President said on the campaign trail when he was running because he de-
tected, quite rightly, that the Amer-
ican people are unhappy with the way our healthcare system works—unhappy in the richest country of the world to have a healthcare system where people have to make decisions about their lives and about their children’s lives that no one in the industrialized world has to make about their lives or their children’s lives—and they wonder why.

I think the diagnosis has a lot to do with what some people have said, which is special interest having a

This is the part of the Affordable Care Act and the

There are a lot of people—what he promised is that if you aren’t getting it. I have to suspect that one reason

The PRESIDING OFFICER. The Sen-
ator from Oregon.

Mr. MERKLEY. Mr. President, let’s revisit recent history. Four weeks ago,
my Republican colleagues were meeting secretly in this building, in a hallway that the press was not allowed in because they didn’t want to have the press see them sneaking in and sneaking out of this completely undemocratic process. Republican men crafting a healthcare plan to break healthcare for 22 million Americans. That is where we were 4 weeks ago.

We made a big deal out of the fact that is not the way a Congress is supposed to operate. You are supposed to have committee hearings. You are supposed to have committee debate and invite experts in. You are supposed to have time to consult with your constituents back home, but none of that was happening. No, we had the Republican zero-zero-zero process: Zero committee meetings. How does that compare to more than 100 committee meetings and roundtables and walkthroughs from 8 years ago? Zero committee amendments. How does that compare to more than 100 amendments that were considered 8 years ago and more than 100 minority amendments, Republican amendments, that were adopted in this process? Zero exposure of the bill to the folks back home and to the healthcare stakeholders.

Then, 2 weeks ago, we had a draft, and we had a chance to circulate that draft and get a few folks from home to weigh in on what it looked like. We received a CBO analysis. Yes, it looked a lot like the House bill. The House bill was going to eliminate 14 million healthcare policies in a year, and the Senate was going to best that by eliminating healthcare for 15 million Americans and 22 million Americans over a 10-year period.

The President had called the House bill mean, but we had the even meaner Senate bill. Fortunately, we were able to create such a fuss that the majority leader canceled the vote—the vote that was scheduled to take place with the zero committee hearings and zero amendments and that would give my colleagues the opportunity to go home and talk to their constituents. But what happened?

Well, in the course of this entire year, two-thirds of my Republican colleagues haven’t held a single townhall, and last week, when they had a full opportunity to finally take their secret 13’s bill and all that it involves. What would it do in my home state? Well, 400,000 Oregonians under the Oregon Health Plan would lose their care. At least another 100,000 would lose their care because of the changes in the way the exchange operates. They kind of put their minds to work at what the picture looks like from the draft the Republicans were willing to circulate after we applied extensive pressure. And what did we hear? Well, we heard that they are very concerned about extinguishing the expansion of Medicaid. Those are folks who are working hard but struggling, often in multiple part-time jobs. We heard about the fact that Medicaid pays for more than two out of three individuals on long-term care in rural America. In fact, I went to one nursing home and asked: Does Medicaid—Oregon Health Plan—pay for two-thirds of your residents?

They said: No, Senator. Here in Klamath Falls, it is nearly 100 percent. Realize that an individual who is getting paid-for, long-term care under Medicaid and who have assets of less than $2,000. So there is no backup plan. You wipe out healthcare for those 400,000 individuals who are on expanded Medicaid, many of whom are in long-term care, and they have no backup plan.

One woman, Debra, said to me: Senator, I am paid for by Medicaid, and if they cut Medicaid, I will be out on the street. That will be a problem because I can’t walk.

That is right, Debra, you are in trouble, and so is every other individual who is funded through Medicaid for long-term care.

What about maternity care? One out of three individuals in rural Oregon and rural America who are preparing to have a baby is funded through Medicaid for long-term care; doesn’t cover maternity care; doesn’t cover drugs. In fact, it doesn’t cover anything.

Why is it that a President who is so concerned about fake news is so interested in supporting fake insurance?

My constituents back home told me a lot of stories. These are stories that I hope to share in the next couple of days, but right now, I think it is important that we hear from my colleagues from Virginia, TIM KAINE, because he has also been looking in detail at this bill. He also understands what a devastating consequence TrumpCare will have for American healthcare.

Can’t we come together with a better vision? Can’t we come together and make the marketplace work better, restore the reinsurance that has ripped apart the ability of insurance companies to go into new markets? Can’t we restore the cost-sharing payments that buy down the premiums, in fact improve them, so there are lower premiums and lower deductibles? Can’t we come together and do a better job of funding opioid treatment? Can’t we come together and do a better job of addressing the costs of drugs in general, which is driving costs in the healthcare system? Just those four things would be something very positive to make our current healthcare system even better.

Let’s work together to make healthcare here in the United States of America even better, not tear it down and destroy it, as is being proposed by my Republican colleagues.

Thank you, Mr. President.

MR. PRESIDENT: Senator Kaine from Virginia.

Mr. KAINE. Mr. President, I also rise to talk about the healthcare proposal on the floor, and I thank my colleagues from Oregon and all my colleagues who have taken the floor on this issue.

I will just state at the top a punch line: I will vote for any healthcare bill that meets President Trump’s promises. He said that in his replacement, no one would lose coverage, no one would pay more, no one would get kicked out because of a preexisting condition, and he wouldn’t cut Medicaid. And any bill that meets those criteria, I am voting for, but I won’t
vote for a bill that shatters all those promises, and that is what this current proposal does.

There is a lot to talk about with the bill, and I just want to talk about one thing—the proposed cuts to the Medicaid Program and especially the effect of those cuts on children.

In the current Senate proposal, which is being sort of adjusted and modified, there is a slashing of Medicaid by about $770 billion over 10 years. And if you add to that additional $400 billion Medicaid proposed by the President’s budget, we are now north of $1 trillion of cuts to Medicaid in the next 10 years.

Who receives Medicaid? In Virginia, between 50 and 60 percent of those who receive Medicaid are children. In Virginia, 600,000 young people are Medicaid recipients.

If you go to school and you are receiving an individualized education plan because you have a designated disability and paying for it. About 50 percent of childbirths in Virginia are paid for by Medicaid.

If you are a kid who is doing everything right, but your family is dysfunctional and a juvenile court judge has to decide if you keep you with your family or put you in a group home, if the judge decides to send a social worker to your house 5 hours a week, Medicaid pays for that.

If you are a child with autism and you are getting services for your autism, if you succeed, you can succeed in school, Medicaid pays for that.

If you are a child with autism and you are getting services for your autism, if you succeed, you can succeed in school, Medicaid pays for that.

In Virginia, 600,000 children receive Medicaid.

We recently had the administration’s OMB—Office of Management and Budget—Director, Mick Mulvaney, before us, and I asked him about these Medicaid cuts. These cuts are catastrophic.

How can you say these cuts are a good thing? This is his quote:

We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid. We are going to measure compassion . . . by the number of people we get off those programs and back in charge of their own lives.

So the philosophy that drives this is, we want to get people off Medicaid and back in charge of their own lives—600,000 kids.

I had a roundtable yesterday in Springfield, VA, here in Northern Virginia, and I had five families, parents and children, come to talk about what Medicaid cuts would mean to them.

Angie and Anna are from Haymarket, VA. Anna is a little 5-year-old, and her mom says, typical in so many ways. She loves to play with her sisters, and she loves to play with dolls. But she has cerebral palsy and tracheal bronchial malacia and subglottic stenosis and chronic lung disease. In 2014, she developed a condition that caused her to have 30 bone breaks in 18 months.

Anna is in school. Anna is in school with a wheelchair that Medicaid pays for. Anna is in school with some home health that Medicaid pays for. Medicaid enables this child who has so many needs to actually go to school so she can be all that she can be. Her family has TRICARE through the military because the dad is in the military, but they could not make it without Medicaid.

Jen and Cailyn are from Sterling, VA, also in Northern Virginia. Cailyn is about 9½. Within a week after she was born, she knew there were some things wrong. She was finally diagnosed at age 3½ with a very rare, noninherited genetic anomaly. The family was able to get her qualified for a Medicaid waiver when she was about a year old. And this is secondary insurance. The family works and they have private insurance, but it doesn’t cover a wheelchair, a hospital bed, and things that she needs to succeed. Again, this little girl who is 9½—and her mother testified—that she Dylan is son about the range of a 6-month old—is she able to go to school because Medicaid can pay for some of the technology she needs.

Kim and Isaac are from Ashburn, VA, in Loudoun County. Isaac is a youngster, a very active kid, but he has a tracheotomy. He is feeding-tube dependent. His family has private insurance, but they couldn’t get along without Medicaid. He is in the Loudoun County schools succeeding because of Medicaid.

Dylan is another kid in Loudoun County schools. Corinne is his mother. Dylan has a rare neuromuscular disease called spinal muscular atrophy with respiratory distress. He has a tracheotomy tube. He relies on a ventilator to breathe. Little Dylan was at this meeting. The family has private insurance, but they couldn’t succeed without Medicaid. He is in the Loudoun County schools succeeding because of Medicaid.

Finally, there is a family from Richmond—Amy is the mom, and the son is Declan. Declan is not in school because he is only 18 months old. He has cerebral palsy, and medical needs are intense. With Medicaid, he is able to get some home nursing help, and he is able to get some machinery at home that helps him succeed.

These are beautiful parents, one of whom had adopted her child—first as a foster care and then adopted knowing the special needs of this child. This was Angie and Anna. These parents are the saints of the world, and these kids are fighting so hard just to try to develop every talent they have, every capacity they have, but with Medicaid cuts, they would be in deep, deep jeopardy.

Why would we vote for a bill that slashes Medicaid to families like these when President Trump said we are not going to cut Medicaid? Why would we vote for a bill that shatters those promises, that takes health insurance away from 20 million people, that increases premiums for seniors, that subjects those with preexisting conditions to being cast in the shadows yet again? That is what this bill would do.

I had a conclusion written, but I will tell you, one of my moms yesterday gave me a better one. She gave me a better conclusion.

We had this roundtable with five families. We had some great folks from the American Academy of Pediatricians who were there, too, saying what a bad bill this would be for kids.

After the hearing was over, one of the moms looked at me and said: You know, we kind of picked the wrong group of people to fight with—talking about this bill.

I said: What do you mean by that, wrong group of people to fight with?

She said: Parents of kids with disabilities.

I said: I don’t get where you are going.

And this is what she said to me: From the moment our children are born, all we do is fight. We fight so that our kids can survive. We fight so that our kids can have as normal a life as possible. We have to fight with hospitals. We have to fight with insurance companies. We have to fight with school systems. We have to fight with cultural stigmas about people with disabilities.

If you are a parent of a child with a disability, from the day they are born, all you do is fight. And if they think that we are going to pass a bill to cut Medicaid to these kids and their families and that we are not going to fight about it, that we are not going to stand up and be heard, they have seriously underestimated us.

I think we can do the right thing, as many colleagues have said, if we will get together. I am on the HELP Committee, Health, Education, Labor, and Pensions, and the only topic that has been taboo on my committee this year is health. We have had hearings about nominees. We have had hearings about the FDA. We have not been allowed to have a hearing about this health proposal—either the House bill or the Senate bill.

Let’s have a hearing, listen to patients, listen to parents, listen to hospitals, listen to doctors, listen to people who are worried about their premium costs, listen to insurance companies, and listen to medical innovators. If we listen, we will get this right. But if we shut down a process, if we don’t allow the public in, don’t listen, don’t have hearings, and rush it through, we will get it wrong.

This is the biggest sector of the American economy, and it is the most important expenditure that anybody ever makes in their life. On behalf of the 600,000 children in Virginia and the 30 million children in this country who receive Medicaid, let’s get this right.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise today with my colleague, Senator Risch, to speak on the nomination of Supreme Court Nominee Neil Gorsuch. As Senator Risch noted, Neil was raised in a family of modest means in small-town Iowa. He knows the value of a good education, the importance of public schools, and the necessity of a middle class.
Chairman GRASSLEY and Ranking Member FEINSTEIN in expediting the confirmation process for Judge Nye's renomination.

I also thank both President Obama and President Trump for nominating Judge Nye to the federal bench. It is rare to be nominated by Presidents of two different parties, but it is a fitting testament to Judge Nye's sterling reputation that he has secured that distinction.

Finally, I appreciate the majority leader giving Judge Nye the honor of being the first U.S. district judge by the 115th Congress.

Judge Nye is supremely qualified as a candidate for the Federal district court seat, having a unanimous "well qualified" rating from the American Bar Association and having received approval from the Senate Judiciary Committee without dissent twice in a little less than a year.

Judge Nye has long been ready to assume this high office. A longtime member of Idaho's legal community, Judge Nye has been a law clerk, a practicing lawyer, and since 2007 a judge on Idaho's Sixth Judicial District Court. This court handles all felony criminal cases, major appeals from the magistrate court from six counties throughout the southeast portion of Idaho. He also served from 2009 to 2012 as the administrative district judge for the Idaho Sixth Judicial District, elected by the judges on the court for the 3-year term to this position.

He is not just a well-respected jurist in Idaho. Judge Nye is heavily involved in the training and orientation of new Idaho judges, and he serves on the Idaho Supreme Court's committees on judicial education and felony sentencing.

Action on Judge Nye's nomination is critical and timely. Idaho is one of only three States having just two authorized district court judgeships. The nonpartisan Judicial Conference of the United States has declared a judicial emergency for Idaho and has recommended in every one of its reports to Congress since 2003 that Idaho be authorized a third district judge position.

For the past 2 years, Idaho has had a three-judge caseload handled by just one active judge. What is even more challenging is that our lone remaining active judge is already eligible to take senior status. Since this past March. Even with Judge Nye's confirmation, Idaho still needs another U.S. district court judge.

Confirmation of Judge Nye today or tomorrow is undoubtedly a proud day for the entire Nye family, including Judge Nye's wife, Katre, and their eight children. Knowing that a successful public servant draws so much strength from the family surrounding him or her, I salute their partnership with Judge Nye in making this important occasion possible.

Again, I strongly endorse Judge Nye's nomination and appreciate the Senate's confirmation of him.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. RISCH. Mr. President, I want to associate myself with the remarks from my distinguished colleague and close personal friend, Senator CRAPO, and join him in urging our fellow Senators to quickly confirm Judge Nye.

As pointed out by Senator CRAPO, this will be the first district judge to be confirmed by this Congress. So it should be Judge Nye, and I am sure he views it that way.

This has been, literally, years in the making. As Senator CRAPO pointed out, we have only one active Federal judge right now, and he is handling what is essentially a three-judge load. Some time ago, when this vacancy occurred, Senator CRAPO and I went to work on this. Most Americans don't understand how this works, but to become a U.S. district judge, it takes essentially the following: There is a person—there is the President of the United States and the two Senators from that particular State, be they two Republicans, two Democrats, or one of each—because we have what is called the 'bipartisan' process, where if any one of the three can and do object to a person, then that person will not be permitted to go forward.

In this particular case, we negotiated with the Obama White House for literally months, and it turned into years. I believe we acted in good faith on both sides in trying to find a person who would be the right fit for Idaho. Again, we literally vetted well over 50 individuals for this position, and for some reason or another, we were unable to get any of those across the finish line.

Finally, we settled on Judge Nye. I shouldn't say "settled" on him. He had not really applied. After going through the negotiation, I was sort of getting where we wanted to be, we sought out Judge Nye and talked with him about it, and we went forward on that basis. The White House came along, and before President Obama left office, he nominated Judge Nye, pursuant to my and Senator CRAPO's request. Unfortunately, that was just about the time that we ran out of time processing judges. The election came and went. President Trump was inaugurated, and we started all over again.

I want to personally thank the White House for very quickly renominating Judge Nye for this position, again, at the request of myself and Senator CRAPO.

Too many States have a shortage of judges, and there is a movement afoot right now to attempt to boost the Federal judiciary ship, which is in bad need. For instance, in the past seven years, the Judicial Conference of the United States has undertaken, they recommended that Idaho get a third judge. Senator CRAPO and my predecessor before me and, I think, even Senator CRAPO's predecessor before him have been also pushing for this. We continue to do that, and I am seeing some green sprouts that perhaps we will be moving somewhere in that direction.

In any event, yesterday we had the vote on moving forward on his nomination, and that vote was 97 to 0, which certainly is a testament to Judge Nye himself. I would urge our fellow Senators, when we get to this vote, which will either be later today or midday tomorrow, to proceed with the kind of vote. It was a bipartisan vote on closure, and we hope it will remain a bipartisan vote as we move forward on this confirmation.

With that, I want to thank Senator GRASSLEY, who obviously is pressed by everyone who has a vacancy, and Senator MCCONNELL, who has lots of things on his mind these days and is struggling with challenges that come at him from all directions, for choosing Judge Nye at our constant and gentle urging over the recent months and years and moving him to the front of the line. I want to personally thank Senator MCCONNELL for doing that. Of course, I want to thank my distinguished colleague for his work on the Judiciary Committee and moving it through the Judiciary Committee.

I think Judge Nye will be a person who will make us all proud. Certainly, we are going to be very happy to have this judgeship filled in Idaho, and particularly, with diminution of the quality of Judge Nye.

With that, I yield the floor.

I suggest the absence of a quorum.

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

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, I ask unanimous consent that the clerk call the roll.

The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CORNYN. Mr. President, as we move forward in our efforts to repeal and replace the failed Obamacare law, I want to personally thank the majority leader for doing that. Of course, I want to thank the distinguished colleagues on both sides of the aisle for the work they have done in analyzing the reasons why this work is so urgent and why it is so important. The Affordable Care Act has left many American families paying far more for healthcare than they did beforehand, and it has taken away their freedom to choose the doctor they want or the health plan they want. That is, of course, all contrary to what was promised at the time Obamacare was passed back in 2009 and 2010.

We all remember what the President said, and none of it has proven to be true in terms of your plan, your doctor, or the costs. In fact, as I mentioned before, the cost has gone up 150 percent for people in the individual market since 2013 alone. So rather than seeing a $2,500 decrease in the cost to their health coverage, they have seen a $3,000 increase, and the prices continue to go up. It is actually getting worse by the day, which is another reason for the urgency of what we are about to do. I refer to you from the Centers for Medicare and Medicaid Services, or CMS, released yesterday, found that 40 percent fewer insurers have applied to participate in
the ObamaCare exchanges next year. The reason why that is important is because when fewer insurance companies choose to participate, of course, consumers have less choice and there is less competition in terms of quality of service or the price they charge. The damage of the Exchange also extends into the doctor-patient relationship and the damage to our pocketbooks, when we are told things will cost us less and they cost us more. The damage of the Affordable Care Act has literally permeated the economy and has led to a lot of people losing their jobs along the way.

ObamaCare consists of a number of mandates, government coercion, and punishment if you didn’t comply with the mandates that forced many Americans to buy a product they would not have bought of their own volition and in many instances simply could not afford. But if you refused to do it, the government fined you, punished you. That is the sort of changes that the nature and guiding philosophy of this country. This country was founded on the concept of individual freedom, not on Big Government coercing you to buy something that you don’t want and you can’t afford. But that is the theory behind ObamaCare.

In addition to that, for small business owners, it included a penalty for any business that exceeded more than 50 employees who did not provide government-approved health insurance policies. It cost them at least an additional $70,000 a year, in addition to other increases in healthcare costs.

Let’s say you are a small business of 50 or so employees. You are sure not going to hire over the cap and subject your business to the additional $70,000 a year in costs. What you are likely to do is to hire fewer than 50 employees in order to protect yourself from that expense, and that is exactly what happened.

