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No. 109

## House of Representatives

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

### DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,  
June 26, 2017.

I hereby appoint the Honorable PAUL MITCHELL to act as Speaker pro tempore on this day.

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

### MORNING-HOUR DEBATE

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

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 1:50 p.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

### HONORING BRIGADIER GENERAL PATRICK D. FRANK

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

Mr. MARSHALL. Mr. Speaker, I rise today to honor Brigadier General Patrick D. Frank, who is currently serving as the acting senior commander of the 1st Infantry Division in Fort Riley, but departing soon for a new post after serving in this capacity since October 2016.

Brigadier General Frank was the first to welcome me as a new Member

of Congress, and he and his wife, Jennifer, have always served as great ambassadors for the Big Red One.

Thank you to the general and Jennifer for always making me, as well as my staff, feel so very welcome at Fort Riley.

Brigadier General Frank has received numerous awards and served in multiple theaters, some of which include Operation Desert Storm, Operation Uphold Democracy in Haiti, and Operation Freedom's Sentinel.

We commend him for his service to our Nation and wish him and Jennifer the best of luck and much success in his next post as deputy commander general of the Army Cadet Command at Fort Knox, Kentucky. He and Jennifer will certainly be missed at Fort Riley and in Kansas.

### ENFORCING TRADE AGREEMENTS

Mr. MARSHALL. Mr. Speaker, I rise today to commend the Trump administration for their recent work on enforcement of trade agreements.

Kansas is an export-dependent State. We supply food, feed, aircraft, and parts to countries all over the world.

As I have traveled the State over the past 6 months, I have heard repeatedly that we must find ways to open new markets for United States producers, including Kansans.

The good news is that this administration is focused on doing just that: opening new markets. The announcement that U.S. beef will be allowed back in China is a tremendous example. China is a \$2.5 billion beef market, which the U.S. has been unfairly shut out of for 13 years. This bilateral success shows how serious the U.S. is about holding other countries accountable and that our negotiators are working on behalf of U.S. producers.

Recent confirmation that the U.S. is continuing World Trade Organization cases against China's import barriers for wheat, corn, and rice is also welcome news for United States farmers.

China has flagrantly violated their WTO commitments, costing U.S. producers billions in lost farm income as China put up import barriers and stockpiled surplus grains that are weighing on world markets.

Our global rules-based trading system has brought tremendous benefits to American businesses, farmers, workers, and consumers. As global commerce has expanded, we have found that, when there is a free and level playing field, American producers can match any competitor.

### CONGRATULATING LAUREN EMERSON

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

Mr. ABRAHAM. Mr. Speaker, I rise today to recognize Ms. Lauren Emerson from Rapides High School for being recognized as one of the top 20 ag teachers in the Nation by the National Association of Agricultural Educators.

Lauren's students come into her classroom with a strong background in agriculture, and she provides hands-on lessons that provoke meaningful connections between the curriculum and their work at home to help take their learning to the next level.

Her students can earn industry certifications and dual credit by enrolling in her agricultural courses. She helps develop her students' leadership skills through the National FFA Organization, skills they need to move forward with higher levels of education, post-graduate education, and just for life.

To borrow from the FFA creed, I, too, believe in the future of agriculture because of educators like Lauren Emerson who are leading the next generation of agriculturalists. The Fifth District is proud to recognize Ms. Emerson for all she is doing for her ag students.

This symbol represents the time of day during the House proceedings, e.g.,  1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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## RECESS

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

Accordingly (at 12 o'clock and 5 minutes p.m.), the House stood in recess.

□ 1400

## AFTER RECESS

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

## PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer: Gracious God, thank You for giving us another day.

We ask Your blessing of strength and perseverance that each Member might best serve their constituents and our entire Nation.

The debates and issues that dominate the legislative landscape, as always, are contentious and challenging. Many Americans are anxious to know what will come to pass.

Bless the Members of Congress with wisdom, equanimity, and good will as they struggle to find solutions that might unite rather than further divide our Nation. We know this is a lot to ask, but grant also to all Americans increased faith and hope, virtues most in need in these difficult days, that their Representatives might faithfully perform their appointed tasks.

May all that is done this day be for Your greater honor and glory.

Amen.

## THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

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

## PLEDGE OF ALLEGIANCE

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

Mr. THOMPSON of Pennsylvania 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.

## CELEBRATING NATIONAL HOMEOWNERSHIP MONTH

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, June is National Homeownership Month, and it is a time when

we celebrate and recognize the many benefits of owning a home.

For generations of Americans, owning a home has been an essential element in achieving the American Dream. But since the Great Recession, we have seen homeownership rates drop to historic lows.

Young families often find themselves unable to save for a downpayment or to gain access to adequate credit. This is especially true for those in rural areas.

The United States Department of Agriculture places emphasis on helping rural Americans buy homes. USDA provides mortgage loan guarantees through partnerships with private sector lenders to help low- to moderate-income rural home buyers.

In 2016 alone, USDA worked with nearly 1,500 lenders to help 116,000 rural individuals and families buy homes. USDA has helped more than 4.1 million rural residents buy a home since the National Housing Act was passed 68 years ago.

Mr. Speaker, the benefits of homeownership have widespread benefits. Homeownership fortifies communities, creates jobs, and strengthens the local businesses that support our towns.

Thank you to USDA for your commitment to providing affordable housing for rural Americans. Happy National Homeownership Month.

## CELEBRATING LGBT EQUALITY DAY

(Ms. DELBENE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELBENE. Mr. Speaker, I rise today to celebrate LGBT Equality Day. Today, we mark the anniversary of landmark victories at the Supreme Court that moved our country toward one that is more fair, more equal, and more inclusive of all Americans, and we are a better, stronger Nation for it.

Each year, on June 26, we commemorate the decriminalization of loving LGBT couples, in overturning of the discriminatory Defense of Marriage Act, and now marriage equality in all 50 States.

But even as we celebrate this incredible progress, we must never forget the work that remains.

The LGBT community continues to face staggering rates of harassment and discrimination for who they are and who they love. I invite all my colleagues to stand with me on the right side of history. America is ready to take the next step forward.

So today, let's recommit to breaking down the barriers that remain in fulfilling the American promise of liberty and justice for all.

## THE SUPREME COURT CAN SAVE US

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

Mr. SMITH of Texas. Mr. Speaker, why run for Congress when a single Federal judge can write a new law without having to get any votes for it?

Another Federal court recently decided that President Trump cannot set immigration policy, despite his having the clear authority to do so.

It is hard to believe this is happening in the United States of America where judges are supposed to interpret the law, not engage in partisan politics.

Our last hope now is with the Supreme Court. Surely they will remind other courts that their ruling should rest on the plain meaning of statutes, not on their personal views of the President.

That some judges ignore precedent and the Constitution is a clear and present danger to our democracy. If the Supreme Court does not strongly affirm that President Trump has the same rights as other Presidents, we will be witnessing the slow unraveling of our democratic form of government.

Based on their preliminary actions today, though, let us have confidence that the Supreme Court has the collective wisdom to guard and guide our great Nation.

## HONORING TEJ MAAN, YUBA CITY CITY COUNCIL

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

Mr. GARAMENDI. Mr. Speaker, I rise today to honor Tej Maan, an upstanding citizen and council member in my district. Mr. Maan has been the director of environmental health in Yuba County since 1998, where he has created vital safeguards to protect the environmental health and well-being of the Yuba County community.

Additionally, Mr. Maan is a member of the Punjabi American Heritage Society, the California Conference of Directors of Environmental Health, and the Yuba City Chamber of Commerce. He is the host of a local television show called "Punjabi Waves," which features discussions and in-depth interviews on current events and issues in the Punjabi community.

Mr. Maan is also the founder of the first Sikh school in the United States, which is located in Yuba City. Tej's love for America and his selfless dedication to his community have made him a well-respected and treasured member of the Yuba City region. I offer my utmost appreciation and gratitude for Tej Maan's many contributions to society.

## HIGHLIGHTING IMPORTANCE OF SECURE RURAL SCHOOLS PROGRAM

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

Mr. LAMALFA. Mr. Speaker, I rise today to highlight the importance of

the Secure Rural Schools program. In over 700 counties and 41 States, timber was once an economic engine, supporting tens of thousands of jobs while keeping critical government operations going strong in these communities that house tax-exempt Federal land.

However, in recent decades, restrictive forest management regulations, combined with devastating partisan environmental campaigns, has resulted in access to our Federal forests being cut off, blocking any economic activity opportunities.

Rural counties do not want to come to Congress every year to beg for money they should be getting to generate in their own backyards anyway. Money that should come from Federal and State land, though it may take up most of their county, now generates no economic value for them.

Reauthorizing Secure Rural Schools is very important and will provide, though not a permanent solution, at least a temporary one until we get back to the wise management of our Federal lands instead of watching them burn each fall, as we see in the news. We can't sit back and watch rural communities suffer until we wake up to that reality.

As Congress works to implement commonsense forest management policies, it is imperative we keep the Secure Rural Schools program in place so rural communities will have the funding for schools and roads that they need.

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#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

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

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□ 1700

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. CHENEY) at 5 p.m.

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#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

The House will resume proceedings on postponed questions at a later time.

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#### VETERANS EXPANDED TRUCKING OPPORTUNITIES ACT OF 2017

Mr. GRAVES of Missouri. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2547) to expand the Department of Veterans Affairs

medical professionals who may qualify to perform physical examinations on eligible veterans and issue medical certificates required for operation of a commercial motor vehicle, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2547

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

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Veterans Expanded Trucking Opportunities Act of 2017".*

#### SEC. 2. MEDICAL CERTIFICATE FOR VETERANS OPERATING COMMERCIAL MOTOR VEHICLES.

*(a) QUALIFIED EXAMINERS.—Section 5403(d)(2) of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) is amended to read as follows:*

*"(2) QUALIFIED EXAMINER.—The term "qualified examiner" means an individual who—*

*"(A) is employed in the Department of Veterans Affairs as an advanced practice nurse, doctor of chiropractic, doctor of medicine, doctor of osteopathy, physician assistant, or other medical professional;*

*"(B) is licensed, certified, or registered in a State to perform physical examinations;*

*"(C) is familiar with the standards for, and physical requirements of, an operator required to be medically certified under section 31149 of title 49, United States Code; and*

*"(D) has never, with respect to such section, been found to have acted fraudulently, including by fraudulently awarding a medical certificate."*

*(b) CONFORMING AMENDMENTS.—Section 5403 of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) is amended—*

*(1) in subsection (a)—*

*(A) by striking "physician-approved veteran operator," and inserting "veteran operator approved by a qualified examiner,"; and*

*(B) by striking "qualified physician" and inserting "qualified examiner";*

*(2) in subsection (b)(1)—*

*(A) by striking "the physician" and inserting "the examiner"; and*

*(B) by striking "qualified physician" and inserting "qualified examiner";*

*(3) in subsection (c)—*

*(A) by striking "qualified physicians" and inserting "qualified examiners"; and*

*(B) by striking "such physicians" and inserting "such examiners"; and*

*(4) in subsection (d)(1)—*

*(A) in the paragraph heading by striking "PHYSICIAN-APPROVED VETERAN OPERATOR" and inserting "VETERAN OPERATOR APPROVED BY A QUALIFIED EXAMINER"; and*

*(B) by striking "physician-approved veteran operator" and inserting "veteran operator approved by a qualified examiner".*

*(c) RULEMAKING.—The amendments made by this section shall be incorporated into any rulemaking proceeding related to section 5403 of the FAST Act (49 U.S.C. 31149 note; 129 Stat. 1548) that is being conducted as of the date of enactment of this Act.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. GRAVES) and the gentleman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

#### GENERAL LEAVE

Mr. GRAVES of Missouri. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative

days within which to revise and extend their remarks and include extraneous material on H.R. 2547, as amended.

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

There was no objection.

Mr. GRAVES of Missouri. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the Fixing of America's Surface Transportation Act, or the FAST Act, created a process only for doctors at the Department of Veterans Affairs to qualify to perform physical examinations on eligible veterans and then issue the medical certificates that are required in order to operate a commercial vehicle.

H.R. 2547 would expand who is eligible for the process to all VA medical professionals as long as they are authorized by the State in which they are licensed, certified, and registered to perform physical examinations and they meet other requirements.

H.R. 2547 would ensure that the list of eligible medical professionals within the VA matches the list of eligible medical professionals that can become certified under the traditional FMCSA process.

This is a bipartisan bill. It is going to ease the regulatory burdens that help create employment opportunities for our veterans.

Madam Speaker, I would urge my colleagues to support H.R. 2547, and I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of H.R. 2547. This bill is another of our efforts to help tackle the longstanding commercial driver shortage and support veterans at the same time as they transition from military to civilian life.

H.R. 2547 will ensure that all qualified medical professionals employed by the Veterans Administration can perform commercial driver physical examinations for their veteran patients.

The medical professionals that this bill addresses are already eligible to become certified medical examiners. This bill simply allows them to utilize the alternative certification process for VA-employed physicians that is currently being finalized by the Federal Motor Carrier Safety Administration.