I should point out that after the Affordable Care Act passed, having lunch in San Antonio, TX, with a friend of mine who was an architect at the particular time. When I described to him the nature of the employer mandate and its effect, he made it clear to me that he would rather lay off some of his employees in order to avoid that additional expense under the employer mandate. In fact, that is just what he did.

This is just another bit of evidence about the pernicious impact of the Affordable Care Act. It is not just about premiums. It is not just about deductibles. It is not just about freedom of choice. Literally, it has been a wet blanket on our economy.

This damage reaches across many different sorts of industries. According to a recent study by the Mercatus Center, an estimated 250,000 jobs nationwide were lost due to this mandate. That strikes me, frankly, as too small a number if that is the number they projected. A quarter of a million people lost their jobs because of this mandate because small employers were motivated to keep their numbers under the cap in order to avoid the extra expense. This does not even take into account the consideration of businesses that were forced to shut their doors altogether.

In other words, ObamaCare was, in part, premised on this idea that businesses could endlessly absorb additional taxes and new costs and mandates and somehow continue to keep their doors open and do business as usual, but that is not the real world. It also does not take into consideration the many businesses that choose to cut the hours their employees can work instead of firing them. This is another one of those stealth characteristics of ObamaCare, in which employers are judged on the number of full-time employees they have.

I remember talking to a restaurant owner in East Texas—in Tyler, TX—who told me he had to lay off a single employee. He was a mother who was a waitress in his restaurant. He could not afford to have her work full time. He had to put her on part time in order to avoid the penalties that are associated with ObamaCare. What that meant for this single mom is that she essentially had to choose between getting paid to go to work or not. Of course, this was an imposition on his business that he could not afford to have her work full time and part-time work. That is not the only story I can tell you.

A small business owner in Donna, TX, epitomizes this reality in a letter that was written to me a few weeks ago. This gentleman said he and his wife are both on Medicare. Of course, they are unaffected directly by ObamaCare because Medicare covers people who are 65 years and older while ObamaCare covers people who are younger than that. While they were left unaffected personally by ObamaCare’s changes, on behalf of his 51 employees, he wrote that after ObamaCare was signed into law, he was faced with a choice, either he could buy his employees expensive health insurance that his business could not afford or he could pay fines totaling more than $100,000. Instead, he made the painful choice to lay off six of his employees in order to remain under the ObamaCare-imposed threshold. As he pointed out, this meant more than just simply laying off six people; it also meant risking the well-being of each of those families represented by those six people.

Small business owners should not be forced to choose between growing their businesses and providing jobs or risking the financial livelihoods of their entire companies and their employees just to satisfy the demands of Big Government. Even beyond causing layoffs, ObamaCare has effectively ensured that many businesses cannot grow and that existing businesses will not hire any more employees.

ObamaCare did not just lead to a new form of healthcare coverage, as some have claimed, as two-thirds of the small businesses that were surveyed by the Mercatus Center report already offered insurance. Two-thirds of the businesses affected by ObamaCare already had healthcare coverage, but that was effectively displaced and replaced by government-approved healthcare, which proved to be far more expensive. In other words, business owners were forced to shop around for the insurance that best meets their needs and the needs of their employees, these businesses have been forced to either pay the penalty or to pay the piper—what is the Federal Government—what is the government-approved insurance to these mandates and these demands.

It ought to be clear by now—7 years into the implementation of ObamaCare—that this kind of one-size-fits-all mandate should not be applied to a country of 320 million people, especially when it comes to something as personal as healthcare. Each of us is a unique human being. Each of our families has its own unique needs and desires. Frankly, we ought to be able to choose our own healthcare. The only system that best suits our needs as well as our incomes and our desires to buy health insurance. Some people want policies that provide purely for catastrophic coverage when they go to the hospital. Many other people prefer policies that provide for preventive care, as well as insurance to cover many small procedures. You literally cannot do that under ObamaCare, but you will be able to do that under the Better Care Act, which we will be voting on next week.

What we have tried to do is to look at the meltdown of ObamaCare and say that we need some emergency measures to take place because of the phenomenon I mentioned earlier in which insurance companies are pulling out, people’s premiums are going through the roof, or deductibles are so high that they are effectively being denied the benefit of their health insurance. We need to do something quickly and urgently.

What we are going to do is to take measures to stabilize the insurance markets because if insurance companies continue to pull out of the insurance markets and deny people a choice or competition or even access to a qualifying policy at all, that is going to put people in an impossible situation. So the first thing we are going to do is to stabilize the insurance markets.

The second thing we are going to do is to repeal the mandates that have made health insurance so unaffordable and restore the freedom to choose the sorts of policies and create a marketplace in which people can choose the policies that best suit their needs and at prices they can afford. It will literally bring down the cost of what people are charged in order to buy healthcare coverage.

Because we understand the importance of protecting families against preexisting condition exclusions, we are going to make sure the current law
remains in effect that protects people from exclusions when they change jobs or lose jobs based upon preexisting conditions.

The fourth thing we are going to do in the Better Care Act is put Medicaid on a sustainable growth rate. Medicaid is an important program. It provides the healthcare safety net for the Nation, but unfortunately it is unsustainable at the current rate of spending. Over the next 10 years, we project to spend $900 billion more than we do today. Doing business in Medicaid in a different way, it is going to continue to grow but at a more controlled and fiscally responsible rate.

We are also going to provide people with tax credits who have an income between zero and 350 percent, including those people who are left out in the event that the Medicaid expansion is not embraced by their States and States like Texas—people who are now at 100 percent of the Federal poverty level up to 138 percent who were left out because of the fact that Texas did not expand Medicaid to able-bodied adults. They are going to be able to use that tax credit to buy private insurance. Private insurance provides much better access to coverage because right now, Medicaid pays doctors and hospitals about 50 cents on the dollar when it reimburses them. Private insurance pays them much better so it improves the range of choices available to consumers.

Our bill continues to be a work in progress. We have done our best to try to work with everybody who has been willing to work with us and to use their ideas. What we have tried to build is a consensus bill, but the fact is, our friends on the other side of the aisle have simply refused to participate in the process, thus leaving it up to us to save people and help people who are currently being hurt by the status quo. We ask our duty. We are going to fulfill our responsibility to our constituents the best we can under these circumstances. In recognizing that no bill is ever going to be perfect, certainly, we have to do what we can in order to help the people who are being hurt now under the status quo.

Let me just close by saying that I have heard my friend the Senator from New York—the Democratic leader—talk about this bill. If we are unsuccessful in this bill passed next week, he wants to engage in a bipartisan negotiation in order to address healthcare. Yet what I predict is this: What he is really talking about is a massive, multibillion-dollar bailout of insurance companies without there being any reform. To me, that is an exercise that, frankly, I am not willing to participate in. I will never support a multibillion-dollar bailout of insurance companies and not be able to reform the system that created the problem in the first place.

I urge all of our colleagues to work together with us. Bring us your best ideas. Work with us. Try to figure out a way to be constructive in this process and help us to achieve a result. It is not going to be the final result. We will have other opportunities, for example, in the Children’s Health Insurance Program, which is a bipartisan program that expires by the end of September. We will have an opportunity to come back—hopefully, then on a bipartisan basis—to do additional things that we were unable to do because of the constraints of the budget reconciliation process and the fact that our Republican colleagues simply refused to participate in saving the people who are being hurt today by ObamaCare.

I encourage my colleagues not to be lured by the seductive message of our friends across the aisle about doing something bipartisan after this bill is unsuccessful. They are not interested in changing anything about the structural defects in ObamaCare. If all we are going to do is propose to pay insurance companies billions of dollars more in order to continue to support the same flawed structural program known as the Affordable Care Act—you can count me out.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will now call the roll.

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

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

Mr. CARDIN. Mr. President, I take this time to share with my colleagues the experiences I had in the State of Maryland during our most recent work period and shortly before that, when I took the opportunity to meet with different groups with regard to the healthcare debate.

I had a townhall meeting this past week at Atrium Village, which is a senior living place in Baltimore County.

We had a robust discussion primarily with seniors, but not just seniors, about their concerns as to whether the changes in the healthcare law would affect their ability in the Medicare system as well as relating to long-term care and Medicaid.

A little bit earlier than that, I had a townhall meeting at one of our local hospitals where we had a chance to talk with lots of people. It was an open townhall meeting. Lots of people from the community showed up. They expressed their concerns about what would happen under the changes being suggested in healthcare on coverage and quality of coverage, and we had a very robust discussion.

I also had an opportunity to meet with leaders of the faith community as we talked about our responsibility to make sure healthcare is a right and not a privilege in the United States.

I met with the leaders of the faith community at a Behavioral Health Center, which deals with behavioral health in Baltimore, and their concern is, if we eliminate the essential health benefits of mental health and addiction, what impact that would have on access to care.

I also had a message from each of the places I met with, with regard to whether we would be able to maintain coverage—under the Affordable Care Act, we expanded coverage by tens of millions—and whether that coverage would be compromised under the legislation being considered in the Senate.

We also had a chance to talk about whether there would be a weakness in what benefits would be covered. I already mentioned mental health and addiction. There were also concerns expressed about reductions of benefits regarding obstetrics and how it would affect women, and pediatric dental care, which is a particular concern in Maryland after the tragic death of Deamonte Driver.

They also raised many issues concerning discrimination in healthcare that was present before the Affordable Care Act and whether these conditions would be returning. A young father told me a story about how his daughter was born prematurely and, as a result, the baby was in the neonatal intensive care unit for 4 months. When his daughter was 4 months old, she had reached her lifetime limit of what the insurer would pay for healthcare if we returned to lifetime limits. Whether we would be returning to the predatory-type practices of the insurance companies that were present before the Affordable Care Act and whether we would be returning to preexisting conditions or doing that indirectly through what benefits would be covered—that was expressed at several of my healthcare meetings.

I already mentioned the concerns that the elderly expressed, including the discrimination of the near elderly, if we go to a 5-to-1 ratio on health premiums so that those who are 60 or 62 years of age paying five times higher premiums than younger people are paying. All of that was brought out during my townhall meetings.

The one message I just wanted to leave with my colleagues is that there was an overwhelming interest to work together—Democrats and Republicans—because we all acknowledge that the Affordable Care Act can be made better. We don’t want to repeal it. We want to improve it.

Before we left for the July 4th break, I introduced legislation that deals with some of these issues. The legislation would improve competition by putting the so-called public option in the exchanges so that we know there would be at least one governmental option without subsidies, without any additional breaks over private insurance companies, to guarantee more competition in the marketplace.
I also included in my legislation a solution to deal with the two major problems that we have under the Affordable Care Act. For some people, the insurance premiums are too high. Why? Well, I asked CareFirst, which is the major health insurer in Maryland, about how they can reduce their premiums. If you do that and endorse the individual mandate, we could reduce our premium increases by 50 percent.

So I am trying to work, I hope with Democrats and Republicans, to deal with that. To say that we have brought to our attention on higher premiums and then to deal with healthcare costs generally.

More and more people talk to me about bringing down the cost of prescription drugs. It is outrageous that Americans pay twice what our friends in Canada pay for the same medicines that are manufactured here in the United States. So why don’t we have a more competitive marketplace? Why don’t we have the rebates that we have in the Medicaid and the Medicare systems, and why don’t we allow for more collective bargaining for prices in the pharmaceutical industry? My legislation would do that, and I know there is bipartisan support for that.

Lastly, we deal with more integrated care. I mentioned Mosaic, a behavioral health facility in Baltimore City. They have an integrated care model. If you come into their community health center, they will treat whatever your problems are. They are not going to say: Well, come in one day and we will deal with diabetes, and the next day we will deal with high blood pressure. Let’s deal with the whole patient in a comprehensive way. If you do that and endorse the individual mandate, we could reduce our premium increases by 50 percent.

My bottom line is this. No, I am not going to support weakening the Affordable Care Act. I am not going to support legislation that would diminish those who currently have coverage or the quality of their coverage. Let’s work together—Democrats and Republicans—to deal with the real problems of bringing down costs in our healthcare system—everybody benefits from that—and to make sure there is more competition in Maryland. I think we need to make sure there is better premium support for those who cannot afford their premiums. If we do that, then, I really think we would be carrying out what the people of Maryland were asking me to do during the recess; that is, not to go back on the progress we have made under the Affordable Care Act. Let’s build on that. Let’s make healthcare more affordable, and let’s deal with more competition on the premium costs.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

MESA, VENEZUELA

Mr. RUBIO. Mr. President, I have, since the year 2014, come to the Senate floor on numerous occasions, perhaps more than I hoped to, to discuss the developing situation in the nation of Venezuela.

The reason why I have taken such an interest in this issue is because of the impact it has, first and foremost, on my home State of Florida. We are blessed in Florida, particularly in my portion of South Florida, to have a vibrant and diverse community with people from across the world and, particularly, from the Western Hemisphere. That, of course, includes a very substantial number of people from Venezuela, some who live in Florida, others who come to Florida and some who have made it their permanent home. They have contributed greatly to our economy, to our culture, and to our lives.

It is through their eyes that I have witnessed the tragedy that has unfolded in that nation over the last 5 years. I use the word “tragedy,” but I don’t use it lightly. Venezuela is one of the richest countries in the world, blessed with natural resources that God has blessed that nation with and the largest crude oil reserves on the planet—certainly, more than the United States and Canada combined, as an example. They have highly educated and capable people and a long tradition of democracy, one of the oldest traditions of democracy in the Western Hemisphere. As much as anything else, not only is it a tragedy for the people of Venezuela—what has happened—but it is a tragedy for the hemisphere and, ultimately, for the world.

We look at some of the great causes that the world is confronting and think what a democratic and prosperous Venezuela could be contributing, what its extraordinary people could be contributing to our security and our prosperity. But particularly the last 5—have largely been taken up by internal strife.

At the end of the day, my interest on the issue of Venezuela has never been the removal of anyone from power. It has been about the restoration of the democratic order so that the people of Venezuela can choose their path forward. We look at the history of our hemisphere, here in the Western Hemisphere, and we see that up until about 25 years ago, most of the nations in the hemisphere were governed by dictatorships and strongmen on both the left and the right, and few, if any, people in our hemisphere had a role to play in choosing their leaders. Today, but for the exception of a handful of places—predominantly, Cuba and the Caribbean and some others—almost all of the people of the region get to choose their leaders, and that has been the story of Venezuela up until very recently.

So I want to support the leaders who agree with America, and sometimes they do not. But they choose their leaders.

In the end, we know that democracies very rarely have wars because their peoples do not tolerate it. Democracies always seek stability and prosperity because their peoples demand it, and they get rid of leaders who don’t deliver.

So our goal from the beginning—my goal, in particular—has consistently been the restoration of the democratic order and, through that, the respect for basic rights and dignity of all people, particularly in Venezuela. It is sad to see what has happened because I think the Kurz family is a prime example of what America is capable of doing. They call it a constituent assembly. It is ruled an unconstitutional assembly. I should say the executive branch, the national Assembly—and attacking members of that assembly. It would be the equivalent of protestors storming the Capitol doors and attacking Senators and Congressmen. We see images of uniformed personnel, some of whom are basically, as the equivalent of our Capitol Police, roughing up the very members of that assembly whom they are supposed to be protecting. We have seen the images of protests in the streets, of national guard troops firing on people with tear gas and rubber bullets, and, in some instances, with guns.

We have seen these irregular groups called “colectivos” going after people in the streets. By the way, in fairness, we have seen violence on both sides of it. We know the constipated National Assembly—and the opposition—the enormous majority of people in the opposition—the enormous majority—seek a peaceful resolution to this. Anytime you put hundreds of thousands of people in the street, chaos happens.

I think you not just of the protestors, but you think of their family members on the other side of it. We forget that these national guard troops, holding up their shields and wearing the uniforms, have sisters and brothers and husbands on the other side of that barricade, deeply dividing this proud nation with an incredible history of contributions that it has made.

The situation has now reached what I believe is the tipping point. Later this month, the Government of Venezuela—I should say the executive branch, under its current President—has scheduled an unconstitutional assembly. They call it a constituent assembly. It violates the very Constitution of the country. The Supreme court has already kind of canceled the democratic order and this adds to that. I just say this with deep
sadness. If that goes forward, I think it fundamentally changes the situation permanently.

I had an occasion early this morning to speak to the President on this topic for a few minutes, as I know he is headed overseas. I expressed his concern over my dissatisfaction with the course of events. I think it should be abundantly clear to everyone that this government in the United States is prepared to take additional significant measures if, in fact, the Maduro government moves forward at the end of this month—basically, all but admitting to the world what we already know; that is, that the democratic order in Venezuela has ended.

I do believe that there is still a path forward—a path forward that doesn’t involve vengeance, that involves reconciliation; a path forward designed to restore the democratic order. I believe deeply that all of my colleagues here in the Senate and in the Congress and the President of the United States are prepared to play whatever role they can to help facilitate that. I think that, obviously, ultimately, it would involve restoring democracy. It would involve respecting its own Constitution. It would involve a profound failure on the part of the people internationally supervised, not by the United States but by the United Nations or by neighboring countries. I just left a meeting a few minutes ago with the Foreign Minister of Mexico, a nation that has shown that it is willing to step forward and be constructive and productive in this endeavor.

That is the goal. The goal is to restore peace and order and to restore democracy and to grant amnesty and freedom to those who have been imprisoned because of their political views. Within that space, there are those within the government who themselves perhaps seek the same thing but feel trapped by the circumstances before the moment today.

So I do believe there is a path forward, but I also think it would be unfair if I didn’t make clear that the time for that path is running out and the door will permanently close if, at the end of this month, the Maduro government moves forward with this assembly, which is illegal and unconstitutional. At that point, it would be clear for all that they have no interest and no intent of restoring democracy. I fear the consequences of that, not simply because of what the U.S. Government and the Trump administration might do but what it would mean to those in the streets who are already desperate as it is.

I do think that path is there. I do believe that opportunity is still available, but it will not be around forever. My hope is that cooler heads will prevail. My hope is that patriots in Venezuela—no matter what side of this debate they have come on up to this point—realize it is time to step up and further this process of reconciliation, not with a goal of vengeance or punishment but with a goal of freeing those who have been imprisoned unjustly, with the goal of having free and democratic elections, with the goal of living up to constitutional principles, with the goal of restoring democracy to a great people and a great nation.

I know that despite all of my criticisms and all of the speeches I have given and all of the measures we have taken, we are prepared to do all I can to be helpful in that endeavor, to help the people of Venezuela take control of their destiny; to begin to disassemble the democratic order, the constitutional order in a way that unites the country, not one that further fragments and divides it.

I know the President has expressed a willingness to be involved in that process in whatever capacity is appropriate, knowing that other nations in the region are prepared to lead as well.

I thought it was important on this 11th day of July, as we get closer to that measure which I think will do irreparable harm to this possibility—that I come here to the Senate floor and express this. In the end, I think all of us in this hemisphere and, ultimately, the world would benefit greatly from a Venezuela that fulfills its potential. People everywhere, the potential of its economy, the potential of its proud history of democracy. Whatever we can do to be helpful in that endeavor, I know that this Nation is prepared to do in whatever capacity is appropriate, in the eyes of the people of Venezuela.

Ultimately, the future of Venezuela belongs to the people of Venezuela, and that is what we stand for. We hope that we can be helpful in a process that brings them together—and not further divides them—and restores what they once had and deserve to have again: a proud democracy, a vibrant economy, and a people with extraordinary and unlimited potential to achieve great things on behalf of their nation, their countrymen, and the world.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

WELCOME TO THE PAGES

Mr. CARPER. Mr. President, I want to welcome our new pages. They have been here all of 24 hours or so. I talked to some of them earlier today. They come from all over this country, and we welcome each of them.