Unfortunately, the most recent available data shows that, of the 54,000 medical professionals listed on FMCSA's national registry of certified medical examiners, only 25 are employed by the VA. The online training and testing system being developed by FMCSA and the VA should help remedy this situation. This bill will allow more caregivers to use this new resource.

This bill is consistent with the intent of the FAST Act, which was the product of a strong bipartisan process here in the House of Representatives. FMCSA, in consultation with the VA,

has done a good job creating an alternative process that will eventually allow more VA doctors to become certified medical examiners, while maintaining the safety and integrity of the certification system. Allowing VA medical professionals to utilize online training and testing will make it easier for them to obtain certification, while ensuring they are familiar with the specific medical standards required for commercial drivers.

Though the FAST Act used the word “physicians,” the process that FMCSA has outlined should also be available for use by VA-employed nurse practitioners, chiropractors, physician assistants, and other qualified medical professionals. This bill ensures that they are eligible to use that process.

Madam Speaker, I support this legislation and strongly urge its adoption, and I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. WOODALL).

Mr. WOODALL. Madam Speaker, I want to thank the chairman for yielding me the time, and I want to thank him for his leadership.

Madam Speaker, the amendment that you mentioned, the bill as amended, was actually an amendment from the chairman to perfect the bill. I want to thank the ranking member for her support on the committee, and I want to thank the gentlewoman from California (Ms. BROWNLEY) for her work on the amendment.

Madam Speaker, I wish more high schoolers were in the Capitol today, I wish there were more American Government students in the Capitol today, because this amendment is exactly the way that the American people expect the process to work.

As the ranking member pointed out, we made a great step in the FAST Act to try to put more veterans to work, to try to fill more empty spots in commercial truck driving. We did a great job together in a bipartisan way.

A lot of folks do a job, and then they are embarrassed to admit that they didn't get it done 100 percent. We have had folks come into our offices who said: Listen, you have made a great step to help our veterans access these certifications, but you could do more, and let us tell you how.

As the ranking member pointed out, as the chairman pointed out, before the FMCSA has even finished the original regulations, we are back at work perfecting this, adding more healthcare providers to the rolls so that more veterans can get to work faster—not because we are particularly brilliant folks up here, but because folks who do this every single day as a job back home noticed it, told us how we could do it better, and then we created the partnerships up here to make it happen.

Madam Speaker, it makes me so proud to be associated with folks like the chairman, like the ranking member, the Transportation Committee in

general, showing up every single day to see what we can do to make a difference. It is not a difference for 300 million Americans at the time, but if you were that one veteran who is trying to feed your family, who is trying to get your certification, who is trying to get yourself back to work, this bill could make all the difference; this amendment could make all the difference. I am grateful to the entire committee team of members and team of staff for making that possible.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Seldom do we get to do two good things at one time, and that is exactly what this bill does. Anything we can do for our veterans is not enough. This bill focuses on them.

Remember, they have been in the armed services driving trucks. When they come home, they probably have had the best training in the entire universe. Our country will gain much not only by putting them to work, but by using their training.

On our committee, we have long struggled with an issue that we still have not, indeed, conquered, and that is the difficulty of getting people to drive commercial trucks. This is one of the hardest jobs in America. You are spending time away from your family. You sometimes are gone not only overnight, but more than that.

It has been difficult to get people to do this indispensable job for our country and for the trucking industry. Madam Speaker, I am particularly pleased that Mr. GRAVES and I have been able to find this new way to both aid the industry and help out veterans.

Madam Speaker, I do not have any more speakers, and I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, with that, I would urge my colleagues to join me in supporting this important piece of legislation.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, H.R. 2547, as amended.

The question was taken. The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it. Mr. GRAVES of Missouri. Madam Speaker, on that I demand the yeas and nays.

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

DISASTER ASSISTANCE SUPPORT FOR COMMUNITIES AND HOMEOWNERS ACT OF 2017

Mr. GRAVES of Missouri. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1684) to direct

the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 1684

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

**SECTION 1. SHORT TITLE.**

*This Act may be cited as the “Disaster Assistance Support for Communities and Homeowners Act of 2017”.*

**SEC. 2. TECHNICAL ASSISTANCE AND RECOMMENDATIONS.**

(a) *TECHNICAL ASSISTANCE.*—The Administrator of the Federal Emergency Management Agency shall provide technical assistance to a common interest community that provides essential services of a governmental nature on actions that a common interest community may take in order to be eligible to receive reimbursement from a grantee that receives funds from the Agency for certain activities performed after an event that results in a disaster declaration.

(b) *RECOMMENDATIONS.*—Not later than 90 days after the date of enactment of this Act, the Administrator shall provide to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a legislative proposal on how to provide eligibility for disaster assistance with respect to common areas of condominiums and housing cooperatives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. GRAVES) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. GRAVES of Missouri. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1684, as amended.

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

There was no objection.

Mr. GRAVES of Missouri. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the Disaster Assistance Support for Communities and Homeowners Act of 2017 would allow FEMA to provide technical assistance to some community associations regarding their application for disaster assistance. The bill also seeks recommendations from FEMA on how condos and co-ops may be eligible for disaster funds to repair common areas which are affected by these disasters.

Madam Speaker, I want to thank the gentleman from New York (Mr. NADLER) for working with the committee on this issue. The House passed similar language last year as part of the FEMA Disaster Assistance Reform Act.

Madam Speaker, I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 1684, the Disaster Assistance Support for Communities and Homeowners Act of 2017, introduced by the gentleman from New York (Mr. NADLER), my good friend and colleague. This bill will assist common interest communities such as condos, co-ops, and community associations after disaster strikes.

Hurricane Sandy caused severe impacts to New York City and the surrounding areas, inflicting billions of dollars of damage.

While condominiums and cooperative associations are not common in large parts of the country, they are common in dense areas such as New York City and Washington, D.C.

FEMA's Individual Assistance Program does not consider these types of housing units which share common areas such as entryways, stairwells, and elevators. As a result, FEMA determined that disaster damage to common areas is the responsibility of the condominium or cooperative association board and, therefore, not eligible for disaster assistance. That cannot be what Congress intended.

The bill also addresses another type of housing common in certain parts of the Nation: community associations. Community associations provide essential services of a governmental nature such as trash collection and maintaining roads and waterways. After disaster strikes, however, FEMA may deny reimbursement to community associations for performing the same types of essential services that FEMA reimburses local governments for performing.

□ 1715

In many cases, these common interest communities may have been eligible for FEMA assistance if they had entered into agreements with their local governments before the disaster occurred. Unfortunately, many common interest communities are not aware of these opportunities. This bill directs FEMA to provide technical assistance so that these common interest communities know what actions they can take before disaster strikes so that they may be eligible to receive reimbursement from FEMA after the fact.

I strongly support this bill, and I urge my colleagues to support this measure.

Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I have no further speakers, and I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield such time as he may consume to the gentleman from New York (Mr. NADLER), the author of the bill.

Mr. NADLER. Madam Speaker, I thank the gentlewoman for yielding.

In the aftermath of Superstorm Sandy, thousands of New Yorkers and other Americans learned that they were ineligible for FEMA assistance because of the type of home in which

they lived. Families who lived in condos were eligible for assistance for their individual units, but could not get any assistance to repair ground floor entryways, boilers, or other common areas. Those who lived in cooperative housing, or co-ops, were ineligible for any disaster assistance to repair the walls or floors of their units, let alone their common areas.

This was not a small problem for my constituents. In the storm surge area in New York, nearly 20 percent of housing units are in co-op buildings and an additional 8 percent are in condominiums.

Seniors in high-rise condo buildings were able to get assistance to repair their floors and repaint their floors, but nothing to fix the elevators they needed to reach their units. Families in co-ops could replace their furnishings and make some repairs, but the halls of the buildings remained covered with mold and uninhabitable. Almost every district in the country has condos, and homeowners in these condo communities will continue to face the same terrible realization that FEMA can give them no help in the wake of new disasters.

Community associations, or common interest communities, around the country have experienced similar roadblocks when they seek FEMA disaster assistance. Many of these associations own and operate their own roads, canals, bridges, and water systems. In the aftermath of a disaster, however, they are not eligible for FEMA assistance for basic essential government services, such as removing trees and debris from communal roads. Residents cannot get out of their neighborhoods and emergency vehicles cannot get in.

This bill would address these eligibility problems in two ways:

First, it would direct FEMA to provide common interest communities with technical assistance to identify options for public assistance eligibility. Many of these communities are unaware that they could already be eligible for assistance if, prior to a disaster, they entered into agreements with their local governments on issues like debris removal.

Second, my colleagues and I have communicated several times with FEMA about the issue of condo and co-op eligibility for disaster assistance. FEMA has studied this issue for several years, and this bill directs FEMA to take the next step in this process by providing the House and Senate committees legislative proposals to address these issues and to make condos and co-ops eligible for disaster assistance.

Madam Speaker, I thank Chairman SHUSTER and Ranking Member DEFAZIO for bringing this bipartisan legislation to the floor today, and I thank Mr. SANFORD and Mr. ENGEL for cosponsoring it.

I urge my colleagues to support this bill.

Mr. GRAVES of Missouri. Madam Speaker, I continue to reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, my good friend is from New York, so it may be clear why he, with a city full of condominiums and co-ops, would want this bill. But I just want to alert Congress that increasingly what Mr. NADLER sees in New York is what we are seeing all over the country.

After Hurricane Sandy, with climate change already here, we have to do all we can before the fact, having seen what that disaster did to New York City, New Jersey, and the surrounding community.

When people have gone through a disaster, they have suffered enough. So to find that your resident is covered, but your way to get in the residence or in the elevator is certainly not what Congress intended.

My own jurisdiction, the District of Columbia, was built with single family homes, but that is not what we are building in the District of Columbia and cities and counties throughout the United States now. In our own city, there is a limited area. There is no way to go but up.

Mr. NADLER speaks not only for New York City, but his bill speaks for what is happening in the United States of America. I think we may have caught this problem just in time. We do not know when the next disaster will occur. We don't want to be caught flat-footed on it.

I very much appreciate that my good friends have worked with us to bring this bill forward.

Madam Speaker, I have no more speakers, and I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I urge all of my colleagues to please support H.R. 1684, and I yield back the balance of my time.

Mr. ENGEL. Madam Speaker, after Hurricane Sandy, thousands of homeowners throughout the New York region learned that they were ineligible for federal disaster assistance because they lived in a co-op or a condo; not in a single family home.

According to the FEMA's policy, co-ops and condo associations are "business entities"—not eligible for federal assistance that can reach up to \$30,000 per household.

As a result, community associations are often faced with the daunting task of cleaning up and rebuilding after a major natural disaster—without the help or resources that other homeowners receive from the federal government.

To help bring fairness to the federal disaster relief process, my colleague JERRY NADLER and I introduced H.R. 1684, the Disaster Assistance Support for Communities and Homeowners Act.

Our bill directs FEMA to provide technical assistance to help community associations qualify for disaster assistance grants.

It also directs FEMA to provide recommendations to Congress, within 12 months, on additional ways that co-ops and condos can become eligible for assistance.

I encourage swift passage of H.R. 1684 to help ensure that all community association

homeowners have access to federal disaster benefits.

Ms. JACKSON LEE. Madam Speaker, I rise today in support of H.R. 1684, the Disaster Assistance Support for Communities and Homeowners Act of 2017.

This bill directs the Federal Emergency Management Agency (FEMA) to provide technical assistance to Common Interest Communities to ensure they are eligible to apply for public assistance.

H.R. 1684 also instructs FEMA to provide legislative proposals to Congress in order to make condominiums and housing cooperatives eligible for disaster assistance in the future.

Madam Speaker, H.R. 1684 addresses an outstanding issue many Americans face in the aftermath of natural disasters because they are ineligible for FEMA assistance based on the type of home they live in.

The glaring discrepancy and inequity in FEMA's policy were revealed as communities struggled to recover and rebuild from the ravaging effects of Hurricane Sandy in 2012.

In addition to causing the deaths of 72 U.S. citizens, Hurricane Sandy was the second-costliest hurricane in United States history, destroying 651,000 housing units in New York and New Jersey and exacting a staggering \$19 billion in damages for New York City alone.

However, due to FEMA's unfair policy towards community associations, thousands of New Yorkers found themselves ineligible for federal recovery assistance needed to repair their homes because under current federal law, condominiums, housing cooperatives, and homeowners associations are classified as businesses.

H.R. 1684 corrects this unfairness by authorizing FEMA to provide direct disaster relief to these communities in the form of technical assistance and monetary reimbursements.

Further, the legislation directs FEMA to submit to Congress within 90 days of enactment a plan to make common areas of condos and co-ops eligible for disaster assistance.

Madam Speaker, this legislation is particularly beneficial to my congressional district since Houston ranks among the most disaster-prone cities in the country.

Many of my constituents can recall with horror the devastating effects of Hurricane Ike in 2008, which killed 37 people and destroyed 100,000 homes in Texas.

Over the course of this massive natural disaster, FEMA played a vital role in responding to the needs of impacted areas and victims.

Unfortunately, FEMA's response to Hurricane Ike was also beset by a lack of clear communication between appointed officials and regional emergency managers on the ground.