I understand that we will be here for 3 weeks, and we wish it could be longer. Who knows? Maybe it will be. We will see.

HEALTHCARE LEGISLATION

Mr. President, I am here today to talk about healthcare. That is a subject we have talked a lot about, not just on this floor this week, this month, and this year but for years. A lot of times, when we talk about it, we seem to forget that this involves real people, people who live in our homes, people who live here. They are parents. They are children. They are grandparents, aunts, and uncles. They are young, and they are old. They are people from different walks of life. They are real people.

I want to talk today about one of them. Delaware is a little State. I like to kid my colleagues that a lot of days in the week I visit all the counties in Delaware. We have only three. Yesterday I got to go to all three of them.

In the southern part of our State is Sussex County, which is the third largest county in America. I think there is 2,000 counties. The third largest is Sussex County, DE. The county seat for Sussex County is called Georgetown.

Before I came over here yesterday afternoon to be here for the convening of the Senate, I stopped off and hosted a roundtable. There were about 20 patient advocates from organizations across the State of Delaware. We were in Georgetown at a place called the CHEER Community Center, which is a former Patligh. These Delawareans from the southern part of our State. A lot of good activities happen there for seniors from all over Southern Delaware.

Some of the organizations on the frontlines of our healthcare system in Delaware are the CHEER Community Center, the Alzheimer’s Association, the Juvenile Diabetes Research Foundation, the American Heart Association, the Leukemia & Lymphoma Society, the autism Delaware, the Juvenile Diabetes Research Foundation, the Alzheimer’s Association, and atTack addiction. The folks at the roundtable explained to me and to others how the new plan that was released several weeks ago would dramatically diminish their ability to care for the Delawareans they serve.

During our roundtable, we heard directly from representatives of these organizations, and we heard directly from patients. The Delawareans shared with us just how devastating a repeal of the Affordable Care Act would be for them and for their families.

One person’s story stood out to me. She is a woman I have met before. Her name is Jan White. She is pictured here with her husband Mike. They live in Newark, which is at the other end of the State. If you drive up I–95 from Washington through Baltimore, on up to the Delaware line, the first town you come to in Delaware is Newark. That is where the University of Delaware is located. That is where they live.

Jan and her husband were college sweethearts. This October they are going to celebrate their 30th wedding anniversary. They run a successful small business in Delaware. It involves setting up meetings, running them, organizing and running special events. It is the perfect business for a couple they have a son named Ethan. This September, Ethan will start his senior year at the University of Delaware, which is one of my alma maters. I went to graduate school there after the end of the Vietnam war our two children; they are parents. They are children. They are grandparents, aunts, and uncles. They are young, and they are old. They
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Most of us know that cancer is a hard battle. In my own family, we know that my grandfather, his wife, and others who have fought cancer ultimately succumbed to it. It is a hard battle. Jan shouldn’t have to fight for the chance to fight and survive. That is what she is doing.

We are encouraged that she has had better than a fighting chance. Jan and her family hope that those of us in this body—in the Senate—and our friends in the House of Representatives will do their right thing by the 1.2 million people who have blood cancer, including roughly 400 Delawareans and the 50,000 cancer survivors who live in my State.

I will close by saying this: Last week we kept the Fourth of July recess. The place was closed, and most of us were in our States. I covered the State of Delaware almost every day. I saw thousands—probably tens of thousands—of people during the course of that time. I was amazed at how many people came to me and talked to me about healthcare legislation. They called on us to do the right thing.

The other thing they called on us to do was to work together. Any number of people said to me: This shouldn’t be all Republicans trying to solve this; this shouldn’t be all Democrats trying to solve this. This should be everyone working together.

I couldn’t agree more. I think we have a great opportunity right now to hit the pause button and not retreat to our different corners around here but to figure out how we can engage and do three things with respect to the Affordable Care Act: Figure out what in the Affordable Care Act needs to be fixed and let’s fix it; figure out what in the Affordable Care Act needs to be preserved and let’s preserve it; and if there are provisions in it that should be dropped, let’s figure out how to drop them.

I talked with one of my colleagues, a former Navy guy from Arizona on the other side of the aisle. We came to Congress together in 1982. We served in the Navy together before that. We were talking yesterday about a path forward for us. We both said almost at the same time: What we should do is regular order.

I don’t know if our new pages have heard that term, “regular order.” What it means is pretty much this: If someone has a good idea—or maybe a not-so-good idea—on an important issue, introduce it as a bill. It gets assigned a committee, and the committee chair, ranking member, senior Republican, senior Democrat talk about scheduling the hearing. Then maybe the committee chair, maybe just one hearing but maybe a series of bipartisan hearings. Sometimes they actually schedule some roundtables in addition to hearings, which are more of an informal discussion, which are sometimes helpful in working out consensus around the very difficult issues like healthcare.

The regular order is that after there has been a lot of talking, a lot of back-and-forth, a lot of questioning, they have a markup in the committee on jurisdiction. The markup is to vote on the bill before we vote on the bill. We have the opportunity for members—Democrats and Republicans have the opportunity to offer amendments to the legislation, amendments for and against, amendments that would change and hopefully improve the underlying bill.

After the amendments are offered, there would be a vote on the underlying bill, to keep it in committee or report it out. In regular order, if it is reported out, then it competes for time on the floor. That is something our leaders, Senator McCONNELL and Senator SCHUMER, need to work out amongst themselves. If the bill makes its way to the floor, in regular order, we would have time for debate, especially for something this important. As I recall, when we debated the Affordable Care Act, we had 160 Republican-sponsored amendments adopted to the Affordable Care Act. Is it perfect? No. Anything that big, that complex, should have been even more bipartisan than it was. This is something we need to get right.

I will close with this thought: If you go back 8 or 9 years ago, we had a new administration. I was a brandnew member of the Finance Committee, which has jurisdiction over Medicaid and Medicare. We share jurisdiction in the Senate on healthcare legislation; the other committee is the Health, Education, Labor, and Pensions Committee, which is led by Senator LAMAR ALEXANDER of Tennessee and Senator PATTY MURRAY of Washington State, two very able people and leaders. I would suggest that they are the kind of leaders who can help us actually figure out what is the right thing to do.

I don’t know that either party is smart enough to figure it out by themselves, but if you ask a lot of people in this country, people like Jan and her family or folks who are providers, such as doctors, hospitals, and nurses, and folks who work in pharmaceuticals, health economists—if you ask a lot of people “What do you think?” there is a much better chance to ultimately get the right answer.

I will add a P.S. as a former Governor of Delaware, as some of my colleagues know. I call myself a recovering Governor. We have a new page here from Ohio. One of the guys from Ohio is now a pharmacist. John Kasich, my old colleague from the House, is now Governor of Ohio. He has been a strong voice in favor of just what I am talking about to stay healthy. She ate right. She exercised. In fact, she was studying martial arts.

I eat right too. I exercise almost every day of my life and have since I headed to Pensacola, FL, as a newly minted ensign in the Navy. I still work out. One thing she has done that I haven’t—she has studied martial arts and achieved her third-degree black belt. She did it a couple of years ago, in April of 2015.

Jan was worried at their business and helped to raise Ethan, Jan, Mike, and their son Ethan were living the American dream, but their lives were irreparably changed in April of 2016—a year after she earned her third-degree black belt.

Something happened. What happened was that Jan was diagnosed with aggressive stage IV non-Hodgkin lymphoma. It had invaded her chest and her spine. She went from teaching kickboxing and studying for her fourth degree black belt to relying on a walker.

Jan underwent over 5 months of intense chemotherapy. I am told it was 102 continuous hours every 3 weeks. Think about that: 102 continuous hours of intense chemotherapy every 3 weeks. She had two injections into something called—I think it is a cavity in our brain—the Ommaya. She had two injections every 3 weeks for her spinal tumor, a high dosage of inpatient chemotherapy, and a month of radiation.

Jan was pronounced in remission earlier this year. Thank God. She desperately hopes to stay there, and our prayer is that she will.

When Jan was sick, she and her husband Mike kept working. There was no quit on that team. They kept working at their business, although it certainly wasn’t possible to keep up with everything. That business had its usual pace wasn’t possible to keep up with everything. As Jan has said, the bills don’t stop just because you have cancer. That is true. Today she continues physical therapy repair damage from spinal cord compression from the tumor and the chemotherapy for the spinal tumor. She continues this therapy, even though her insurance-approved visits ran out a long time ago.

Jan monitors daily for relapse, hoping and praying it will not happen. She and Mike have worked hard to keep their business doors open and to try to put their lives back together.

The current debate in Washington over the Affordable Care Act makes Jan and Mike wonder if they will be able to afford the premiums that they face. Their current premiums now—not including deductibles, out-of-pocket expenses, or denials—are double their mortgage payments.

Jan told me that they wonder if they will have to forgo Jan’s medical care. They worry they will have to choose to pay for care and maybe put their family in bankruptcy. What if the treatments don’t work?
The things in the Affordable Care Act that need to be fixed. Preserve the aspects that need to be preserved. Let’s do it together.

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

The PRESIDING OFFICER (Mr. RUBIO). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. DURBIN. Mr. President, I represented the congressional district of Springfield, IL, for 14 years, and this is my 21st year in the Senate. It is a big State with 102 counties. We are proud of our diversity in our State, which runs from the great city of Chicago, to deep, deep Southern Illinois, to a town of Cairo, IL, which is literally south of the Mason-Dixon line. They grow cotton down there in the State. So it is a very big and diverse State. I am proud to represent it.

I have spent some time doing my best to understand the challenges that businesses, individuals, and families face, and to measure their sentiments on issues over the years.

For the last several months, I have spent my time visiting every corner of downstate Illinois, which is the more rural, small-town area of our State outside of Chicago. It is more conservative politically. President Trump ran well in some parts of downstate Illinois. And I have been in this area—representing it, growing up in it—to measure what I consider to be the topic and issue of the day, and that is the issue of healthcare in America. It is an issue which each of us takes very seriously and personally because each of us is called on in a variety of different ways in our lives to have healthcare for our- selves and our families—‘‘the people we love’’—at critical moments.

We are now engaged in a national debate about the future of healthcare in America. The Republicans control the House, the Senate, and the White House, and have been from the beginning opposed to the Affordable Care Act, which was passed under President Obama. I voted for it. I think it was the right vote. I think it has achieved a great many things. I hope we can continue to build on it to make an even better healthcare system for our Nation. It is not perfect. There are areas that need to be changed, improved, and areas that I think need to be strengthened over the long haul to make sure America has more fairness when it comes to healthcare for all of us.

Last week, I visited about a half dozen healthcare facilities in Illinois. I jokingly said to my staff that I have come to know hospital administrators in my State far better today than I ever have.

Here is what they told me. They told me the healthcare bill that Senator McConnell has proposed in the U.S. Senate would be devastating to the families, the patients, the employees, and the healthcare facilities in our State. They told me that nearly $800 billion in Medicaid cuts would cripple rural hospitals and health clinics. Not one Senator has said that these patients in rural communities, but 35 percent of what the Medicaid Program would also cost jobs in Illinois. The Illinois Hospital Association in my State estimates that the Republican bill, which passed the House and now is being considered in the Senate, would cost us 60,000 healthcare jobs.

I went to Granite City, IL, which is near the St. Louis area. I met a young woman named Sam, who has Down syndrome and her mother Missy. They are worried about the Republican plan to cap Medicaid spending. Sam’s health needs can’t always be anticipated. There are not some that can be capped in terms of future needs, and the amount of care can hardly be deter- mined in advance. There is a young woman who is doing her best to lead an active and involved life facing this disability, which she does. This is so true for so many people nationwide.

Some of my Republican colleagues in Illinois have said: We just don’t understand why Medicaid as a program has grown so much. Well, it may be hard to understand until you look inside the program and realize what it does. Medicaid may have started as a small idea, and now it is a really major provider of healthcare in America. In my State of Illinois, it is responsible for paying for the prenatal care, birth, and care of mothers and their children after they have been born for more than 50 percent of the kids.

It is an important provider of healthcare resources to our school districts in Illinois, which count on Medicaid to help them take care of special needs students—counselors, psychologists, transportation, even feeding tubes for those who are severely disabled. It is a critical program as well for the disabled community, like Sam and young men and women who are victims of autism or Down syndrome who want to lead a full life but need health insurance. Medicaid is their health insurance.

One woman said to me in Champaign, IL, my 23-year-old son is autistic. He counts on Medicaid, and, Senator, if I don’t have Medicaid, my only recourse is an institutional program that would cost us over $300,000 a year. It is impossible for us to even consider that.

So those who would cut back on Medicaid spending in the name of flexibility and saving money or generating enough to pay for a tax cut for a wealthy people would leave people just like those I have described in a terrible circumstance.

I haven’t described the largest cost of Medicaid. The largest cost in Illinois for our Nation is the Medicaid services and benefits provided to those who are older—mothers, grandmothers in nursing facilities and care facilities
The Congressional Budget Office analyzed the Republican bill, and it said: “People who used services no longer included in the Essential Health Benefits would experience substantial increases in out-of-pocket spending on health care, or would choose to forgo the services. Moreover, based on annual and lifetime limits . . . would no longer apply.”

With this scathing analysis from the Congressional Budget Office, what did the Republicans go on to do? Instead of addressing these challenges straight on, they retreated. They shut themselves off behind closed doors and tried to cut a deal within the 52 Republican Senate Members here to pass this measure, as bad as it is. There was not one hearing on this bill—on the Republican healthcare bill—no markups, no amendments, and no support from medical advocates in any part of our Nation. There was no input in the Senate from any Member outside the Republican caucus.

They want to call this bill right away, and it is understandable. The longer it sits out there and the longer people get to know it, the less they support it. You know we still haven’t even been able to get a discussion. Why? Because Republicans continue to work in secret on a bill that literally impacts one-sixth of the American people and every single person in our country.

This measure affects everybody. Even if you get your insurance through your employer or Medicare, this bill would make Medicare go insolvent sooner and allow employers to, once again, impose annual or lifetime limits on care under their health insurance plans. Now, the latest we have heard is that the Republicans are meeting in secret, making some changes to this bill. They may be throwing some money at the opioid crisis facing America, but that will not make up for kicking 15 million people or the thousands of dollars. He is worried because if he is aiming for lowering premium costs by offering health insurance plans that are junk plans, health insurance plans that are fake insurance, the net result is going to be people paying a lot more in copays and deductibles and a lot less coverage when they definitely need it.

There are a couple other things it will do. Because these younger healthier people who pay higher premiums believe they are invincible, it will end up raising the cost of premiums for those who buy other insurance. The discrimination, in terms of premium costs, will be dramatic, and the truth and of itself could be damaging to people all across the United States.

So Senator Cruz believes that offering junk insurance plans and telling the consumers we are giving you a choice is going to answer the needs across America. It will not. It will raise premiums on everyone else. It will provide inadequate coverage for those who buy these plans, and sadly many of them are going to be facing deductibles and copays they just can’t handle. That is no answer. It may be a political answer to get his vote, but it is certainly not a credible answer.

We have had this before the Affordable Care Act, and do you remember, why? They found out their insurance didn’t cover what they needed. Women who were pregnant found out their plans didn’t cover maternity or newborn care. People who were diagnosed with a mental health condition found out their insurance covered no treatment for mental illness. So what good is insurance if it doesn’t care for the most basic and essential needs of Americans?

Thanks to the Affordable Care Act, we fixed that. We fixed that. Policies provide real insurance for real families. Do you know what happened, in addition to providing more care for people across America? The number of bankruptcies, personal bankruptcies, have been cut in half since the Affordable Care Act.

Senator Cruz’s plan for selling fake insurance or junk insurance plans that will not be there when you need them,
I can just tell you it means more business for the bankruptcy court. It would banish those with preexisting conditions to the world of sky-high premiums, all in the name of Senator Cruz’s freedom of choice. Well, freedom isn’t free when it comes to relegating any American to such a precarious state when it comes to health insurance. No matter how much the Republican Senators tinker around the edges, they are dealing with a flawed, unfixable bill.

The American people oppose any bill that rips health insurance away from millions of individuals and families, they oppose any bill that causes nearly 1 million people nationwide to lose their jobs, and they are also opposed to a Republican health insurance plan that would cost coverage for half a million American veterans.

The American people oppose any bill that hurts those with preexisting conditions. They oppose a bill that throws millions of people off Medicaid and slashes billions in Federal funding to hospitals, healthcare clinics, and schools.

The American people oppose any bill that is rejected by every major medical and patient association. The Republican bill is opposed by the American Hospital Association, the American Medical Association, nurses, pediatricians, AARP, heart, diabetes, and lung associations.

How can you write a bill that draws that much opposition? They did it. They did it behind closed doors, and they don’t want you to see what they are doing with it now.

Finally, the American people oppose any bill that takes away nearly a trillion dollars in healthcare in order to provide hundreds of billions of dollars in tax breaks to the wealthiest people in order to cut and eliminate health insurance for the poorest people in America. That is exactly what this bill does.

I am glad the Senate Republicans have delayed their vote on this repeal, but many have not given up. In all of my townhall discussions, the plea from Illinois people has been clear: Improve the Affordable Care Act; don’t repeal it.

So where do we go from here?

First, Republicans need to take repeal off the table. We need 3 Republicans out of the 53 to say this is the wrong way to go about it.

Second, President Trump must stop undermining the stability of the marketplace with his uncertainty and sabotage.

Third, we need to work together on a bipartisan basis to strengthen our current system. We need to address the price of pharmaceutical drugs. The current bill and law does not. That is the biggest driver, according to Blue Cross in Illinois, of premium increases—the cost of pharmaceutical bills. We need to build competition through a Medicare-for-all-like public option available to everyone who chooses it across the United States.

Some Republicans, including Senator McConnell, have said that the Republicans have to do this by themselves because the Democrats refuse to work with them. That is simply not true. We are here. We have been here all along, and we want to have a hearing. Bring in some experts. Let’s just have a meeting. That would be a break-through.

Democrats have asked the Republicans to join us. Let’s sit down together, informally, like grown-ups, and address this issue in a responsible fashion. We are ready and willing to work on legislation to improve the individual market for the 6 percent of the people who purchase their insurance there. I fail to see how gutting Medicaid and throwing 22 million Americans off of health insurance in order to provide tax breaks for rich people does anything to help that 6 percent.

This is a critical moment when it comes to healthcare across America. It is unfortunate that we are now considering a bill that was revealed only 2 weeks ago, never been subject to a hearing before any committee, a bill that has never been amended in an open process.

When it came to the Affordable Care Act, over 140 Republican amendments were adopted. The Republicans haven’t offered us an opportunity to offer one amendment to their proposal—not one. It is a take-it-or-leave-it, closed-door deal. That is not the way the Senate was designed to work. It is not the way the American people want us to work. They expect us to work in a constructive fashion on a bipartisan basis to solve the problems facing our Nation.

The biggest single problem is giving peace of mind to Americans and American families across the Nation that they have healthcare they can count on and afford.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mr. President, I have joined my colleague in coming to the floor to talk about how we need to make progress on healthcare and make sure that we don’t pull healthcare out from millions of Americans. I thank the Senator from Illinois for talking about his experiences. Like the Senator from Illinois, I was at home this past July recess talking to my constituents, and I heard many of them talk about their individual healthcare needs and their concerns about what is happening in the marketplace.

I met a young woman who told me about her daughter who was born prematurely and weighed less than 2 pounds. Her daughter required specialized, expensive treatment as a newborn. She was concerned that if we keep moving ahead with the repeal of the Affordable Care Act, she and her husband would be overwhelmed with crushing hospital debt if, in fact, we are going to lose their health insurance. That is one of millions of Americans who are scared that they are going to lose their health insurance under the proposal that is being talked about, that has been talked about for the last several weeks, because the Democrats cannot tell—because, obviously, there is a lot of secrecy—may still include details about reducing coverage for those who have access to care through Medicaid.