Improving federal policy for disaster relief is a bipartisan issue and H.R. 1684 is endorsed by the Community Associations Institute, a leading membership organization with more than 34,000 members and 70 chapters nationwide.

Madam Speaker, legislation like H.R. 1684 is crucial to ensuring that all Americans receive the relief and assistance they deserve in the wake of natural disasters like Hurricane Sandy that destroy lives and leave local economies in tatters.

I urge my colleagues to join me in supporting H.R. 1684.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, H.R. 1684, as amended.

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

A motion to reconsider was laid on the table.

#### ACTIVE DUTY VOLUNTARY ACQUISITION OF NECESSARY CREDENTIALS FOR EMPLOYMENT ACT

Mr. GRAVES of Missouri. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2258) to require that certain standards for commercial driver's licenses applicable to former members of the armed services or reserves also apply to current members of the armed services or reserves, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2258

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

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Active Duty Voluntary Acquisition of Necessary Credentials for Employment Act" or the "ADVANCE Act".*

#### SEC. 2. COMMERCIAL DRIVER'S LICENSE STANDARDS FOR SERVICE MEMBERS AND VETERANS.

*Section 31305(d) of title 49, United States Code, is amended—*

*(1) in the subsection heading, by striking "VETERAN OPERATORS" and inserting "SERVICE MEMBERS, RESERVISTS, AND VETERANS";*

*(2) in paragraph (1)(B), by striking "subparagraph (A) during" and inserting "subparagraph (A)—*

*"(i) while serving in the armed forces or reserve components; and*

*"(ii) during"; and*

*(3) in paragraph (2)(B), by inserting "current or" before "former" each place the term appears.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. GRAVES) and the gentleman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

#### GENERAL LEAVE

Mr. GRAVES of Missouri. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2258.

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

There was no objection.

Mr. GRAVES of Missouri. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the Fixing America's Surface Transportation Act, or FAST Act, authorized the Federal Motor Carrier Safety Administration

to exempt veterans from certain requirements in order to obtain a commercial driver's license if they had qualified experience while serving in the armed services or Reserve components.

H.R. 2258 would extend this exemption to individuals who are currently serving in either the armed services or Reserve components.

This is a bipartisan bill that will help current members of the armed services or Reserve components find employment in the private sector.

Madam Speaker, I urge my colleagues to support H.R. 2258, and I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of H.R. 2258, as amended, which will allow current servicemembers who have military experience operating commercial motor vehicles to more easily obtain a commercial driver's license.

In 2015, Congress included a provision in the FAST Act to allow States to waive the written CDL knowledge test for drivers with military commercial motor vehicle driving experience, but it restricts the waiver to former members of the military. There are a significant number of current reservists and members of the National Guard with military commercial motor vehicle experience who could benefit from the waiver. This legislation allows them to more easily use the skills they learned serving our country to earn a decent wage and feed their families.

These servicemen and servicewomen receive from the Federal Motor Carrier Safety Administration, or FMCSA, what they describe as thorough and comprehensive training, including many hours of behind-the-wheel training—something that we have long advocated for as a requirement for civilian drivers. There is a shortage of commercial truck drivers, and these well-trained military drivers are exactly the type of individuals that we would want to help enter the trucking profession.

Using its existing exemption authority, FMCSA has already taken action to make current servicemembers eligible for the knowledge test waiver on a temporary basis. Last October, FMCSA issued an exemption that allows States to waive the CDL knowledge test for trained military truck drivers, whether they are current members of the military or veterans.

FMCSA cited the fact that training these drivers receive in the military includes "many hours of classroom training, practical skills training, and on-the-road training that are essential for safe driving." However, FMCSA's temporary exemption expires in October 2018. This bill would make permanent the ability for current members of the military to utilize the FAST Act waiver.

Madam Speaker, I strongly support this legislation, and I urge its adoption.

Madam Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, I have no further speakers, and I reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield such time as he may consume to the gentleman from California (Mr. AGUILAR), my good friend.

Mr. AGUILAR. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise in support of the Active Duty Voluntary Acquisition of Necessary Credentials for Employment Act, or the ADVANCE Act.

The ADVANCE Act will allow Active Duty servicemembers, reservists, and National Guardsmen the same unique testing standards for commercial driver's licenses granted to veterans by the latest surface transportation bill, the Fixing America's Surface Transportation Act, the FAST Act.

The FAST Act allows veterans with qualifying experience to be exempt from State knowledge-based tests when obtaining commercial driver's licenses. The ADVANCE Act would extend this exemption to Active Duty servicemembers, reservists, and National Guardsmen.

I introduced the ADVANCE Act to ensure that Active Duty servicemembers and reservists have access to the same benefits as veterans, helping to smooth their transition from military to civilian life. We owe it to our brave men and women to help them find work here at home.

This bipartisan bill is a commonsense measure that will create opportunities for servicemembers to find work in their communities by simplifying how they translate the driving skills they learned in the military to American jobs across this country. According to the Department of Transportation, the ADVANCE Act can help nearly 75,000 Active Duty, Reserves, and National Guardsmen throughout the United States.

This legislation comes at a critical time. According to the American Trucking Associations, there is an estimated 40,000 truck driver shortage nationally. The American Trucking Associations has endorsed the ADVANCE Act because it will help put servicemembers back to work here at home and it will allow us to close a troubling skills gap in our local communities.

The ADVANCE Act has also been endorsed by the Association of the United States Navy and The Retired Enlisted Association. It was unanimously passed out of the Transportation and Infrastructure Committee, and has strong bipartisan support.

Additionally, Senators Cornyn and Warren have introduced a bipartisan companion bill in the Senate.

I urge my colleagues to join me today and support this bill so we can make this commonsense change to ensure that all current and former members of the military with specialized training can more easily access the licenses they need to get good-paying jobs as they transition to civilian life.

Mr. GRAVES of Missouri. Madam Speaker, I continue to reserve the balance of my time.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

I want to thank Mr. AGUILAR, who is the author of this bill, for his work in filling this hole so that members of the National Guard and reservists, indeed, are more easily able to obtain a commercial driver's license based on exactly the kind of training that the armed services gives.

It is certainly true that we have had trouble in committee getting on-the-job training as a requirement.

□ 1730

Here, we have people who get on-the-job training, and on-the-job training of just the kind that our country needs, because of the shortage Mr. AGUILAR spoke of in commercial drivers, a very difficult job that necessitates long hours, often away from one's own home and family.

Madam Speaker, I regard this bill as a twin of the very first bill that we passed, the VA bill that allows the Veterans Administration to offer physical examinations, when we were alerted that there were only 25 physicians there who could do that.