I have come to the floor tonight to talk about the latest idea because I think one of the things that is clear—and probably why the Senate majority leader said that he wanted, basically, to cancel the first 2 weeks of the August recess—is that my colleagues don’t want to go home and talk about the proposal that was brought before them. In fact, they are now trying to bring up a new proposal, thinking that, again, with a very limited time period, without floor discussion, without committee debate, without an amendment process, somehow our colleagues on the other side of the aisle will fall prey to the notion that there is a silver bullet, a magic solution. I have come to the floor knowing that an amendment or a discussion piece or the new behind-closed-doors discussion proposal being advanced by my colleagues from Texas and Utah is basically to allow junk insurance into the marketplace.

What do I mean by junk insurance? I mean a proposal that basically offers less than the essential benefits, such as hospitalization, prescription drug benefits, lab costs, and all of those things; that, basically, by offering a market where you can get junk insurance, you can say: Oh, well, you have to have one offering of insurance that does cover all the basics and essentials, but then you can have junk insurance.

I say “junk insurance” because this is the wrong idea for the marketplace. It is basically mixing good and bad and not having adequate risk spread across—so basically it means that you don’t have to have compliant plans for the market. I know this firsthand because my state had this problem. We had this same experiment in Washington in the 1990s, and people tried to do the exact same thing—basically, have a compliant plan, and then say that you have a bunch of less-than-adequate proposals for insurance in the market that really aren’t giving individuals coverage. What happened? It drove up the cost of the compliant plans that covered most of healthcare and basically drove the insurers out of the market. That was the experience in Massachusetts when the Statoak was tried, and it failed because basically it ran up the price, and insurers didn’t stay around to offer options. They
Rick couldn’t make the mandate of the required plan work because it basically took the risk out of the system.

The notion that somehow this new idea by my colleagues is going to be the silver bullet is, in my opinion, not an answer at all. People who would be the ones to get the kind of coverage for a short period of time would then end up leaving the rest of the people without adequate coverage. As I said, what happens is, the costs then just go up, and then the market has to back out. I would say that in our State—because a lot of people are talking about leaving the individual markets over the proposals that we are talking about today because they are concerned about the costs and who is going to be covered—you would see a very rapid collapse of the individual market exacerbated by what my colleagues from Texas and Utah are proposing.

There are numerous nonpartisan health experts who seem to be saying the same thing. There is the American Academy of Actuaries, where one individual said:

People who are healthy now would tend to choose noncompliant plans with really basic benefits. People with or needing noncomprehensive coverage could find it out of their reach, because it could become unaffordable.

Another individual from the American Enterprise Institute wrote that “the main effect of the Cruz-Lee amendment would be to shift costs from healthy consumers to less healthy consumers and households with lower incomes.”

Douglas Holtz-Eakin, a Republican and former Director of the Congressional Budget Office called the amendment “a recipe for a meltdown.”

Larry Levitt, senior vice president at the Kaiser Family Foundation, summed it up best when he called the amendment “a recipe for instability and discrimination.”

So you can see that many people already understand the idea of junk insurance is not a market solution at all. It is not really even healthcare coverage. In its May 24 score of the House proposal, the CBO provided a definition of health insurance, saying that they would “broadly define health insurance coverage as consisting of a comprehensive major medical policy that, at a minimum, covers hospital and other high-cost medical events and various services, including those provided by physicians and hospitals.”

To me it seems pretty clear that the types of plans that could be sold under this proposal don’t meet that definition.

What are essential benefits that are supposed to be in a plan, and I want my colleagues to know that this experiment was tried. It failed. It drove insurers out of the marketplace because it just made the plans that were covering essential benefits so costly by distorting—really tearing the market up.

The second point about the proposal we are hearing about is that it is still a war on Medicaid. In my opinion there are cost-effective ways for us to continue access to healthcare. I have brought them up on the Senate floor. One would be looking at rebalancing from nursing home care to community-based care or, as I have mentioned, a basic health plan that bundles up a population and serves them up to get a discount so that individuals would have as much clout as a large employer would have in the marketplace.

I hope that my colleagues will stop the focus on capping, cutting Medicare—because it would throw so many people off of the system—and focus on rebalancing people to the type of healthcare that will help us save costs, keep people in their homes, and give consumers the ability to compete cost effectively in the individual market.

These are the problems I still see with this proposal. To think, basically, that junk insurance will be the way for us to get a proposal and to see that Medicaid is still the target in a war on Medicaid, to me, is not the proposal to move forward on. I hope our colleagues will realize that these have severe faults and will sit down and talk about the proposals that will help us in establishing a more robust individual market.

I thank the Presiding Officer. I yield the floor.

The PRESIDING OFFICER. The majority leader.

LEGISLATIVE SESSION

MORNING BUSINESS

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

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

REMEMBERING R.J. CORMAN

Mr. McCONNELL. Mr. President, today I wish to remember the life of my dear friend, R.J. Corman, and to congratulate a business he started in Kentucky on its 30th anniversary.

Corman was born in 1942 in Kentucky, the son of a coal miner. Rick’s business acumen was impressive, but even more extraordinary was his unstoppable spirit. When he was diagnosed with cancer in 2001, he fought far beyond the doctors’ expectations. Rick continued to work, to enjoy life, and even to finish the Boston Marathon. He deeply cared for his employees and his community. When one of his employees lost his home to a fire, Rick sold his family a tent and flew over the next day. Over the course of his life, Rick and his company made numerous contributions to St. Joseph Hospital in Jessamine County. The hospital remembered Rick as the largest philanthropic supporter in its history.

Rick’s compassion and love of life inspired so many friends, family, and employees. He may be gone, but his legacy will remain, as we celebrate the 30th year of the R.J. Corman Railroad Co. Rick believed in his employees, and he said, “It’s really the people that make this company so different. It’s not me; it’s the people.” Today I ask my colleagues to help me remember Rick for his kindness, his courage, and his undefeated spirit.

The Lexington Herald-Leader recently published an article about Rick’s life and legacy. I ask unanimous consent that the full article be printed in the Record.

There being no objection, the material was ordered to be printed in the RECORD, as follows:
One of the largest things for a company to do is survive and grow after the death of a larger-than-life founder like Richard Jay Corman.

Carol Loomis, a legendary business journalist who interviewed America’s most famous executives, wrote in a 2011 profile that Corman “just might be . . . the most unfor-gettable leader to meet in my more than half-century at Fortune (magazine). . . . In the way he operates—and faces the world—Rick Corman is truly larger than life.”

Corman, 58, died in August 2013 after a dozen years of fighting multiple myeloma, a blood cancer. But R.J. Corman Railroad Group, the Nicholasville company he started in 1973 with a backhoe and a dump truck, doesn’t seem to have missed a beat.

“Rick built a heck of a company and a nationally known and recognized organization,” said Ed Quinn, who worked seven years for Corman and returned to the company after the retirement of Craig King, who led the company after Corman’s death and remains on the board. “That’s what we trade on every day and we continue to do it.”

The company, owned by a trust controlled by Corman’s sister and three of his five children, has continued growing and acquiring businesses for the past four years and also continues to be a major benefactor to Central Kentucky charities.

Probate documents filed in November 2013 valued R.J. Corman Railroad Group at $226.7 million. Since then, employment has grown from 1,100 to more than 1,500. Although the company doesn’t release financials, executives say annual revenues now exceed $350 million.

This year, the group’s R.J. Corman Railroad Co. is celebrating its 30th year. It began with the purchase of two Kentucky short line railroads in 1987 as federal deregulation allowed major railroads to sell off lines they no longer wanted.

Since Corman’s death, the company has acquired short line railroads in Texas and South Carolina. During its operations, it has 11 railroad lines with 904 miles of track in nine states. The company owns more than 100 locomotives and 475 rail cars, and last year they hauled more than 65,000 car loads of cargo.

Those railroads include the 148-mile Central Kentucky Line that runs through Lexington, where Corman’s signature red locomotives and white cross-rail fences have become a landmark at the corner of West Main Street and Oliver Lewis Way. The company’s first stop, downtown, includes My Old Kentucky Home Dinner Train.

Next year, R.J. Corman Railroad Group will mark the 45th anniversary of its railroad operations business, which Corman began by repairing and refurbishing track for major railroads. Those operations are based at shops on the company’s 1,600-acre main campus in Jessamine County and at field locations in 23 states.

The company’s best-known operations are its disaster relief and recovery units, which can dispatch teams around-the-clock to handle some of the industry’s biggest breakdowns and cleanup jobs. R.J. Corman’s most recent helping clean up Gulf Coast rail infrastructure after Hurricane Katrina in 2005. Last year, the company logged 4,560 emergency responses, including major disasters.

The railroad group also has other businesses that serve both its short line operations and all seven of the nation’s “Class 1” railroads. Those include track construction and maintenance, equipment maintenance, materials management, signaling design and construction, and employee training. The company also offers railcar loading services for such major manufacturers as Toyota.

Railroads were the kings of American commerce from the Civil War until World War II, but declined after the Interstate highway system was built, leading to the rise of the long-haul trucking industry. But railroads are seeing a resurgence as part of the world’s multi-modal transportation network. Rail is still the most economical way to move many goods at least part of the distances they need to travel.

“While trucks and trains are competitive, there’s also interconnection,” said Noel Rush, the company’s senior vice president for commercial development. “This is still a business you will see in 50 years.”

And by reopening short lines that major railroads close, the company can provide an economic boost to small towns and rural areas with factories and warehouses that shut down when the railroad lines did, said Brian Runyon, the company’s chief executive. He said the company is always looking for more short lines to buy.

“It has blossomed into a very good business for us,” said April Colyer, Corman’s daughter and the company’s public relations director. “We’re always trying to watch and adapt to the needs of customers in our industry.”

100TH ANNIVERSARY OF WATT GLOBAL MEDIA

Mr. DURBIN. Mr. President, I want to take a few minutes to recognize WATT Global Media, a leading provider of business information and marketing solutions for the agribusiness industry worldwide, headquartered in Rockford, Ill. More than 100 years ago, on July 6, 1917, WATT Global Media was born.

WATT Global Media’s history began in 1917, when J.W. Watt and Adon Yoder purchased “Poultry Tribune,” a magazine published monthly for just 50 cents per subscription. Before Watt and Yoder bought the magazine, its circulation was about 5,000. In a few short years, these young entrepreneurs grew the magazine’s circulation by 400 percent. Under Watt’s leadership, “Poultry Tribune” quickly became “America’s Leading Poultry Farm Magazine” for poultry raisers, peaking in 1940 with a circulation of more than half a million readers.

During the mid-1920s, economic changes in the poultry industry led to the creation of the commercial hatchery industry, which led the staff at “Poultry Tribune” to create “Hatchery Tribune.” In 1934, Watt added “Turkey World” to its growing list of publications. WATT Global Media, originally called the Poultry Tribune Company, changed its name in 1944 to Watt Publishing Company. In that same year, the company acquired Better Farming Methods, “The business magazine for leaders who train and advise farmers,” which is the even younger, original WATT Global Media in 2014. Today, WATT Global Media serves 180,000 professionals in the pet food, poultry, pig, and animal feed industries from over 140 countries.

I will close with this: In 1907, J.W. Watt came to this country from the Orkney Islands, just north of Scotland. He came in search of the American Dream, and boy, did he find it. Despite WATT Global Media’s growth and many achievements, its proudest accomplishment is that it has been family-owned for 100 years, and this family business isn’t going anywhere. I want to thank J.W. Watt, Leslie Watt, James W. Watt, and Greg Watt—four generations from the Watt family—for their service to Rockford, Illinois, America, and throughout the world. I know the good people at WATT Global Media will continue its simple guiding mission: “to improve the health and well-being of people and animals across the globe.”

I hope my colleagues will join me in congratulating WATT Global Media on 100 years of accomplishments, and I wish them all the best for another century of success.

ARMS SALES NOTIFICATION

Mr. CORKER. Mr. President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to
the chairman of the Senate Foreign Relations Committee.

In keeping with the committee’s intention to see that relevant information is available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications which have been received. If the committee references a classified annex, then such annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

There being no objection, the material below may be printed in the RECORD, as follows:

**DEFENSE SECURITY COOPERATION AGENCY, Arlington, VA.**

**Hon. Bob Corker,**
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

**Dear Mr. Chairman:** Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 17–25, concerning the Army’s proposed Letter(s) of Offer and Acceptance to the Government of the Netherlands—AGM–114R Hellfire Missiles.

**Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act,** as amended:

(i) **Prospective Purchaser:** The Government of the Netherlands.

(ii) **Total Estimated Value:** $26.3 million

(iii) **Description and Quantity or Quantities of Defense Services under Consideration for Purchase:**

- Foreign Military Sales (FMS) case NE–B–WFV, implemented in June 2013, was below congressional notification threshold at $26.3M ($20M in MDE) and included one hundred and sixty (180) AGM–114R Hellfire II Missiles and twenty-four (24) M36E8 Captive Air Training Missiles (CATM).
- The Netherlands has requested the case be amended to include an additional seventy (70) AGM–114R Hellfire II Missiles. This amendment will push the current case above the MDE notification threshold and thus requires notification of the entire case.

Major Defense Equipment (MDE):
- Two hundred fifty (250) AGM–114R Hellfire II Missiles, Twenty-four (24) M36E8 Captive Air Training Missiles (CATM).
- None including:
  - Hellfire missile cutaway model, AGM–114R missile spare parts, a Launcher Test Station (LTS), LTS spare parts, two (2) maintenance support devices, integrated logistics support tools, M299 launcher software upgrade and testing, aircrew familiarization training, launcher test station training, unclassified publications, technical assistance, AN/AVM–101A software, CATM spare parts and related support services, and other related elements of logistics and program support.

(iv) **Sensitivity of Technology:**

- **(vii) Sensitivity of Technology:**
  1. **AGM–114R:** The AGM–114R is used against heavy and light armored targets, thin skinned vehicles, urban structures, bunkers, caves, and personnel. The missile is Inertial Measurement Unit (IMU) based, with a variable delay fuse, improved safety and reliability. The highest level for release of the AGM–114R is SECRET. Software and firmware documentation (e.g., Data Processing, Software Requirements, Source Code, Algorithms) are not authorized for disclosure to any foreign government or to the public of this proposed sale.
  2. If a technologically advanced adversary were to obtain knowledge of the specific hardware and software information contained in the AGM–114R, the criticality of the technology was such that its disclosure would alter the basic military balance in the region.
  3. A deterministic determination has been made that the Government of the Netherlands can provide substantially the same degree of protection for the sensitive technology being released as the U.S. Government. This proposed sale is necessary to the furtherance of the U.S. foreign policy and national security interests outlined in the policy justification.

All defense articles and services listed in this transmittal are authorized for release to the Government of the Netherlands.

Ms. Stabenow. Mr. President, on June 29, 2017, the Agriculture Committee reported by voice vote the fourth authorization of the Pesticide Registration Improvement Act, more commonly known as PRIA.

For nearly 20 years, PRIA has served as an example of bipartisanship, bringing together a wide range of stakeholders in support of a commonsense fee for service programs within the EPA’s Office of Pesticide Programs.

PRIA provides certainty for registrants; much needed resources to the EPA to ensure regulatory examinations related to human health and environmental safety risks are done properly and without reaping funds from PRIA allocated to farmworkers.

Unfortunately, after several years of carefully revising and finalizing an updated Worker Protection Standard, the EPA decided last month to delay key elements of worker protections, including the much needed revisions to the Certification of Pesticide Applicators rule.

Without strong and timely farmworker protections, PRIA simply does not make sense for some stakeholders who are a part of the coalition. The funds from PRIA allocated to farmworker protection should be meaningful resources that complement strong, effective protection. They should not be undermined by changes to EPA’s Worker Protection Standard and the Certification of Pesticide Applicators rule that would weaken farmworker protections.

Therefore, I strongly oppose any future efforts by the EPA to delay or amend the worker protection rules that the Agency finalized in November 2015 and January 2017, respectively.

Date Report Delivered to Congress: July 11, 2017.

*As defined in Section 47(6) of the Arms Export Control Act.*

**POLICY JUSTIFICATION Government of the Netherlands—AGM–114R Hellfire Missiles**

The Government of the Netherlands has requested the possible sale of an additional seventy (70) AGM–114R Hellfire II missiles to strengthen its current force of sixty (60) Hellfire II missiles. The original FMS case, valued at $26.3M, included one hundred and eighty (180) AGM–114R Hellfire II Missiles and twenty-four (24) M36E8 Captive Air Training Missiles (CATM) with various support elements. Therefore, this case is for a total of two hundred fifty (250) AGM–114R Hellfire II Missiles, twenty-four (24) M36E8 CATMs, to include Hellfire missile cutaway model, AGM–114R missile spare parts, a Launcher Test Station (LTS), LTS spare parts, two (2) maintenance support devices, integrated logistics support tools, M299 launcher software upgrade and testing, aircrew familiarization training, launcher test station training, unclassified publications, technical assistance, AN/AVM–101A software, CATM spare parts and related support services, and other related elements of logistics and program support. The estimated total cost is $26.3 million.

This proposed sale will enhance the foreign policy and national security objectives of the United States by improving the security of the Netherlands which has been, and continues to be an important force for political stability and economic progress in Europe. It is vital to the United States to maintain a strong and ready self-defense capability.

The proposed sale will improve the Netherlands’ capability to meet current and future threats and will be employed on the Netherlands’ AH–64D Apache helicopters. The Netherlands will use this capability to strengthen its homeland defense, deter regional threats, and provide direct support to coalition operations. The Netherlands will have no difficulty absorbing these missiles into its armed forces.

The proposed sale of these missiles will not alter the basic military balance in the region.

The principal contractor will be Lockheed Martin. The purchaser typically requests offsets. Any offset agreement will be defined in negotiations between the purchaser and the contractor.

Implementation of this proposed sale will not require the assignment of any additional U.S. Government personnel or contractor key representatives to the Netherlands.

There will be no adverse impact on U.S. defense readiness as a result of this proposed sale.

**CONGRESSIONAL RECORD — SENATE**

**TRANSMITTAL NO. 17–25**

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended:

(i) **Prospective Purchaser:** The Government of the Netherlands.

(ii) **Total Estimated Value:** $26.3 million

(iii) **Description and Quantity or Quantities of Defense Services under Consideration for Purchase:**

- Foreign Military Sales (FMS) case NE–B–WFV, implemented in June 2013, was below congressional notification threshold at $26.3M ($20M in MDE) and included one hundred and sixty (180) AGM–114R Hellfire II Missiles and twenty-four (24) M36E8 Captive Air Training Missiles (CATM). The Netherlands has requested the case be amended to include an additional seventy (70) AGM–114R Hellfire II Missiles. This amendment will push the current case above the MDE notification threshold and thus requires notification of the entire case.

Major Defense Equipment (MDE):
- Two hundred fifty (250) AGM–114R Hellfire II Missiles, Twenty-four (24) M36E8 Captive Air Training Missiles (CATM).
- None including:
  - Hellfire missile cutaway model, AGM–114R missile spare parts, a Launcher Test Station (LTS), LTS spare parts, two (2) maintenance support devices, integrated logistics support tools, M299 launcher software upgrade and testing, aircrew familiarization training, launcher test station training, unclassified publications, technical assistance, AN/AVM–101A software, CATM spare parts and related support services, and other related elements of logistics and program support.
- (v) Prior Related Cases, if any: NE–B–WFV.
- (vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.
- (vii) Sensitivity of Technology: In the Defense Article or Defense Services Proposed to be Sold: See Annex.