So this is a good pairing of bills that our country needs because of the shortage of commercial drivers, and that we owe our veterans and those who serve, even now, in our services. I am particularly pleased that this is a jobs bill. It seems to me that it is clear that when we enable more and more people to drive commercial trucks, we are increasing the supply of jobs available in our country.

These are high-paying jobs for good reason, because they are difficult jobs, so I think this bill and our first bill are bills that the bipartisan House today can take special pride in.

Madam Speaker, I yield back the balance of my time.

Mr. GRAVES of Missouri. Madam Speaker, with that, I urge my colleagues to join me in supporting this important piece of legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. GRAVES of Missouri) that the House suspend the rules and pass the bill, H.R. 2258, as amended.

The question was taken.

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

Mr. GRAVES of Missouri. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

COAST GUARD IMPROVEMENT AND REFORM ACT OF 2017

Mr. HUNTER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1726) to amend title 14, United States Code, to improve the organization of such title and to incorporate certain transfers and modifications into such title, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1726

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Coast Guard Improvement and Reform Act of 2017".

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

Sec. 1. Short title; table of contents.

TITLE I—REORGANIZATION OF TITLE 14, UNITED STATES CODE

- Sec. 101. Initial matter.
Sec. 102. Subtitle I.
Sec. 103. Chapter 1.
Sec. 104. Chapter 3.
Sec. 105. Chapter 5.
Sec. 106. Chapter 7.
Sec. 107. Chapter 9.
Sec. 108. Chapter 11.
Sec. 109. Subtitle II.
Sec. 110. Chapter 19.
Sec. 111. Part II.
Sec. 112. Chapter 21.
Sec. 113. Chapter 23.
Sec. 114. Chapter 25.
Sec. 115. Part III.
Sec. 116. Chapter 27.
Sec. 117. Chapter 29.
Sec. 118. Subtitle III and chapter 37.
Sec. 119. Chapter 39.
Sec. 120. Chapter 41.
Sec. 121. Subtitle IV and chapter 49.
Sec. 122. Chapter 51.
Sec. 123. References.
Sec. 124. Rule of construction.

TITLE II—TRANSFERS AND MODIFICATIONS

- Sec. 201. Amendments to title 14, United States Code, as amended by title I of this Act.
Sec. 202. Primary duties.
Sec. 203. Regattas and marine parades.
Sec. 204. Regulation of vessels in territorial waters of United States.
Sec. 205. National maritime transportation advisory committees.
Sec. 206. Clothing at time of discharge for good of service.

TITLE I—REORGANIZATION OF TITLE 14, UNITED STATES CODE

SEC. 101. INITIAL MATTER.

Title 14, United States Code, is amended by striking the title designation, the title heading, and the table of parts at the beginning and inserting the following:

"TITLE 14—COAST GUARD

Table with 2 columns: Section/Title and Page Number. Includes Subtitle I, Establishment, Powers, Duties, and Administration (101), Personnel (1901), Coast Guard Reserve and Auxiliary (3701), and Coast Guard Authorizations and Reports to Congress (4901).

SEC. 102. SUBTITLE I.

Part I of title 14, United States Code, is amended by striking the part designation, the part heading, and the table of chapters at the beginning and inserting the following:

**“Subtitle I—Establishment, Powers, Duties, and Administration**

“Chap.	Sec.
<b>“1. Establishment and Duties .....</b>	<b>101</b>
<b>“3. Composition and Organization .....</b>	<b>301</b>
<b>“5. Functions and Powers .....</b>	<b>501</b>
<b>“7. Cooperation .....</b>	<b>701</b>
<b>“9. Administration .....</b>	<b>901</b>
<b>“11. Acquisitions .....</b>	<b>1101”.</b>

**SEC. 103. CHAPTER 1.**

(a) INITIAL MATTER.—Chapter 1 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 1—ESTABLISHMENT AND DUTIES**

- “Sec.
- “101. Establishment of Coast Guard.
- “102. Primary duties.
- “103. Department in which the Coast Guard operates.
- “104. Removing restrictions.
- “105. Secretary defined.”.

(b) REDESIGNATIONS AND TRANSFERS.—(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and  
(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 1 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before re-designation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after re-designation
1	Establishment of Coast Guard	101
2	Primary duties	102
3	Department in which the Coast Guard operates	103
652	Removing restrictions	104
4	Secretary defined	105

**SEC. 104. CHAPTER 3.**

(a) INITIAL MATTER.—Chapter 3 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 3—COMPOSITION AND ORGANIZATION**

- “Sec.
- “301. Grades and ratings.
- “302. Commandant; appointment.
- “303. Retirement of Commandant.
- “304. Vice Commandant; appointment.
- “305. Vice admirals.
- “306. Retirement.
- “307. Vice admirals and admiral, continuity of grade.
- “308. Chief Acquisition Officer.
- “309. Office of the Coast Guard Reserve; Director.
- “310. Chief of Staff to President: appointment.
- “311. Captains of the port.
- “312. Prevention and response workforces.
- “313. Centers of expertise for Coast Guard prevention and response.
- “314. Marine industry training program.

- “315. Training course on workings of Congress.
- “316. National Coast Guard Museum.
- “317. United States Coast Guard Band; composition; director.
- “318. Environmental Compliance and Restoration Program.”.

(b) REDESIGNATIONS AND TRANSFERS.—(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and  
(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 3 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before re-designation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after re-designation
41	Grades and ratings	301
44	Commandant; appointment	302
46	Retirement of Commandant	303
47	Vice Commandant; appointment	304
50	Vice admirals	305
51	Retirement	306
52	Vice admirals and admiral, continuity of grade	307
56	Chief Acquisition Officer	308
53	Office of the Coast Guard Reserve; Director	309
54	Chief of Staff to President: appointment	310
57	Prevention and response workforces	312
58	Centers of expertise for Coast Guard prevention and response	313
59	Marine industry training program	314
60	Training course on workings of Congress	315
98	National Coast Guard Museum	316
336	United States Coast Guard Band; composition; director	317

(c) ADDITIONAL CHANGES.—(1) IN GENERAL.—Chapter 3 of title 14, United States Code, is further amended—  
(A) by inserting after section 310 (as so redesignated and transferred under subsection (b)) the following:

**“§ 311. Captains of the port**

“Any officer, including any petty officer, may be designated by the Commandant as captain of the port or ports or adjacent high seas or waters over which the United States has jurisdiction, as the Commandant deems necessary to facilitate execution of Coast Guard duties.”; and

(B) by inserting after section 317 (as so redesignated and transferred under subsection (b)) the following:

**“§ 318. Environmental Compliance and Restoration Program**

“(a) DEFINITIONS.—For the purposes of this section—

“(1) ‘environment’, ‘facility’, ‘person’, ‘release’, ‘removal’, ‘remedial’, and ‘response’ have the same meaning they have in section 101 of the Comprehensive Environmental Response, Compensation, and Liability Act (42 U.S.C. 9601);

“(2) ‘hazardous substance’ has the same meaning it has in section 101 of the Comprehensive Environmental Response, Compensation, and Liability Act (42 U.S.C. 9601), except that it also includes the meaning given ‘oil’ in section 311 of the Federal Water Pollution Control Act (33 U.S.C. 1321); and

“(3) ‘pollutant’ has the same meaning it has in section 502 of the Federal Water Pollution Control Act (33 U.S.C. 1362).