**Date Report Delivered to Congress:** July 11, 2017.

*As defined in Section 47(6) of the Arms Export Control Act.*
without undertaking a negotiated rulemaking, which must include all relevant stakeholders, to ensure that all voices are heard.

I hope the EPA will take a cue from our recent bipartisan and consensus-based committee action on PRIA and proceed in a similar fashion so that they decide that any delays or adjustments to the Worker Protection Standards or the Certification of Pesticide Applicators rules are necessary.

Shedding the dump EPA dismiss the concerns of farmers, consumers, and environmental advocates. I fear that last month's committee vote may unfortunately be the last bipartisan PRIA reauthorization that this panel is able to report out. I hope that is not the case, and I know other members of the committee share my concerns on the matter.

Once again, I want to thank Senator Roberts for his leadership. I am glad we were able to move forward in a bipartisan and consensus manner to reauthorize PRIA last month.

Mr. Roberts, Mr. President, thank my colleague, the ranking member of the Senate Agriculture, Nutrition, and Forestry Committee, for engaging in this important discussion.

I am proud to stand before my colleagues in the U.S. Senate to discuss some of the bipartisan work that we have accomplished through regular order through the Agriculture Committee specifically with regard to H.R. 1029, the Pesticide Registration Improvement Extension Act of 2017, or PRIA 4.

PRIA, while technical in nature, is critically important with assisting both EPA in carrying out administrative functions and industry that relies upon timely, science-based pesticide registration decisions to get products on the market and in the hands of farmers, ranchers, and other consumers.

PRIA, historically, has received widespread support from a diverse coalition of stakeholders, including members of the pesticide registrant community—both agricultural and non-agricultural uses, labor, and environmental advocates, which has contributed to Congress's ability to pass reauthorizations swiftly and by unanimous consent. With the Widespread support of the PRIA coalition, as illustrated by a coalition letter addressed to our committee and signed in 2017, with PRIA expressed support of the amendment to H.R. 1029 and urges swift action, this effort should be no different.

Our committee held a hearing earlier this year to review this issue in an open and transparent manner. As we have heard time and time again, farmers and ranchers want regulatory certainty. EPA and registrants who rely on PRIA to get new products on the market and in the hands of farmers, ranchers, and other consumers want certainty.

My colleague raises an issue that has historically been outside the scope of the technical, fee-based registration process of PRIA. I certainly understand the concerns that have been raised by some groups with regard to certain actions EPA is considering with regard to the Worker Protection Standard and the Certification of Pesticide Applicators rules. My hope is that EPA and the relevant stakeholders can constructively discuss areas of concern related to these issues within the framework of our Federal regulatory process without jeopardizing PRIA.

Current authority for PRIA expires at the end of this fiscal year. With that deadline in mind, our recent committee action is timely and necessary to get PRIA updated.

Should PRIA's authority lapse, pesticide registration will not be available for a wide range of crops that rely on innovative and new solutions for pest protection, and a lapse will have a negative impact on the products requiring registration that are used to protect public health and ensure public safety.

It is critical to get PRIA across the finish line not only to provide certainty to the industry but to also provide new products to growers for crop protection and to consumers to protect public health, and the timely review and approval of resources to ensure safety education components are maintained.

I thank my colleague Senator Stabenow and other members of the Agriculture Committee for working with me, and in a bipartisan manner. I look forward to working with Senator Stabenow and the coalition in support of this legislation to get this bill across the Senate floor as quickly as possible and ultimately enacted into law.

TRIBUTE TO ROSEMARY E. RODRIGUEZ

Mr. BENNET, Mr. President, I wish to recognize a dedicated community leader, civil servant, and dear friend, Rosemary E. Rodriguez. She most recently served as my State director and senior adviser. Throughout her life, Rosemary has displayed a genuine and consistent commitment to strengthening our State and our country.

Rosemary began her career as a legal assistant at two of Denver’s most prominent law firms. Also, during the early stages of her career, Rosemary began to use her voice to the Latino community as she helped form the Hispanic League, an organization that strives to be a liaison between the non-Hispanic and Hispanic communities. Rosemary began her career in government in 1992, working for Mayor Wellington Webb’s administration. She served in several roles during her time with the mayor, such as deputy director of the mayor’s Office of Arts, Culture & Film, Denver County clerk and recorder, and director of boards and commissions.

In 2003, she was elected to the Denver City Council. Later, her peers on the council elected her as president. In 2007, she began to work on the Election Assistance Commission. In this capacity, she worked to preserve the integrity of our national elections and increase access to our most fundamental right to vote. She chaired the commission in 2009. Rosemary became an invaluable part of my staff as State director and did a tremendous job representing our office and connecting with communities across Colorado. When I wasn’t able to attend an event, I was always confident that Rosemary would convey our team’s values and perspectives on any number of issues. I also counted on her advice whether it related to women’s issues, immigration reform, or other issues of importance to the Latino community. Most recently, she was elected to the Denver School Board where she continues to serve Colorado’s kids.

Due to her dedication to the people of Colorado, Rosemary has received several awards including the Mi Casa Resource Center’s Volunteerism Award, the Anti-Defamation League’s Passing the Torch Award, and the Denver Public Library’s Cesar Chavez Hall of Fame Award.

I have been honored to work with my friend Rosemary for the past 8 years. Her intellect, creativity, and compassion should serve as an example for all those who serve. I wish her the best in her future endeavors, and I fully intend to count on her advice and perspectives for years to come.

ADDITIONAL STATEMENTS

- Ms. BALDWIN. Mr. President, today I wish to honor the life and legacy of Ted Shannon, whose passing marks the end of an extraordinary life in service to country, community, and family. Ted committed his life to the pursuit of justice and equality. Ted and his late wife Dorothy were incredible pillars who had a great influence on me as I entered a life of public service.

Ted Shannon showed up. In service to his country, he became a civil affairs officer in July of 1941 during WW II, attached to the British 8th Army during the occupation of Italy. In his subsequent post, he served as executive officer for the Supreme Headquarters Allied Expeditionary Force in Paris.

He showed up as a leader in education, whether it was in his role as a Ford Foundation higher education advisor for five Middle Eastern countries in the nation of his ancestors—or as a highly regarded UW-Extension faculty member and dean for more than three decades.

Ted Shannon showed up. Along with Dorothy and fellow travelers from the New Deal era, Ted supported progressive policies at all levels for more than half a century. I cannot recall an event, large or small, for a progressive organization where I did
not see Ted and Dorothy pitching in, providing leadership and encouragement no matter how challenging the cause.

He showed up as a beloved husband, father, grandfather, and friend. Ted met and married Dorothy while at Yale pursuing his Ph.D. on the GI bill and shared his life with her until her passing in 2003. Ted was father to Ted, Sara, and Pam. Ted showed up as a hunting and fishing companion to son, Ted, and sage adviser on matters of food, music, languages, and world travel to Sara and Pam. He enjoyed outdoor adventures with his dear friend, Bill Theirien. Ted, Dorothy, Bill and Connie Theirien were friends and compatriots in advancing beloved ideals and forward-thinking causes for decades. A few years after Dorothy’s passing, Ted married second wife, Kate Foster, of Eau Claire and continued his life of service for another 9 years.

Ted showed up. He was a doer. He walked the talk. Ted’s multifaceted legacy is perhaps best illustrated by the words of Cuban poet Jose Marti: “Men of Action, above all those whose actions are guided by love, live forever.”

The life of Ted Shannon serves as inspiration for anyone who seeks to create a world of peace, dignity, and opportunity for all. I miss him dearly.

100TH ANNIVERSARY OF OSHKOSH CORPORATION

Ms. BALDWIN. Mr. President, today I wish to honor the 100th anniversary of a great Wisconsin company: Oshkosh Corporation.

Oshkosh Corporation began ten decades ago when cofounders William Besserich and Bernard Mosling believed they had created something that would change transportation in America. Technology would improve vehicle steering and drive capacity, two factors that were essential for navigating unfinished roads. While the engineering was groundbreaking, they could not find a manufacturer who would purchase and build their designs.

Faced with possible failure, William and Bernard moved on to plan B: manufacturing and launching their own vehicle. On May 1, 1917, they founded the Wisconsin Duplex Auto Company that soon issued its four-wheel drive truck prototype, known as Old Betsy, using the duo’s innovative technology. The company’s rapid growth led them to move the production facility from Clintonville to Oshkosh, where it was renamed the Oshkosh Motor Truck Manufacturing Company.

Over the next 3 years, the Oshkosh Motor Truck Manufacturing Company grew exponentially as a defense supplier for the U.S. military. In 1945, the U.S. Army and U.S. Navy presented Oshkosh with the “E” award for excellence in wartime production. Throughout the 1940s, companies like Auto Body Works, Inc., and Kewaunee Shipbuilding and Engineering, which would later become part of the larger Oshkosh Corporation, made their marks on the military industry. The success of these companies built the foundation for Oshkosh Corporation’s current success.

The escalation of the Cold War led to Oshkosh’s first major defense contract. They produced 1,000 WT-2206 snow removal vehicles that allowed the Air Force to remove snow for bomber planes. Throughout the 1950s, the company continued to produce high-quality, technologically advanced trucks for various branches of the military. As our country transitioned out of a wartime economy, the company’s focus shifted, resulting in the 1967 name change from Oshkosh Motor Truck Company to Oshkosh Truck Corporation.

Over the next several decades, Oshkosh continued to grow, as did its defense business. In 1970, the company acquired the Wisconsin Duplex Auto Company to Oshkosh Truck Corporation. Oshkosh Corporation has been honored to support throughout our country transition out of a wartime economy, the company’s focus shifted, resulting in the 1967 name change from Oshkosh Motor Truck Company to Oshkosh Truck Corporation.

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events. For 100 years, Camp Beauregard has served Louisianans and Americans alike.

I and my fellow Louisianians are proud of Camp Beauregard’s accomplishments and the positive impact the training there has had on our Nation and across the world. I would like to thank those currently at Camp Beauregards as well as all those who have served our country there, and congratulate them for 100 years of service and patriotism.

TRIBUTE TO MAJOR GENERAL JAMES F. MARTIN, JR.

Ms. MURKOWSKI. Mr. President, Maj. Gen. James F. Martin, Jr., USAF, will officially retire from Active Duty at the end of September. This month, Major General Martin’s friends are gathering at the Pentagon to celebrate his career. In advance of that event, I want to say a few words about this exemplary military officer and adopted Alaskan who has devoted his entire 32 year career to the security of our Nation.

Major General Martin was born and raised in the State of Missouri. He completed his undergraduate work at Mississippi State University in accounting and was commissioned as an Air Force officer through the ROTC Program. His initial assignment was Lowry Air Force Base, CO. Major General Martin pursued a traditional Air Force career serving in Texas, Panama, Italy, Hawaii, Ohio, and multiple stints in the Nation’s Capital. In 1992, he was the Air Force Finance and Accounting Officer of the Year and has received numerous other awards and distinctions throughout his career.

Although Major General Martin served throughout the Air Force, it was a fine day in 2001 when he arrived at Pacific Air Forces, PACAF, to serve as chief of the Operations and Maintenance Budget Branch. In 2006, Major General Martin, then Colonel Martin, took his first assignment in Alaska as commander of the 354th Mission Support Group, Eielson AFB. Major General Martin learned the hard way that, once bitten with the wonders of Alaska, you can never let it go. During that Alaska assignment, Major General Martin made friends around the State. Following his Eielson assignment, Major General Martin returned to PACAF Headquarters, first as director of financial management and comptroller and subsequently as chief of staff. He then began the first of three stints working for the Assistant Secretary of the Air Force Financial Management and Comptroller.

In July 2013, Major General Martin was named Deputy Assistant Secretary for Budget, his capstone experience and the role from which he will soon retire. As Deputy Assistant Secretary for State Budget, Major General Martin is responsible for planning and directing the formulation of the Air Force budget. This is a weighty and stressful responsibility in any year, but his position just in time to deal with the 2013 government shutdown, as well as the ongoing threat of sequestration which continued to dog him for the remaining days of his Air Force career.

In spite of the difficult challenges that faced his office, Major General Martin maintained the bearing of a calm and happy warrior; completely devoted to the cause of our airmen, airpower, and air dominance. The Deputy Assistant Secretary for Budget is responsible for the Air Force’s relationship with members of the Defense and Military Construction Appropriations Subcommittees. Under his leadership, the appropriations liaison team was uniformly responsive and helpful to me and my staff. Major General Martin played a significant role in restoring congressional confidence in the Air Force as it emerged from several very difficult years in its relationships with Capitol Hill.

The Air Force’s loss is Alaska’s gain. Retirement will free up Major General Martin to spend more time in his beloved Alaska, and I understand that he plans to spend more than a few days in Unalaska—Dutch Harbor, one of his favorite places. I hope to continue to rely upon General Martin in retirement for advice as I have many retired general officers whom I have come to know through their service in the State.

In Alaska, we take great pride that the path to a great Air Force career seems to run through our State. We have had more than our share of servicemembers who leveraged their time in Alaska to reach the highest levels of their profession. Major General Martin is among this select group, and his exemplary career sets an example for Alaska’s airmen about where you might end up if you simply “Aim High.”

On behalf of my Senate colleagues, I take this opportunity to thank Major General Martin for his service and wish him well in retirement.

REMEMBERING MICHAEL GORDON

Mr. RUBIO. Mr. President, I would like to pay tribute to the memory of a man who was a great friend of mine: Dr. Michael Gordon.

A professor at the University of Miami, Michael’s love for medicine and people impacted the lives of so many, both inside the classroom and out. Michael first came to Florida in 1960 and eventually returned in 1966 to teach at the Miller School of Medicine at the University of Miami. Michael believed that would keep him in the Sunshine State for the rest of his life. His tenacity in intelligence led to critical medical breakthroughs, but it didn’t come easily.

Michael’s first invention, “Harvey”—the cardiopulmonary patient simulator used across the globe—was initially viewed with contempt and suspicion amongst his contemporaries. But that did not discourage Michael. And thank God for that, because the once-ridiculed invention has since been used by many in the field of cardiology around the world. His relentlessness and ambition served as a testament to his character. He was a man with unflailing dedication to bettering lives.

He also created UMedic, a system fostering research and learning in cardiology. Michael also devised training for first responders, which undoubtedly saved many lives over the years. He founded the Medical Training and Simulation Laboratory, which was eventually named the Michael S. Gordon Center for Research in Medical Education. The center focused on the mission of improving medical techniques and training paramedics and firefighters.

So many of us in the Miami-Dade community cherish his memory. While some in our community may never know his name, their loved ones may very well be saved by one of his innovations or the training he provided to first responders. Over the course of his life, Michael would bear many titles, including professor, mentor, innovator, doctor, inventor, friend, father, grandfather, and husband. To put it simply and quite literally; his friendship and passion touched many.

I am proud to have known such a tremendous human being and benefactor to the Miami community. My wife Jeanette and I will forever miss him and we join our friends at the University of Miami and his family in honoring his legacy.

May God bless him, his family, and those who continue his mission of saving lives and advancing medicine.

RECOGNIZING THE ALCHEMIST BREWERY

Mr. SANDERS. Mr. President, my staff recently had the pleasure of visiting with Jen Kimmich of The Alchemist Brewery in Stowe, VT.

The Alchemist owners Jen and John Kimmich are model employers who have shown considerable dedication toward creating positive working conditions for their employees. Their workers receive excellent benefits and working conditions, including livable wages, paid sick days, vacation time, health insurance, wellness opportunities, paid family leave, and generous retirement benefits. The Alchemist not only produces an internationally award-winning product, but it has also fostered a workplace culture where people are put before profits.

Further, I would like to thank Jen for her statewide leadership championing workers’ rights. She serves on the State Workforce Development Board helping to create opportunities for good jobs in Vermont. Through her volunteer work with Main Street Alliance, Jen has advocated for paid sick leave and paid family leave legislation.

I also commend the company for developing The Alchemist Foundation.
The Foundation provides college scholarships and career pathway opportunities for area youth.

I am grateful for all that they do for their employees, their community, and the entire State of Vermont. Companies across the Nation should follow in The Alchemist's footsteps by supporting workers' rights and creating a positive workplace.

MESSAGES FROM THE PRESIDENT

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

EXECUTIVE MESSAGES REFERRED

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

PRESIDENTIAL MESSAGE

REPORT RELATIVE TO THE ISSUANCE OF AN EXECUTIVE ORDER THAT AMENDS EXECUTIVE ORDER 13761 OF JANUARY 13, 2017—PM 12

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

To the Congress of the United States:

Consistent with subsection 401(b) of the National Emergencies Act, 50 U.S.C. 1611(b), and subsection 204(b) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(b), I hereby report that I have issued an Executive Order (the “order”) that amends Executive Order 13761 of January 13, 2017, by changing certain effective dates and revokes a reporting requirement in that order.

The order changes the date by which the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, publishes on or before July 12, 2017, a notice in the Federal Register stating that the Government of Sudan has sustained the positive actions that gave rise to Executive Order 13761, and revoke sections 1 and 2 of Executive Order 13761 and Executive Order 13412, provided that further action is taken by the Secretary of State, as set forth in Executive Order 13761, and to revoke the subsequent annual reporting requirement in Executive Order 13412.

I am enclosing a copy of the Executive Order I have issued.

DONALD J. TRUMP.


MESSAGE FROM THE HOUSE

At 2:17 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that pursuant to the National Foundation on the Arts and Humanities Act of 1966 (20 U.S.C. 955(b)), the Minority Leader reappoints the following Member of the House of Representatives to the National Council on the Arts: Ms. Chellie Pingree of Maine.

The message further announced that pursuant to 2 U.S.C. 12, the Majority Leader reappoints the following Members to serve as Commissioners to the Woman's Interagency Commission: Ms. Nicola Miner of San Francisco, California and Ms. Jennifer Siebel Newsom of San Francisco, California.

The message also announced that pursuant to section 431(a)(3) of the Consolidated Appropriations Act of 2017 (Public Law 115–31), the Minority Leader appoints the following members to serve as Commissioners to the United States Capitol Preservation Commission: Ms. Marcy Kaptur of Ohio.

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

EC–2046. A communication from the Acting Administrator of the Livestock, Poultry, and Seed Program, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled “Beef Promotion and Research: Reforms (Federal Register, Volume 82, Number 167, Pages 54761–54771) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–2041. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled “Importation of Fresh Pitahaya Fruit From Ecuador
into the Continental United States’ (RIN 0579–AE12) (Docket No. APHS–2014– 0005) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–2042. A communication from the Secretary of Defense, transmitting the report of nine (9) officers entitled to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC–2043. A communication from the Secretary of Defense, transmitting a report on the advancement of Lieutenant General Michelle D. Johnson, United States Air Force, and her advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC–2044. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Vice Admiral Joseph W. Rixey, United States Navy, and his advancement to the grade of vice admiral on the retired list; to the Committee on Armed Services.

EC–2045. A communication from the Secretary of Defense, transmitting a report on the approved retirement of Lieutenant General Thomas J. Trask, United States Air Force, and his advancement to the grade of lieutenant general on the retired list; to the Committee on Armed Services.

EC–2046. A communication from the Secretary of Defense, transmitting the report of the two (2) officers authorized to wear the insignia of the grade of rear admiral (lower half), in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC–2047. A communication from the Secretary of the Treasury, transmitting the report of a rule entitled “Commission Delegated Authority Provisions and Technical Amendments” (RIN 0845–AE99) received in the Office of the President of the Senate on June 29, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–2048. A communication from the Secretary of the Treasury, transmitting, pursuant to law, a six-month periodic report on the national emergency with respect to the transactional organization of the Office of Foreign Assets Control, which was declared in Executive Order 13581 of July 24, 2011; to the Committee on Banking, Housing, and Urban Affairs.

EC–2049. A communication from the Deputy Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled “Russian Sanctions: Addition of Certain Entities to the Entity List” (RIN 0605–AE39) received in the Office of the President of the Senate on June 29, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC–2050. A communication from the Assistant Director for Legislative Affairs, Consumer Financial Protection Bureau, transmitting, pursuant to law, the Semiannual Report of the Bureau for the period from October 1, 2016, through March 31, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC–2051. A communication from the President and Chief Executive Officer, National Railroad Passenger Corporation, Amtrak, transmitting, pursuant to law, Amtrak’s fiscal year 2018 General and Legislative Annual Report (FRL No. 9964–48), to the Committee on Commerce, Science, and Transportation.

EC–2052. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “National Emission Standards for Hazardous Air Pollutants; Plating and Polishing Operations” (FRL No. 9964–32–Region 4) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC–2053. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Correction to Incorporations by Reference” (FRL No. 9963–67–OAR) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC–2054. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval, Adoption, and Incorporations by Reference” (FRL No. 9963–66–Region 9) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC–2055. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Air Plan Approval; VT; Infrastructure Plans; California; Mendocino County Air Quality Management District; Stationary Source Permits” (FRL No. 9963–62–Region 1) received in the Office of the President of the Senate on June 29, 2017; to the Committee on Environment and Public Works.

EC–2056. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of California Air Plan Revisions; Western Mojave Desert, Rate of Progress Demonstration” (FRL No. 9963–66–Region 9) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC–2057. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Limited Approval and Limited Disapproval of Air Quality Implementation Plans; California; Mendocino County Air Quality Management District; Stationary Source Permits” (FRL No. 9960–08–Region 9) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC–2058. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Amendment to Standards and Practices for All Appropriate Inquiries Under CERCLA” (FRL No. 9958–47–OLEM) received in the Office of the President of the Senate on June 20, 2017; to the Committee on Environment and Public Works.

EC–2059. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval and Promulgation of Implement Plans; New Jersey; Revised Form of the CFR Part 52, Permit Incorporation by Reference” (FRL No. 9955–06–Region 2) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.

EC–2060. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled “Approval of Section 112(d) Authority for the Air Toxics Implementation Revisions” (FRL No. 9964–8–Region 9) received in the Office of the President of the Senate on June 28, 2017; to the Committee on Environment and Public Works.
36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Israel for the manufacture of F-15 aircraft structural components in the amount of $100,000,000 or more (Transmittal No. DDTC 16-123); to the Committee on Foreign Relations.

EC–2078. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to the United Arab Emirates for the manufacture of Joint Strike Fighter subassemblies, components, parts, and associated tooling of the fuselage and empennage in the amount of $100,000,000 or more (Transmittal No. DDTC 16-132); to the Committee on Foreign Relations.

EC–2079. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Saudi Arabia in the amount of $50,000,000 or more (Transmittal No. DDTC 17-023); to the Committee on Foreign Relations.

EC–2080. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to the United Arab Emirates to support the maintenance, and repair of the TYTON Advanced Combat Vehicle (ACV) in the amount of $5,000,000 or more (Transmittal No. DDTC 16-009); to the Committee on Foreign Relations.

EC–2081. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Japan for the sale and support of AAV7A1 RAM/RS Amphibious Assault Vehicles in the amount of $100,000,000 or more (Transmittal No. DDTC 16-129); to the Committee on Foreign Relations.

EC–2085. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to India for the integration, installation, operation, training, testing, maintenance, and repair of the TYPON
line of laser rangefinder targeting devices and component modules (Transmittal No. DDTC 16–060); to the Committee on Foreign Relations.

EC–2092. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Taiwan for the MK41 Vertical Launching System in the amount of $14,000,000 or more (Transmittal No. DDTC 16–071); to the Committee on Foreign Relations.

EC–2093. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Canada to support the manufacture of Precision Optical Subsystems, Optical Components for the AIM–9X Sidewinder Missile in the amount of $100,000,000 or more (Transmittal No. DDTC 17–006); to the Committee on Foreign Relations.

EC–2094. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to section 36(c) and 36(d) of the Arms Export Control Act, the certification of defense articles, including technical data, and defense services to Taiwan for the MK41 Vertical Launching System in the amount of $14,000,000 or more (Transmittal No. DDTC 17–053); to the Committee on Foreign Relations.

EC–2095. A communication from the Executive Secretary, U.S. Agency for International Development (USAID), a report relative to the certification in the position of Administrator, U.S. Agency for International Development (USAID), received in the Office of the President of the Senate on June 8, 2017; to the Committee on Foreign Relations.

EC–2096. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to the Case-Zablocki Act, 1 U.S.C. 112b, as amended, the report of the texts and background statements of international agreements, other than treaties (List 2017–0113–2017–0122); to the Committee on Foreign Relations.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with amendments:
S. 696. A bill to amend title 5, United States Code, to appropriately limit the authority to award bonuses to Federal employees (Rept. No. 115–115).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with an amendment in the nature of a substitute:
S. 829. A bill to reauthorize the Assistance to Firefighters Grants program, the Fire Prevention and Safety Grants program, and the Staffing for Adequate Fire and Emergency Response Grant program, and for other purposes (Rept. No. 115–128).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, without amendment:
S. 1099. A bill to provide for the identification and prevention of improper payments and the identification of strategic sourcing opportunities, pursuant to reviewing and analyzing the use of Federal agency charge cards (Rept. No. 115–129).

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. JOHNSON for the Committee on Homeland Security and Governmental Affairs:
C. Claire M. Grady, of Pennsylvania, to be Under Secretary for Management, Department of Homeland Security.

By Mr. HURR for the Select Committee on Intelligence:
David D. Glawe, of Iowa, to be Under Secretary for Intelligence and Analysis, Department of Homeland Security.

Nomination was reported with recommendation that it be confirmed subject to the nominee’s commitment to respond to requests to appear and testify before duly constituted committees of the Senate.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. BOOKER (for himself, Ms. WARREN, Mr. DURBIN, and Mrs. HARRIS):
S. 1525. A bill to improve the treatment of Federal prisoners who are primary caretaker parents, and for other purposes; to the Committee on the Judiciary.

By Mr. MANCHIN:
S. 1526. A bill to authorize the Secretary of Education to review and score TRIO applications with minor budgeting errors; to the Committee on Health, Education, Labor, and Pensions.

By Mr. TESTER (for himself, Mr. KING, Mr. SANDERS, Mrs. MURRAY, Mr. BLUMENTHAL, Mr. BROWN, Ms. BALDWIN, and Ms. HIRONO):
S. 1526. A bill to appropriate amounts to the Department of Veterans Affairs to improve the provision of health care to veterans, and for other purposes; to the Committee on Veterans’ Affairs.

By Mr. MCCAIN:
S. 1527. A bill to appropriate amounts to the Department of Veterans Affairs to improve the provision of health care to veterans, and for other purposes; to the Committee on Appropriations.

By Ms. MURkowski (for herself, Mr. SULLIVAN, Ms. CANTWELL, and Mr. MERKLEY):
S. 1528. A bill to amend the market name of genetically altered salmon in the United States, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Ms. HEITKAMP (for herself, Mrs. SHAHAB, and Mr. KING):
S. 1529. A bill to amend the Internal Revenue Code of 1986 to expand eligibility for the refundable credit for coverage under a qualified health plan; to the Committee on Finance.

By Mr. COONS (for himself, Mr. CASTRO, Mr. BARRASSO, and Mr. BISHOP):
S. 1530. A bill to amend title XVIII of the Social Security Act to encourage Medicare beneficiaries to adopt advance directives guiding the medical care they receive; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. CARDIN (for himself, Mr. RUHLE, Mr. COONS, Mr. KAIN, Mr. MURPHY, Mr. BOOKER, Mr. MENENDEZ, Ms. BALDWIN, Mr. PERDUE, Mr. COTTON, and Mr. MCCAIN):
S. Res. 219. A resolution welcoming Prime Minister Youssef Chahed of the Tunisian Republic on his first official visit to the United States, congratulating the people of the Tunisian Republic on the embrace of democracy after decades of dictatorship, and encouraging future reforms; to the Committee on Foreign Relations.

By Mr. JOHNSON (for himself and Mr. MURPHY):
S. Res. 218. A resolution celebrating and reaffirming the strategic partnership between the United States and Romania on the twentieth anniversary of its inception; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 200
At the request of Mr. MARKEY, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 200, a bill to prohibit the conduct of a first-use nuclear strike absent a declaration of war by Congress.

S. 253
At the request of Mr. CARDIN, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 253, a bill to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

S. 3920
At the request of Mr. MURPHY, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 3920, a bill to amend the Tariff Act of 1930 to ensure that merchandise arriving through the mail shall be subject to review by U.S. Customs and Border Protection and to require the provision of advance electronic information on shipments of mail to U.S. Customs and Border Protection and for other purposes.

S. 617
At the request of Mr. PORTMAN, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. 617, a bill to amend the Wild and Scenic Rivers Act to designate certain segments of the Farmington River and Salmon Brook in the State of Connecticut as components of the National Wild and Scenic Rivers System, and for other purposes.

S. 756
At the request of Mr. SULLIVAN, the names of the Senator from Ohio (Mr.
PORTMAN), the Senator from Maryland (Mr. VAN HOLLEN), the Senator from Massachusetts (Ms. WARREN) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. 756, a bill to reauthorize and amend the Marine Debris Act to promote international action to reduce marine debris, and for other purposes.

S. 839

At the request of Mr. WICKER, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 839, a bill to allow for judicial review of rule making regarding national emission standards for hazardous air pollutants for brick and structural clay products or for clay ceramics manufacturing before requiring compliance with such rule.

S. 845

At the request of Mr. BLUMENTHAL, the names of the Senator from New Mexico (Mr. UDALL) and the Senator from New Mexico (Mr. HEINRICH) were added as cosponsors of S. 845, a bill to protect sensitive community locations from harmful immigration enforcement action, and for other purposes.

S. 872

At the request of Mr. GRASSLEY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 872, a bill to amend title XVIII of the Social Security Act to make the extension of the Medicare-dependent hospital (MDH) program and the increased payments under the Medicare low-volume hospital program.

S. 910

At the request of Mr. SCHUMER, the names of the Senator from Maryland (Mr. VAN HOLLEN) and the Senator from Illinois (Ms. DUCKWORTH) were added as cosponsors of S. 910, a bill to prohibit discrimination against individuals with disabilities who need long-term services and supports, and for other purposes.

S. 965

At the request of Mr. MARKEY, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 965, a bill to prohibit the Secretary of the Interior from revising the approved oil and gas leasing program for fiscal years 2017 through 2022.

S. 1015

At the request of Mr. HATCH, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1015, a bill to require the Federal Communications Commission to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national suicide prevention and mental health crisis hotline system.

S. 1122

At the request of Mrs. MURRAY, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1122, a bill to amend the Occupational Safety and Health Act of 1970 to clarify when the time period for the issuance of citations under such Act begins and to require a rule to clarify that an employer’s duty to make and maintain accurate records of work-related injuries and illnesses is an ongoing obligation.

S. 1132

At the request of Mr. CASSIDY, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1132, a bill to amend title XVIII of the Social Security Act to make permanent the removal of the rental cap for durable medical equipment under the Medicare program with respect to speech generating devices.

S. 1131

At the request of Mrs. ERNST, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 1151, a bill to amend the Internal Revenue Code of 1986 to provide a nonrefundable credit for working family caregivers.

S. 1182

At the request of Mr. YOUNG, the names of the Senator from Kansas (Mr. ROBERTS), the Senator from New Hampshire (Ms. HASSAN), the Senator from New York (Mr. SCHUMER), the Senator from New Jersey (Mr. BOOKER), the Senator from Missouri (Mr. BLUNT), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Massachusetts (Mr. MARKEY) and the Senator from West Virginia (Mr. JOHNSON) were added as cosponsors of S. 1182, a bill to require the Secretary of the Treasury to mint commemorative coins in recognition of the 100th anniversary of The American Legion.

S. 1274

At the request of Mr. ISAKSON, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1274, a bill to direct the President to establish an interagency mechanism to coordinate United States development programs and private sector investment activities, and for other purposes.

S. 1276

At the request of Mrs. FEINSTEIN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1276, a bill to require the Attorney General to make a determination as to whether cannabidiol should be a controlled substance and listed in a schedule under the Controlled Substances Act and to expand research on the potential medical benefits of cannabidiol and other marihuana components.

S. 1292

At the request of Mr. RUBIO, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 1292, a bill to amend the State Department Basic Authorities Act of 1956 to monitor and combat anti-Semitism globally, and for other purposes.

S. 1348

At the request of Mr. McCAIN, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from Montana (Mr. TESTER) were added as cosponsors of S. 1403, a bill to amend the Public Lands Corps Act of 1993 to establish the 21st Century Conservation Service Corps to place youth and veterans in national service positions to work in the great outdoors of the United States, and for other purposes.

S. 1414

At the request of Mr. WICKER, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of S. 1414, a bill to state the policy of the United States on the minimum number of available battle force ships.

S. 1462

At the request of Mrs. SHAHEEN, the names of the Senator from Massachusetts (Ms. WARREN), the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from Connecticut (Mr. MURPHY) and the Senator from Minnesota (Ms. KLOBUCHAR) were added as cosponsors of S. 1462, a bill to amend the Patient Protection and Affordable Care Act to improve cost sharing subsidies.

S. 1474

At the request of Ms. DUCKWORTH, the names of the Senator from Massachusetts (Ms. WARREN), the Senator from Oregon (Mr. WYDEN) and the Senator from Minnesota (Mr. FRANKEN) were added as cosponsors of S. 1474, a bill to prohibit the use of fiscal year 2018 funds for the closure, consolidation, or elimination of certain offices of the Environmental Protection Agency.

S. 1239

At the request of Mr. WICKER, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 1520, a bill to expand recreational fishing opportunities through enhanced marine fishery conservation and management, and for other purposes.

S. CON. RES. 21

At the request of Mr. RUBIO, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. Con. Res. 21, a concurrent resolution urging the Government of the People’s Republic of China to unconditionally release Liu Xiaobo, together with his wife Liu Xia, to allow them to freely meet with friends, family, and counsel and seek medical treatment wherever they desire.

S. RES. 75

At the request of Mr. PORTMAN, the name of the Senator from Maryland (Mr. VAN HOLLEN) was added as a cosponsor of S. RES. 75, a resolution recognizing the 100th anniversary of the Academy of Nutrition and Dietetics, the largest organization of food and nutrition professionals in the world.
At the request of Mrs. Ernst, her name was added as a cosponsor of S. Res. 154, a resolution promoting awareness of motorcycle profiling and encouraging collaboration and communication between the motorcycle community and law enforcement officials to prevent instances of profiling.

At the request of Mrs. Gillibrand, the name of the Senator from Nevada (Ms. Cortez Masto) was added as a cosponsor in recognition of June 19, 2017, as “Juneteenth Independence Day” in recognition of June 19, 1865, the date on which slavery legally came to an end in the United States.

Mr. Booker. Madam President, I rise to introduce the Dignity for Incarcerated Women Act (Dignity Act), a critical criminal justice reform bill that would provide much needed reforms to address the unique needs women face while incarcerated. This legislation helps shed light on the unique challenges women face behind bars, which seldom receive the attention they deserve in our criminal justice reform efforts. It is time we begin to remedy the barriers incarcerated women face, and that’s what this bill would do. I thank Senators Warren, Durbin, and Harris for cosponsoring this bill, and I am proud to have their support.

The Dignity Act would require the Federal Bureau of Prisons (BOP) to consider the location of children when placing an incarcerated parent in a Federal prison, which helps alleviate the great distress that incarcerated parents often have to travel to visit incarcerated parents.

The bill would mandate the BOP create a pilot program to provide more easy access to loved ones while a woman is behind bars. We know family visitation is a critical component to successful reentry strategy, so this commonsense provision would help maintain family contacts and reduce recidivism. As a result, this provision makes it less likely that returning citizens commit crimes, which would enhance public safety.

The bill would also require the BOP to provide parenting classes to primary caretaker parents to provide more easy access to loved ones while a woman is behind bars. We know family visitation is a critical part of a successful reentry strategy, so this commonsense provision would help maintain family contacts and reduce recidivism. As a result, this provision makes it less likely that returning citizens commit crimes, which would enhance public safety.

The Dignity Act would ban solitary confinement and shackling of pregnant women in Federal prison. Studies confirm serious psychological and physical harm are likely to occur when these harsh practices are used on pregnant women. It is time we ban the use of solitary and shackling on pregnant women and treat these women with the dignity and respect they deserve.

The bill would also require the BOP to provide parenting classes to primary caretaker parents, provide trauma-informed care to victims of trauma, and allow returning citizens to mentor incarcerated people. It would mandate the BOP train correctional officers in family visitation to help incarcerated parents and children.

The legislation has broad support from organizations like the National Council for Incarcerated and Formerly Incarcerated Women and Girls, the ACLU, the Leadership Conference on Civil and Human Rights, and the Lawyers’ Committee for Civil Rights Under Law.

The Dignity Act would provide critical reforms to address challenges women behind bars face. Again, I thank Senators Warren, Durbin, and Harris for their leadership. I am proud to introduce this important criminal justice reform bill, and I urge my colleagues to support its speedy passage.