“(b) PROGRAM.—

“(1) The Secretary shall carry out a program of environmental compliance and restoration at current and former Coast Guard facilities.

“(2) Program goals include:

“(A) Identifying, investigating, and cleaning up contamination from hazardous substances and pollutants.

“(B) Correcting other environmental damage that poses an imminent and substantial danger to the public health or welfare or to the environment.

“(C) Demolishing and removing unsafe buildings and structures, including buildings and structures at former Coast Guard facilities.

“(D) Preventing contamination from hazardous substances and pollutants at current Coast Guard facilities.

“(3)(A) The Secretary shall respond to releases of hazardous substances and pollutants—

“(i) at each Coast Guard facility the United States owns, leases, or otherwise possesses;

“(ii) at each Coast Guard facility the United States owned, leased, or otherwise possessed when the actions leading to contamination from hazardous substances or pollutants occurred; and

“(iii) on each vessel the Coast Guard owns or operates.

“(B) Subparagraph (A) of this paragraph does not apply to a removal or remedial action when a potentially responsible person responds under section 122 of the Comprehensive Environmental Response, Compensation, and Liability Act (42 U.S.C. 9622).

“(C) The Secretary shall pay a fee or charge imposed by a State authority for permit services for disposing of hazardous substances or pollutants from Coast Guard facilities to the same extent that nongovernmental entities are required to pay for permit services. This subparagraph does not apply to a payment that is the responsibility of a lessee, contractor, or other private person.

“(4) The Secretary may agree with another Federal agency for that agency to assist in carrying out the Secretary’s responsibilities under this section. The Secretary may enter into contracts, cooperative agreements, and grant agreements with State and local governments to assist in carrying out the Secretary’s responsibilities under this section.



Services that may be obtained under this paragraph include identifying, investigating, and cleaning up off-site contamination that may have resulted from the release of a hazardous substance or pollutant at a Coast Guard facility.

“(5) Section 119 of the Comprehensive Environmental Response, Compensation, and Liability Act (42 U.S.C. 9619) applies to response action contractors that carry out response actions under this section. The Coast Guard shall indemnify response action contractors to the extent that adequate insurance is not generally available at a fair price at the time the contractor enters into the contract to cover the contractor’s reasonable, potential, long-term liability.

“(c) ENVIRONMENTAL COMPLIANCE AND RESTORATION ACCOUNT.—

“(1) There is established for the Coast Guard an account known as the Coast Guard Environmental Compliance and Restoration Account. All sums appropriated to carry out the Coast Guard’s environmental compliance and restoration functions under this section or another law shall be credited or transferred to the account and remain available until expended.

“(2) Funds may be obligated or expended from the account to carry out the Coast Guard’s environmental compliance and restoration functions under this section or another law.

“(3) In proposing the budget for any fiscal year under section 1105 of title 31, the President shall set forth separately the amount requested for the Coast Guard’s environmental compliance and restoration activities under this section or another law.

“(4) Amounts recovered under section 107 of the Comprehensive Environmental Response, Compensation, and Liability Act (42 U.S.C. 9607) for the Secretary’s response actions at current and former Coast Guard facilities shall be credited to the account.

“(d) ANNUAL LIST OF PROJECTS TO CONGRESS.—The Commandant of the Coast Guard shall submit to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate a prioritized list of projects eligible for environmental compliance and restoration funding for each fiscal year concurrent with the President’s budget submission for that fiscal year.”

(2) CONFORMING REPEALS.—Sections 634, 690, 691, 692, and 693 of title 14, United States Code, are repealed.

**SEC. 105. CHAPTER 5.**

(a) INITIAL MATTER.—Chapter 5 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 5—FUNCTIONS AND POWERS**

**“SUBCHAPTER I—GENERAL POWERS**

- “Sec.
- “501. Secretary; general powers.
- “502. Delegation of powers by the Secretary.
- “503. Regulations.
- “504. Commandant; general powers.
- “505. Functions and powers vested in the Commandant.
- “506. Prospective payment of funds necessary to provide medical care.

**“SUBCHAPTER II—LIFE SAVING AND LAW ENFORCEMENT AUTHORITIES**

- “521. Saving life and property.
- “522. Law enforcement.
- “523. Enforcement authority.
- “524. Enforcement of coastwise trade laws.
- “525. Special agents of the Coast Guard Investigative Service law enforcement authority.
- “526. Stopping vessels; indemnity for firing at or into vessel.
- “527. Safety of naval vessels.

**“SUBCHAPTER III—AIDS TO NAVIGATION**

- “541. Aids to navigation authorized.
- “542. Unauthorized aids to maritime navigation; penalty.
- “543. Interference with aids to navigation; penalty.
- “544. Aids to maritime navigation; penalty.
- “545. Marking of obstructions.
- “546. Deposit of damage payments.
- “547. Rewards for apprehension of persons interfering with aids to navigation.

**“SUBCHAPTER IV—MISCELLANEOUS**

- “561. Icebreaking in polar regions.
- “562. Appeals and waivers.
- “563. Notification of certain determinations.”

**(b) REDESIGNATIONS AND TRANSFERS.—**

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 5 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
92	Secretary; general powers	501
631	Delegation of powers by the Secretary	502
633	Regulations	503
93	Commandant; general powers	504
632	Functions and powers vested in the Commandant	505
520	Prospective payment of funds necessary to provide medical care	506
88	Saving life and property	521
89	Law enforcement	522
99	Enforcement authority	523
100	Enforcement of coastwise trade laws	524
95	Special agents of the Coast Guard Investigative Service law enforcement authority	525
637	Stopping vessels; indemnity for firing at or into vessel	526
91	Safety of naval vessels	527
81	Aids to navigation authorized	541

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
83	Unauthorized aids to maritime navigation; penalty	542
84	Interference with aids to navigation; penalty	543
85	Aids to maritime navigation; penalty	544
86	Marking of obstructions	545
642	Deposit of damage payments	546
643	Rewards for apprehension of persons interfering with aids to navigation	547
87	Icebreaking in polar regions	561
101	Appeals and waivers	562
103	Notification of certain determinations	563