Mr. Cardin (for himself, Mr. Rubio, Mr. Coons, Mr. Kaine, Mr. Murphy, Mr. Markey, Mr. Booker, Mr. Menendez, Ms. Baldwin, Mr. Cotton, and Mr. McCain) submitted the following resolution; which was referred to the Committee on Foreign Relations:

Whereas, on December 17, 2010, Mohammad Bouazizi, a young fruit vendor in Sidi Bouzid, set himself on fire to protest his unjust treatment by the regime of Tunisian
President Zine al-Abidine Ben Ali, and in his death inspired the “Jasmine Revolution” in the Tunisian Republic and popular revolutions across the Arab world of citizens demanding transparency, reform, and representation; Whereas, on January 14, 2011, the peaceful mass protests of the Jasmine Revolution succeeded in toppling the authoritarian rule of President Ben Ali; Whereas, in the aftermath of Ben Ali’s resignation, Tunisians initiated a peaceful, consensus-based, and civilian-directed transition to democracy; Whereas, on January 26, 2014, the Tunisian Republic adopted its first constitution drafted by a democratically elected governing body, formally ending a period of transitional governments; Whereas the new constitution of the Tunisian Republic enshrines gender equality through enumerated rights and responsibilities, protects the rights of minorities, and specifically outlaws religiously motivated violence; Whereas, on October 26, 2014, the Tunisian Republic held its first parliamentary elections under the new constitution, which the international community praised as free and fair; Whereas, on December 31, 2014, after winning free and fair presidential elections, Beji Caid Essebsi is inaugurated as the first freely elected President of the Tunisian Republic; Whereas, on October 9, 2015, the Norwegian Nobel Committee awarded the Tunisian National Dialogue Quartet, a coalition of four civil society organizations, the 2015 Nobel Peace Prize for the coalition’s work in building on the promise of the 2011 Jasmine Revolution and ensuring the transition of the Tunisian Republic into a democracy that did not descend into violence; Whereas President Essebsi, Prime Minister Chahed, and other political leaders of the Tunisian Republic have formed a national unity government to work in the national interest of the Tunisian Republic; Whereas the political evolution of the Tunisian Republic stands as a model for citizens of other states aspiring to establish the institutions of democracy after a history of autocratic rule; Whereas, on March 18, 2015, a terrorist attack on the Bardo National Museum killed 21 people; Whereas, on July 26, 2015, a terrorist attack on a beach in the town of Sousse left 38 people; Whereas, on November 24, 2015, on the Presidential Guard of the Tunisian Republic killed 12 people; Whereas, in the aftermath of these attacks leaders and members of the Tunisian Republic reaffirmed their commitment to dialogue, pluralism, and democracy; Whereas the Tunisian Republic continues to face threats to its security from violent extremist groups operating within the Tunisian Republic as well as in neighboring countries; Whereas, in July 2015, the United States designated the Tunisian Republic as a major non-NATO ally; Whereas the Government of the Tunisian Republic is a member of the Global Coalition to Counter the Islamic State of Iraq and Syria (ISIS), is seeking to reduce the significant number of Tunisian citizens who become ISIS foreign fighters; Whereas the Tunisian Republic faces economic challenges, including high inflation and high unemployment, especially among young Tunisians; Whereas Prime Minister Chahed has committed to combating corruption and facilitating economic growth for the prosperity of the people of the Tunisian Republic; Whereas the United States Government is committed to enhancing economic partnership with the Tunisian Republic as the Government of the Tunisian Republic undertakes reforms to transform its economy to meet the aspirations of all citizens of the Tunisian Republic; Whereas it is the interest of the United States, and consistent with the values of the United States, to support the democratic transition of the people of the Tunisian Republic in developing a pluralist democracy and transparent, effective institutions; Whereas the Governments and people of the United States and the Tunisian Republic have enjoyed friendly relations for more than 200 years; Whereas, in accordance with the U.S.-Tunisian Strategic Partnership, both countries are dedicated to working together to promote economic development and business opportunities in the Tunisian Republic, education for the advancement of long-term development in the Tunisian Republic, and increased security cooperation to address common threats to the Tunisian Republic and across the region; and Whereas the United States Government should provide a level of funding to strongly assist and reinforce the ongoing transition of the Tunisian Republic into a democratic, stable, and prosperous nation; Now, therefore, be it
Resolved—That the Senate—
(1) welcomes Prime Minister Chahed on his first official visit to the United States; (2) commends the political leaders of the Tunisian Republic for their willingness to compromise and work together in the national interest and form a national unity government; (3) reaffirms the commitment of the United States Government to the Tunisian Republic, including a commitment to provide appropriate levels of assistance, in support of the reform and transformation of the Tunisian Republic to an inclusive, prosperous, and democratic society; (4) condemns all acts of terrorism, and extends the families of victims of terrorism and to the people and Government of the Tunisian Republic. (5) commends the people and Government of the Tunisian Republic for their resilience in the face of terrorist attacks and their enduring commitment to a free, democratic, and peaceful Tunisian Republic; (6) encourages Prime Minister Chahed and the parliament of the Tunisian Republic to work together to accelerate economic reforms and anti-corruption measures; (7) looks forward to the continued implementation of the 2014 constitution of the Tunisian Republic, including the new protections of civil liberties; (8) urges the authorities of the Tunisian Republic to continue to make every effort to prevent the continued flow of Tunisian jihadist “foreign fighters” to Syria and Iraq; (9) calls on the neighbors and partners of the Tunisian Republic to work in concert with the Government of the Tunisian Republic to counter terrorist threats, secure borders, and support democratic transition of the Tunisian Republic; (10) strongly urges the Government of the Tunisian Republic to cease support for all terrorist activity, including terrorist organizations that discriminate against or otherwise target Israel in the United Nations Education, Science, and Cultural Organization (UNESCO) and other United Nations organizations; and (11) reaffirms the historic and continuing friendship between the people of the United States and the people of the Tunisian Republic.

CONGRESSIONAL RECORD — SENATE S3923

SENATE RESOLUTION 218—CELEBRATING AND REAFFIRMING THE STRATEGIC PARTNERSHIP BETWEEN THE UNITED STATES AND ROMANIA ON THE TWENTIETH ANNIVERSARY OF ITS INCEPTION

Mr. JOHNSON (for himself and Mr. MURPHY) submitted the following resolution; which was referred to the Committee on Foreign Relations:

Whereas, in 1997, the Governments of the United States and Romania embarked upon a strategic partnership rooted in our mutual embrace of popular sovereignty, individual rights, free markets, and the rule of law, and our commitment to transatlantic security and prosperity; Whereas the Government of Romania has strived to advance democratic principles in Southeast Europe, and has participated actively in building a Europe whole, free, and at peace; Whereas the strategic partnership between the United States and Romania has helped forge durable economic and cultural bonds between our two countries; Whereas the Government of Romania recently announced that it will raise defense spending to two percent of its gross domestic product (GDP) in 2017 in order to meet the minimum level of defense expenditures pledged at the 2014 NATO Wales Summit; Whereas NATO’s first “Aegis Ashore” missile defense installation became operational on May 12, 2016, at Deveselu Base in Romania, representing a significant increase in NATO’s capacity to defend against ballistic missile threats outside the Euro-Atlantic zone; Whereas the Romanian Armed Forces have supported NATO and United States operations in Afghanistan, and other theatres for over a decade, contributing more than 30,000 total combat and support personnel to those missions; Whereas Romania maintains the fifth largest contingent in NATO’s Resolute Support Mission in Afghanistan, with over 600 troops helping to train, advise, and assist the Afghan National Defense and Security Forces (ANDSF) and Afghan security institutions; Whereas Romania is a member of the Global Coalition to Defeat ISIS and has deployed over 800 military trainers to Iraq to train Iraqi Security Forces and provided humanitarian assistance to the people of Iraq and Syria; Whereas the people and Governments of the United States and Romania embarked upon a strategic partnership rooted in our mutual interest in deepening our economic relationship through increased bilateral trade and investment and projecting economic stability and prosperity across Southeast Europe; Whereas, in October 2017, Romania will host the tenth annual United States Commercial Service Digital Winds Forum and Trade Mission, helping United States companies explore new opportunities in Romania and across Southeast Europe; Whereas the Governments of the United States and Romania are working closely together to develop an ambitious bilateral economic, trade, and investment agenda, including a joint report on opportunities for Romanian companies to do business in the United States SelectUSA Summit;
Whereas the talent, energy, and creativity of the Romanian people have nurtured a vibrant society, embracing innovation and entrepreneurship, and inspiring new generations of leaders in business, technology, and advanced sciences; 

Whereas the Government of Romania is setting a positive example through its continued implementation of the rule of law, to strengthen judicial independence, and to fight against corruption, notably through the work of Romania’s National Anticorruption Directorate (DNA); and 

Whereas the rich heritage of many generations of Romanian-Americans has made indelible contributions to America’s cultural tapestry; and 

Whereas 2018 will mark the Centennial Anniversary of Romanian unification, a milestone to be lauded and celebrated: Now, therefore, be it

Resolved, That the Senate—
(1) celebrates 20 years of close, strategic partnership between the United States and Romania and applauds Romania’s significant contributions and commitment to transatlantic security and prosperity; 
(2) commends the Government of Romania for its commitment to democratic governance, the rule of law, and a principled and inclusive society which provides opportunities for democracy and growth, and urges continued progress in these areas; and 
(3) affirms the desire of the Senate to continue strengthening the strategic partnership between the United States and Romania and to inspire future generations of young leaders to cherish, preserve, and develop the friendship between our two nations.

AMENDMENTS SUBMITTED AND PROPOSED

SEC. 12. SHORT TITLE.

This subtitle may be cited as the “Syrian War Crimes Accountability Act of 2017”.

SEC. 12. FINDINGS.

Congress makes the following findings:

(1) March 2017 marks the sixth year of the ongoing conflict in Syria.
(2) As of February 2017—
(A) more than 600,000 people are living under siege in Syria;
(B) approximately 6,300,000 people are displaced from their homes inside Syria; and
(C) approximately 4,900,000 Syrians have fled to neighboring countries as refugees.
(3) Since the conflict in Syria began, the United States has provided more than $5,900,000,000 to meet humanitarian needs in Syria, making the United States the world’s single largest donor of humanitarian aid to the Syrian humanitarian response.
(4) In response to growing concerns over systemic human rights violations in Syria, the United States established the Commission of Inquiry on the Syrian Arab Republic (referred to in this section as “COI”) was established on August 22, 2011. The purpose of COI is to investigate and report on alleged violations of international human rights law since March 2011 in the Syrian Arab Republic, to establish the facts and circumstances that may amount to such violations and of the crimes of war, crimes against humanity and genocide committed in Syria, and to identify those responsible with a view to ensuring that perpetrators of violations, including those that may constitute crimes against humanity, are held accountable.
(6) The United Nations Security Council (UNSC) has imposed nine resolutions related to the situation in Syria since March 2011, calling for a cessation of hostilities between the Syrian government and pro-government forces—

SEC. 12. SENSE OF CONGRESS.

Congress—
(1) strongly condemns—
(A) the ongoing violence, use of chemical weapons, targeting of civilian populations with barrel, incendiary, and cluster bombs and SCUD missiles, and systematic gross human rights violations carried out by the Government of Syria and pro-government forces under the direction of President Bashar al-Assad; and
(B) all abuses committed by violent extremist groups and other combatants involved in the civil war in Syria;
(2) expresses its support for the people of Syria by seeking a peaceful resolution; 
(3) urges all parties to the conflict—
(A) to immediately halt indiscriminate attacks on civilians; 
(B) to allow for the delivery of humanitarian and medical assistance; and 
(C) to end sieges of civilian populations; 
(4) calls on the President to support efforts in Syria, and on the part of the international community, to ensure accountability for war crimes, crimes against humanity, and genocide committed during the conflict; and
(5) supports the request in United Nations Security Council Resolutions 2139 (2014), 2156 (2014), and 2191 (2014) for the Secretary-General to regularly report to the Security Council on implementation of the resolutions, including of paragraph 2 of Resolution 2139, which “demands that all parties immediately put an end to all forms of violence (and) cease and desist from all violations of international humanitarian law and violations and abuses of human rights”.

SEC. 12. DEFINITIONS.

In this subtitle:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ‘appropriate congressional committees’—
(A) the Committee on Foreign Relations of the Senate;
(B) the Committee on Armed Services of the Senate;
(C) the Committee on Appropriations of the Senate;
(D) the Committee on Foreign Affairs of the House of Representatives;
(E) the Committee on Armed Services of the House of Representatives; and
(F) the Committee on Appropriations of the House of Representatives.

SEC. 12. REPORT ON ACCOUNTABILITY FOR WAR CRIMES, CRIMES AGAINST HUMANITY, AND GENOCIDE IN SYRIA.

(a) IN GENERAL.—The Secretary of State shall submit a report on war crimes, crimes against humanity, and genocide in Syria to the appropriate congressional committees no later than 90 days after the date of enactment of this Act and another such report not later than 180 days after the Secretary of State determines that the violence in Syria has ceased.

(b) ELEMENTS.—The reports required under subsection (a) shall include—
(1) a description of alleged war crimes, crimes against humanity, and genocide perpetrated during the civil war in Syria, including—
(A) incidents that may constitute war crimes, crimes against humanity, or genocide committed by the regime of President Bashar al-Assad and all forces fighting on its behalf;
(B) incidents that may constitute war crimes, crimes against humanity, or genocide committed by the regime of President Bashar al-Assad, violent extremist groups, anti-government forces, or any other combatants or participants in the conflict;
(C) any incidents that may violate the principle of medical neutrality and, if possible, the identification of the individual or individuals who engaged in or organized such incidents; and
(D) a list, with a description of the conventional and unconventional weapons used for such crimes and the origins of such weapons;
(2) a description and assessment by the Department of State Office of Global Criminal Justice, the United States Agency for International Development, the Department of Justice, and other appropriate agencies of programs that the United States Government has undertaken to ensure accountability for war crimes, crimes against humanity, and genocide perpetrated against the people of Syria by the regime of President Bashar al-Assad, violent extremist groups, and other combatants involved in the conflict, including—
(A) to train investigators within and outside of Syria on how to document, investigate, develop findings of, and identify and locate victims of war crimes against humanity, or genocide, including—
(i) the number of United States Government or contract personnel currently designated to work full-time on these issues; and
(ii) the identification of the authorities and appropriations being used to support such training efforts;
(B) to promote and prepare for a transitional justice mechanism to address war crimes, crimes against humanity, and genocide in Syria beginning in March 2011;
(C) to document, collect, preserve, and protect evidence of war crimes, crimes against humanity, and genocide in Syria, including support for Syrian, foreign, and international nongovernmental organizations, and other entities, including the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011 and the Independent International Commission of Inquiry on the Syrian Arab Republic; and
(D) to assess the influence of accountability measures on efforts to reach a negotiated settlement to the Syrian conflict during the reporting period.

(a) FOCUS.—The report required under subsection (a) may be submitted in unclassified, classified, or a public interest description shall include a publicly available annex.

(b) PROTECTION OF WITNESSES AND EVIDENCE.—The Secretary shall take due care to ensure that the identification of witnesses and physical evidence are not publicly disclosed in a manner that might place such persons at risk, including ensuring the destruction of evidence by the Government of Syria, violent extremist groups, anti-government forces, or any other combatants or participants in the conflict.

SEC. 12. 6. TRANSITIONAL JUSTICE STUDY.

Not later than 180 days after the date of enactment of this Act, the Secretary of State (acting through appropriate officials and offices, which may include the Office of Global Criminal Justice), after consultation with the Department of Justice, the United States Agency for International Development, and other appropriate Federal agencies, shall—
(1) complete a study of the feasibility and desirability of potential transitional justice mechanisms in Syria, including a hybrid tribunal, to address war crimes, crimes against humanity, and genocide perpetrated in Syria beginning in March 2011; and
(2) submit a report of the results of the study conducted under paragraph (1), including recommendations on which transitional justice mechanisms the United States Government should support, why such mechanisms should be supported, and what type of support should be offered to—
(A) the Committee on Foreign Relations of the Senate;
(B) the Committee on Foreign Affairs of the House of Representatives;
(C) the Committee on Appropriations of the Senate; and
(D) the Committee on Appropriations of the House of Representatives.

SEC. 12. 7. TECHNICAL ASSISTANCE AUTHORIZED.

(a) IN GENERAL.—The Secretary of State (acting through appropriate officials and offices, which may include the Office of Global Criminal Justice), after consultation with the Department of Justice and other appropriate Federal agencies, is authorized to provide appropriate assistance to support entities that, with respect to war crimes, crimes against humanity, and genocide perpetrated by the regime of President Bashar al-Assad, all forces fighting on its behalf, and all non-state armed groups fighting in the country, including violent extremist groups in Syria beginning in March 2011, to identify suspected perpetrators of war crimes, crimes against humanity, and genocide;

(b) COLLECT, DOCUMENT, AND PROTECT EVIDENCE.—The Secretary of State, after consultation with appropriate Federal agencies and the appropriate congressional committees, and taking into account the findings of the transitional justice study required under section 12. 6, is authorized to provide assistance to support the creation and operation of transitional justice mechanisms, including a potential hybrid tribunal, to prosecute individuals suspected of committing war crimes, crimes against humanity, and genocide in Syria beginning in March 2011.

(c) BRIEFING.—The Secretary of State shall provide a detailed, bipartisan briefing to the appropriate congressional committees describing the assistance provided to entities described in subsection (a).

SEC. 12. 8. STATE DEPARTMENT REWARDS FOR JUSTICE PROGRAM.

Section 36(b)(10) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2770(g)(10)) is amended by adding—"(1) war crimes, crimes against humanity, or genocide committed in Syria beginning in March 2011;" after "genocide".

SEC. 12. 9. INDEPENDENT INTERNATIONAL COMMISSION OF INQUIRY ON THE SYRIAN ARAB REPUBLIC.

The Secretary of State, acting through the United States Permanent Representative to the United Nations, should use the voice, vote, and influence of the United States at the United Nations to advocate that the United Nations Human Rights Council, while the United States remains a member, annually extend the mandate of the Independent International Commission of Inquiry on the Syrian Arab Republic while the Commission has completed its investigation of all alleged violations of international human rights laws beginning in March 2011 in the Syrian Arab Republic.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CRAPO. Mr. President, I have 7 requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today’s session of the Senate:

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 9:30 a.m., in open session to consider the nomination of: Mr. Richard V. Spencer to be Secretary of the Navy.
Mr. MERKLEY. Mr. President, I ask unanimous consent that my intern, Gloria Ramirez, be granted privileges of the floor for the balance of the day.

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

ORDERS FOR WEDNESDAY, JULY 12, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate arises from its business today, it adjourn until 12 noon, Wednesday, July 12; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later this day, and any business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Nye nomination with all post cloture time being expired; finally, that if cloture is invoked on the Hagerty nomination, the time count as if cloture were invoked at 1 a.m., Wednesday, July 12.

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

ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senators SANDERS, VAN HOLLEN, and BLUMENTHAL.

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

The Senate from Connecticut.

HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, I come to the floor today after a fourth field hearing in Connecticut. Every one of those field hearings has been packed. I spent time at a Planned Parenthood clinic in Hartford, as well as having visited throughout the past year, and I have spent time with numerous providers and at community health centers and heard firsthand from the people of Connecticut as to why the Republican health bill, which has been unveiled after having been concocted behind closed doors, would devastate the health and finances of Connecticut's families and their communities. The bill that we expect to be disclosed later this week will almost certainly be defective in the same ways as the bills that we have seen. To call these proposals mean or heartless, as the President has, is a gross understatement. The bill, very simply put, would cost both dollars and lives, eroding not just our ability to save money on a healthier future but causing death and despair when neither term is really necessary. This wound would be self-inflicted, but it is a wound that is preventable and avoidable.

I pledge to the people of Connecticut that I will fight as long and as hard as necessary to stop this grotesquely cruel and costly proposal. It is not, in fact, a healthcare bill. It is a wealth care bill. It decimates Medicaid, saving, supposedly, close to $1 trillion so that those savings can be used for tax cuts for the wealthiest Americans. As Warren Buffett has said—and he is one of them—"I don't need it." He would rather see it be used for better healthcare and coverage, and that is what the majority of Americans want. That is why this proposal is so deeply unpopular.

Now, after weeks of secrecy, followed by chaos, we are back to secrecy again, with Republicans retiring away from the cameras behind closed doors. Even over this past week, when we were back in our home States, they were crafting another bill. We have not seen it. We have not debated it. We cannot even say that we know anything about what is in it, and my Republican colleagues know little more than we do on this side of the aisle. We know for sure, despite the secrecy, that the devastating effect would be overwhelming on people across income strata, geographic boundaries, and cultural backgrounds.

I am here not to talk in abstractions. I am here to talk about real people in real life and to share the stories of what I have heard at these field hearings—people's stories that they have entrusted me to bring to you. Many of my colleagues have refused to hear these stories from their constituents because they would hear how repugnant and repulsive this bill is and how deeply angry the people of the country are. The people of Connecticut and the country are outraged. The reason is people like Ariella Botts, and here she is. Ariella is 4 years old. She came to my field hearing last week with her mom, Rachel. As her mom told me, has nemaline myopathy, which is a rare form of muscular dystrophy. Their family relies on Medicaid for her care. I want to tell you exactly what Rachel said about Ariella and their family, because her words are far more eloquent and powerful than mine.

Rachel said:

The fact of the matter is that my daughter's care would cost over $30,000 a month out of pocket between her food, her medication, her care, and the breathing machines that keep her lungs clear. There is no average American family that can pay $30,000 a month of medical costs. We do our part. We have two jobs a piece. We do everything we can do. This is the only thing we ask for help on.

Rachel went on to say:

Supporters of the Trumpcare bill want you to believe that costs are high and therefore we need it. He would rather see it be used for better healthcare and coverage, and that is what the majority of Americans want. That is why this proposal is so deeply unpopular.

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her at this hearing because she brought smiles to all of our faces. I understand the joy and pride that she brings to her family because she is one courageous, strong child, and we are proud of her.

Rachel and Ariella were not the only people whose lives have been made not just better but, truly, whose lives have been made possible by Medicaid.

Jeff Pabon was also at a hearing that I held, and he told me about his family when he grew up. As a single mother, his mom raised him and his four siblings. As a member of the working class, Jeff told me “she needed as much assistance from the system as the system could provide.” Years later, as an adult, Jeff proudly served our country in the U.S. Navy during Operation Desert Storm. He now has a family of his own, including a son with autism. He spoke out at my hearing because, as he said, “I’ve fought for this country before.”

What Jeff told me touches the core—the heart—of this debate, and I want to read it here on the Senate floor because he said it so powerfully:

The healthcare bill being crafted in secrecy by a small group of Republican Senators now threatens Medicaid protections and aims to provide tax breaks for the ultra wealthy, top 1 percent of America. I would like to see sensible, bipartisan legislation which serves the majority of Americans, like the other 99 percent. Let’s repair the provisions of the Affordable Care Act that need repair, which is the need to be moving forward, not backward.

Jeff is right, and so is Rachel. How absurd and reprehensible that costs will rise astronomically while Medicaid funding and the number of those with insurance coverage will go down, just so our Nation’s richest can see billions of dollars in tax cuts—laughable, if it were not so deadly serious. “Deadly” is the word because this bill will cost lives. We rarely deal in life and death issues in this Chamber. This issue is one of them.

It will decimate the lives and livelihoods of so many and threaten not only Ariella but many like her of all ages—women like my own, including a son with autism. He spoke out at my hearing because, as he said, “I’ve fought for this country before.”

Mr. SANDERS. Mr. President, let me be as clear as I can be. The so-called healthcare bill that passed in the House of Representatives several months ago, strongly supported by President Trump, is the most anti-working-class legislation that I have ever seen. The Senate bill, also supported by Mr. Trump, in some respects is even worse.

At a time when working families in Vermont and all across this country are working longer hours for low wages—many people in my own State are working two or three jobs just to bring in enough income to maintain a family—this legislation will cause devastating harm to millions of our families from one end of America to the other.

The American people are united. This weekend I was in West Virginia and Kentucky—two of the so-called “Red State” —but I tell you that what is true there, what is true in Vermont, and what is true all over this country is that the American people are standing up and saying loudly and clearly that we will not allow 22 million Americans to be thrown off of the health insurance they currently have in order to give over $500 billion in tax breaks to the wealthiest 2 percent, to the drug companies, to the insurance companies, to the wealthiest corporations. We will not support a bill that takes from the most vulnerable people in our country—the children, the elderly, the disabled, the sick, and the poor—in order to make the very, very rich even richer. This is unconscionable, un-American, and the American people will not accept it.

Plainly stated, this so-called healthcare bill is really nothing more than a massive transfer of wealth from the working families of this country to the very rich. While this bill contains massive cuts to Medicaid; while seniors will pay far, far more in premiums; while Planned Parenthood will be defunded, the 400 highest income taxpayers, most of whom are billionaires, will get about $33 billion in tax cuts.

There is no State in this country—none, not the most conservative—that thinks that you throw 22 million people off of health insurance, including disabled children, in order to give $33 billion in tax breaks to the wealthiest 400 Americans. At a time when so many people in America are struggling, the very wealthy are already doing phenomenally well. They do not need more tax cuts.

Not only is this bill a disaster, but the secretive, backroom process by which it has been written is unprecendented and literally beyond belief. That is not just me speaking; I think a number of my Republican colleagues who disagree with me on everything make that point as well. This bill impacts one-sixth of our economy—over $3 trillion—and by definition, dealing with healthcare, it impacts virtually everyone in America. Yet the discussions and negotiations on this legislation have never been made public. In fact, I suspect they are going on right now—not here on the floor but behind closed doors.

Unbelievably, with legislation that would completely revamp our healthcare system, there have been no doctors, no nurses, no hospital administrators, no representatives of senior citizens, no experts on the opioid crisis, no insurance professionals, no major health insurance organization in this country. How can one possibly dream of drafting a bill of such enormous magnitude without hearing one public comment from the most knowledgeable people in America with regard to healthcare?

How can you possibly go forward without one public hearing where Senators have the opportunity—Democrats, Republicans—to ask questions? But that is precisely the process this legislation has gone through.

I fully understand there are a lot of people who will say: Well, big surprise, BERNIE SANDERS, a strong progressive, opposes this Republican bill. What else is new?

But I want you all to understand that it is not just BERNIE SANDERS or Democrats here who oppose this legislation; this legislation is opposed by virtually every major healthcare organization in the United States.

I am not quite sure how we can go forward with major legislation impacting one-sixth of the economy, opposed by every major healthcare organization in the country, and not have one hearing. I am not quite sure how that can be done, but that is precisely what the Republican leadership here is doing.

It is not just BERNIE SANDERS who opposes this legislation, including AARP, which is the largest senior group in America. It is the American Medical Association. Hey, those are our doctors. When you get sick, you go to...
to a doctor. Many of them are members of the American Medical Association. They say this bill is a disaster. It is not just doctors. It is nurses. It is hospital administrators. It is the American Cancer Society, the American Heart Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychiatric Association, the Federation of American Hospitals, the Catholic Health Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National MS Society, and the American Nurses Association, among many other organizations that oppose this bill being written behind closed doors.

Several months ago, as I think everybody knows, with the strong support of President Trump, the House passed their disastrous healthcare bill. Now, we know what is in the House bill. The Senate bill probably is being worked on as we speak, so we don’t know what is in that bill, but I do tell you what the bill does. At a time when 28 million Americans today—before the Republican bill—have no health insurance and millions more are underinsured, with high deductibles and copayments, this bill from the House will throw another 23 million Americans off of the health insurance they currently have.

Think about it. Gee, if we have 28 million Americans off of health insurance and millions more are underinsured, with high deductibles and copayments, this bill from the House will throw another 23 million Americans off of the health insurance they currently have. OK, how do we lower that number? In fact, the Affordable Care Act added another 20 million people to the ranks of the insured. This bill throws 23 million on top of the 28 million we currently have uninsured, almost doubling the uninsured in America to over 50 million people. Think about it. People have a hard time even beginning to believe that legislation that is being seriously debated would almost double the number of uninsured in America.

Everybody says there is no debate about this—that the Affordable Care Act is far, far from perfect. This is a point I have been making from the time the Affordable Care Act was passed. Premiums in my State of Vermont and around this country are too high. Deductibles are too high. Copayments are too high. premiums are too high. Prescription drug prices are way too high. OK, let’s discuss it. What is your idea? How do we deal with these problems? That is what the American people want. The American people want us to address the problems that are in the Affordable Care Act, not destroy it. It seems to me if we pass this bill right now—and the American people are rising up. They are not going to accept this Republican legislation. Together we are going to defeat it.

I wish to speak for a moment about what the legislation were to pass. What are the implications of throwing 22 million people—that is the Senate bill—off of health insurance, and 23 million people in the House bill? Let me tell my colleagues. I want every American to think about this. Just think about it. Think about somebody today who has cancer and is maybe in chemotherapy or maybe in radiation, somebody who has heart disease, somebody who has diabetes or some other life-threatening disease. These people are the people who are sick in this country right now who are sick. What happens if they lose their health insurance? A simple question. You have cancer, you are getting treatment today, and the Republican bill takes away your health insurance. What happens to you when you cannot afford to go to the doctor when you feel a lump in your breast or when you have problems with your heart? What happens to you if you have a heart attack or a stroke and need significant care, but you have no health insurance and you don’t have the money to pay for the outrageously high cost of care?

Here is the horrible and unspeakable truth that has to be brought out into the open: this bill would impact the children, the elderlies, the people who have a heart attack or a stroke, and the norm people...
country? Each and every day, more than 90 people in America die from an opioid overdose. Can you believe that? Ninety people die every single day. Nearly 4,000 people begin abusing prescription painkillers, and about 600 start using heroin. We have a major, major problem with opioid addiction and heroin overdoses.

It turns out that if you cut Medicaid by $800 billion, which is what the Republicans are talking about, to address the opioid crisis will be serious. At the same time, we should be expanding prevention efforts, expanding treatment efforts, the Republican bill will make it much harder for us to deal with the opioid crisis.

This legislation is not what the American people want. I understand that the Republican leader today suggested that Members of the Senate may have to stay here for a few weeks in August, and I can understand that, if I were the Republican leader, I would want my Senators to go home to hear what the American people have to say about this legislation.

The truth is, poll after poll shows overwhelming opposition to this disastrous legislation. According to the latest USA TODAY-Suffolk University Poll, just 12 percent of the American people support the Republican bill.

As a matter of fact, according to a recent report, this is the most unpopular legislation in the last three decades. It is more unpopular than the $700 billion bailout of Wall Street. That is pretty unpopular. The American people are catching on as to what is in this bill, and they do not want to see it.

Let me conclude by saying what is as obvious as can be. It is what the American people want. Are there problems with the Affordable Care Act? Absolutely. Premiums are too high, deductibles too high, copayments too high, prescription drug prices are off the charts.

Let’s deal with it. What is the problem? Let’s deal with it. Put it on the table, and let us address those problems. The American people want to improve the Affordable Care Act, not destroy it.

Let me now, speaking for myself only, say this. I hope very much there can be bipartisan efforts to improve the Affordable Care Act, but I happen to believe we have to go further than that, to help lead the effort.

In my view, there is something profoundly wrong when the United States of America is the only major country on Earth—the only one—that doesn’t guarantee healthcare to all people as a right, while at the same time we spend far more per capita on prescription drugs, and our healthcare outcomes are not particularly good compared to many other countries.

I think the time is long overdue as to why we do not ask ourselves: How is it that America can guarantee healthcare to all people, the UK can do it, Germany can do it, France can do it, Scandinavia can do it? Every major country on Earth recognizes that healthcare must be a right, not a privilege.

I happen to agree with that. That is why I will—as soon as this debate is over and as soon as, hopefully, we defeat this disastrous Republican legislation—is introduce a Medicare-for-all, single-payer bill, which will in fact guarantee healthcare to all of our people in a cost-effective way.

Let me conclude by saying that the current Republican bill in front of us is a prescription for disaster. There are very few people in America who think you should throw 22 million of our people off of health insurance in order to give huge tax breaks to billionaires. This is a moral outrage, and it must be defeated. I will do everything in my power to see that it is defeated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, like many of our colleagues during the Fourth of July break, I spent much of my time crisscrossing the State of Maryland. On the Fourth of July, I attended many parades. The very first parade of that day was in a part of Maryland outside of Baltimore City, in a small town called Dundalk, MD, where Donald Trump had done very well in the past election.

What I found during that parade was a lot of people there who were still supportive of him. They were not one person at that parade who was in favor of TrumpCare or the Senate Republican so-called healthcare bill—not one.

I was listening to the Senator from Vermont about the most recent polling. The polling I had seen previously had shown 17 percent of the American people in favor of this, which was very low. I am not surprised to hear it is even lower now at 12 percent because the Senate bill has even deeper cuts to Medicaid over time than the House bill.

We all remember the House bill. President Trump had a great celebration in the Rose Garden in public, but behind closed doors he called it mean. Yet the Senate bill, when it comes to Medicaid cuts, will make the House even deeper over a period of time, according to the report issued by the Congressional Budget Office, the nonpartisan Congressional Budget Office, the nonpartisan Congressional Budget Office, just as we all left town for the Fourth of July break.

It was an interesting experience to hear people, on the one hand, saying let’s find ways to work together on many of the challenges we have in this country—and we should find ways to work together—but are strongly opposed to the healthcare bill that is before the Senate right now. The reason is, they are paying attention. They are concluding about this bill the same thing that the American Medical Association, has concluded. In opposing this bill, America’s doctors say it violates the No. 1 principle of medicine, which is: First, do no harm. That is the Hippocratic Oath. This Senate legislation violates that very simple proposition. At the very least, we want a healthcare system that doesn’t do greater harm than what would otherwise be flawless. Yet we know, from this legislation, in looking at it, that it does do great harm to our healthcare system in the United States of America.

The nonpartisan Congressional Budget Office has looked at it and concluded that if you pass this legislation, 22 million people will lose access to affordable care than if you don’t pass the bill. So it does harm compared to where we are today.

It is absolutely true that the Affordable Care Act is not perfect. In fact, there are exceptions, specifically, can’t be improved. We need more choices. We need more competition there. Make no mistake, the Senate Republican bill and the bill that passed the House don’t improve the Affordable Care Act. They destroy it that is working and have been of great benefit to tens of millions of Americans.

The Congressional Budget Office also tells us that premiums will go up next year. The Congressional Budget Office also tells us that if you are a senior between the ages of 50 and 64, you are in for a wallop increase in your premiums, which of course is what the AARP calls the age tax and why they are waging war against this legislation—because it will be greatly damaging to those seniors who are in the individual market who are now going to have to pay huge increases in premiums. Those have been documented by the nonpartisan Congressional Budget Office.

I would remind my colleagues that the head of the Congressional Budget Office was someone selected by the Republican chairman of the Senate Budget Committee and the Republican chair of the House Budget Committee, and the CBO is our referee in this place.

If we all could make up our own facts, which in many cases the debates go in those directions anyway, it would be an even more unruly place. At least we have the CBO to provide that analysis. It is not just the CBO. This is masquerading as a healthcare bill.

I ask the question of my colleagues, Why is it that every single patient advocacy group that has weighed in on this bill has weighed in against this bill? These are not Democratic organizations or Republican organizations:
the American Cancer Society, the American Heart Association, the National Multiple Sclerosis Society, the Alzheimer’s Association. These are our constituents. They don’t wake up every morning thinking about a Democratic plan or Republican plan or Independent plan. These are organizations dedicated to patient health. They are all against a bill that is parading as a healthcare bill.

How can that be the case, that every single advocacy group that has weighed in on this bill that has a healthcare mandate and is nonpartisan is against it?

I ask my Republican colleagues to go back to the drawing board. This is not a healthcare bill, not when every single patient advocacy group weighed in against it, not when nonpartisan analysis tells us that 22 million people will lose out, not when the American Medical Association says it violates this simple principle of, first, do not harm.

It is not just the doctors. It is the nurses and the hospital costs. It is the national Rural Health Association. I spent a good amount of time in rural Maryland over the Fourth of July break. Rural hospitals are terrified of the consequences of this legislation, not just the hospital costs but the loss of patients because their patients will be denied access to affordable care—but when they no longer have patients who are covered by insurance who come through their doors and there is an emergency so they provide that care anyway, then the hospital all of a sudden is not getting paid for the care it provides. They are deathly afraid they are going to have to scale back their operations and lay off people in a lot of these rural hospitals.

I really hope and believe this is a moment where the Senate can look at this situation and decide let’s not go down this road because the American people are asking themselves why are we doing this. It is one of those cases where I think people sort of lost track of why, other than the fact that, as many have said today, there had been this call to get rid of ObamaCare, to get rid of the Affordable Care Act but never lot of thought as to what was going to replace it.

Now what we are learning is the proposals that would supposedly replace it will do harm. They will do a lot more harm than the place we are at today. Rather than do harm and hurt tens of millions of Americans, let’s find a way to improve the current system. There are practical ideas for how we can improve the healthcare exchanges, the marketplaces within the Affordable Care Act. Many of us have put forward ideas of more than expanding our own for us to explore with our colleagues ways we can improve upon those exchanges without doing harm.

When you look at this legislation and you realize it is not about healthcare, you have to ask yourself: What is it about other than simply saying we are going to fulfill this pledge of getting rid of the Affordable Care Act? At its core, there are two pillars to this bill. They have been called by a variety of names. I just call it what they are. One is these very dramatic cuts to Medicaid, very dramatic. As I said, the Senate cuts even deeper over a longer period of time than the House bill. In the Senate bill, that cut is around $770 billion, and then there are also cuts to tax credits that help more Americans afford healthcare. So if you cut Medicaid, you get rid of tax credits that make healthcare more affordable. On the other side of the ledger is this whopping tax cut—a whopping tax cut that goes to some very powerful special interests and some very wealthy individuals. Many of us heard Warren Buffett a couple of weeks ago on TV saying: I don’t need a $650,000-a-year tax cut. I really hope and believe this is a moment where the Senate can look at this legislation and decide let’s not go down this road because the American people are asking themselves why are we doing this. It is one of those cases where I think people sort of lost track of why, other than the fact that, as many have said today, there had been this call to get rid of ObamaCare, to get rid of the Affordable Care Act but never lot of thought as to what was going to replace it.

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made. We should work together to make improvements, but let’s not do something that violates what the doctors call the Hippocratic Oath. Let’s not do something that does more harm in our system. Let’s not do something that will result in 22 million fewer of our fellow Americans having access. Let’s do something good together that actually builds on what we have, fixes what is broken, because we can make improvements in the Affordable Care Act, not by doing a U-turn and going backward but by looking forward.

Mr. President, I really hope that we will do that together.

Thank you.

ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 7:22 p.m., adjourned until Wednesday, July 12, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

FEDERAL RESERVE SYSTEM
RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE UNEXPED TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2004, VICE JEREMY C. STEIN, RESIGNED.

RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2018. (REAPPOINTMENT)

RANDAL QUARLES, OF COLORADO, TO BE VICE CHAIRMAN FOR SUPERVISION OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR A TERM OF FOUR YEARS. (NEW POSITION)

DEPARTMENT OF TRANSPORTATION
RONALD L. BATORY, OF NEW JERSEY, TO BE ADMINISTRATOR OF THE FEDERAL RAILROAD ADMINISTRATION, VICE SARAH ELIZABETH FEINBERG.

DEPARTMENT OF THE INTERIOR
SUSAN COMBS, OF TEXAS, TO BE AN ASSISTANT SECRETARY OF THE INTERIOR, VICE RHEA S. SUH, RESIGNED.

DEPARTMENT OF ENERGY
PAUL DABBAR, OF NEW YORK, TO BE UNDER SECRETARY FOR SCIENCE, DEPARTMENT OF ENERGY, VICE FRANKLIN M. ORR, JR.

MARK WESLEY MENEZES, OF VIRGINIA, TO BE UNDER SECRETARY OF ENERGY, VICE KRISTINA M. JOHNSON, RESIGNED.

EXECUTIVE OFFICE OF THE PRESIDENT
DENNIS SHEA, OF VIRGINIA, TO BE A DEPUTY UNITED STATES TRADE REPRESENTATIVE (GENEVA OFFICE), WITH THE RANK OF AMBASSADOR, VICE MICHAEL W. FUNK.

DEPARTMENT OF STATE
MARY KIRTLEY WATERS, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF STATE (LEGISLATIVE AFFAIRS), VICE JULIA PINEO.

LEWIS M. HENNSBERG, OF FLORIDA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE ITALIAN REPUBLIC, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SAN MARINO.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ROBERT F. KADLEC, OF NEW YORK, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, SUBJECT TO QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS, AND TO BE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICE NICOLE LURIE.

DEPARTMENT OF STATE
STEPHEN B. KING, OF WISCONSIN, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE CZECH REPUBLIC.