(c) ADDITIONAL CHANGES.—Chapter 5 of title 14, United States Code, is further amended—

(1) by inserting before section 501 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER I—GENERAL POWERS”;**

(2) by inserting before section 521 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER II—LIFE SAVING AND LAW ENFORCEMENT AUTHORITIES”;**

(3) by inserting before section 541 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER III—AIDS TO NAVIGATION”;**

and  
(4) by inserting before section 561 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER IV—MISCELLANEOUS”.**

**SEC. 106. CHAPTER 7.**

(a) INITIAL MATTER.—Chapter 7 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 7—COOPERATION**

- “Sec.
- “701. Cooperation with other agencies, States, territories, and political subdivisions.
- “702. State Department.
- “703. Treasury Department.
- “704. Department of the Army and Department of the Air Force.
- “705. Navy Department.
- “706. United States Postal Service.
- “707. Department of Commerce.
- “708. Department of Health and Human Services.
- “709. Maritime instruction.
- “710. Assistance to foreign governments and maritime authorities.
- “711. Coast Guard officers as attachés to missions.

- “712. Contracts with Government-owned establishments for work and material.
- “713. Nonappropriated fund instrumentalities: contracts with other agencies and instrumentalities to provide or obtain goods and services.
- “714. Appointment of judges.
- “715. Arctic maritime domain awareness.
- “716. Oceanographic research.
- “717. Arctic maritime transportation.
- “718. Agreements.”.

(b) REDESIGNATIONS AND TRANSFERS.—  
 (1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—  
 (A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 7 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
141	Cooperation with other agencies, States, territories, and political subdivisions	701
142	State Department	702
143	Treasury Department	703
144	Department of the Army and Department of the Air Force	704
145	Navy Department	705
146	United States Postal Service	706
147	Department of Commerce	707
147a	Department of Health and Human Services	708
148	Maritime instruction	709
149	Assistance to foreign governments and maritime authorities	710
150	Coast Guard officers as attachés to missions	711
151	Contracts with Government-owned establishments for work and material	712
152	Nonappropriated fund instrumentalities: contracts with other agencies and instrumentalities to provide or obtain goods and services	713

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
153	Appointment of judges	714
154	Arctic maritime domain awareness	715
94	Oceanographic research	716
90	Arctic maritime transportation	717
102	Agreements	718

**SEC. 107. CHAPTER 9.**

(a) INITIAL MATTER.—Chapter 9 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 9—ADMINISTRATION**  
**“SUBCHAPTER I—REAL AND PERSONAL**  
**PROPERTY**

- “Sec.
- “901. Disposal of certain material.
- “902. Employment of draftsmen and engineers.
- “903. Use of certain appropriated funds.
- “904. Local hire.
- “905. Procurement authority for family housing.
- “906. Air Station Cape Cod Improvements.
- “907. Long-term lease of special purpose facilities.
- “908. Long-term lease authority for light-house property.
- “909. Small boat station rescue capability.
- “910. Small boat station closures.
- “911. Search and rescue center standards.
- “912. Air facility closures.
- “913. Turnkey selection procedures.
- “914. Disposition of infrastructure related to E-LORAN.

**“SUBCHAPTER II—MISCELLANEOUS**

- “931. Oaths required for boards.
- “932. Administration of oaths.
- “933. Coast Guard ensigns and pennants.
- “934. Penalty for unauthorized use of words ‘Coast Guard’.
- “935. Coast Guard band recordings for commercial sale.
- “936. Confidentiality of medical quality assurance records; qualified immunity for participants.
- “937. Admiralty claims against the United States.
- “938. Claims for damage to property of the United States.
- “939. Accounting for industrial work.
- “940. Supplies and equipment from stock.
- “941. Coast Guard Supply Fund.
- “942. Public and commercial vessels and other watercraft; sale of fuel, supplies, and services.
- “943. Arms and ammunition; immunity from taxation.
- “944. Confidential investigative expenses.
- “945. Assistance to film producers.
- “946. User fees.
- “947. Vessel construction bonding requirements.
- “948. Contracts for medical care for retirees, dependents, and survivors: alternative delivery of health care.
- “949. Telephone installation and charges.
- “950. Designation, powers, and accountability of deputy disbursing officials.
- “951. Aircraft accident investigations.”.

(b) REDESIGNATIONS AND TRANSFERS.—  
 (1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—  
 (A) by redesignating the sections as described in the table; and  
 (B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 9 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.  
 (2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
641	Disposal of certain material	901
653	Employment of draftsmen and engineers	902
656	Use of certain appropriated funds	903
666	Local hire	904
670	Procurement authority for family housing	905
671	Air Station Cape Cod Improvements	906
672	Long-term lease of special purpose facilities	907
672a	Long-term lease authority for light-house property	908
674	Small boat station rescue capability	909
675	Small boat station closures	910
676	Search and rescue center standards	911
676a	Air facility closures	912
677	Turnkey selection procedures	913
681	Disposition of infrastructure related to E-LORAN	914
635	Oaths required for boards	931
636	Administration of oaths	932
638	Coast Guard ensigns and pennants	933
639	Penalty for unauthorized use of words “Coast Guard”	934
640	Coast Guard band recordings for commercial sale	935

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
645	Confidentiality of medical quality assurance records; qualified immunity for participants	936
646	Admiralty claims against the United States	937
647	Claims for damage to property of the United States	938
648	Accounting for industrial work	939
649	Supplies and equipment from stock	940
650	Coast Guard Supply Fund	941
654	Public and commercial vessels and other watercraft; sale of fuel, supplies, and services	942
655	Arms and ammunition; immunity from taxation	943
658	Confidential investigative expenses	944
659	Assistance to film producers	945
664	User fees	946
667	Vessel construction bonding requirements	947
668	Contracts for medical care for retirees, dependents, and survivors: alternative delivery of health care	948
669	Telephone installation and charges	949
673	Designation, powers, and accountability of deputy disbursing officials	950
678	Aircraft accident investigations	951

(c) ADDITIONAL CHANGES.—Chapter 9 of title 14, United States Code, is further amended—

(1) by inserting before section 901 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—REAL AND PERSONAL PROPERTY”;

and

(2) by inserting before section 931 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—MISCELLANEOUS”.

**SEC. 108. CHAPTER 11.**

(a) INITIAL MATTER.—Chapter 11 of title 14, United States Code, is amended by striking the chapter designation, the chapter head-

ing, and the table of sections at the beginning and inserting the following:

**“CHAPTER 11—ACQUISITIONS**

“SUBCHAPTER I—GENERAL PROVISIONS

“Sec.

“1101. Acquisition directorate.

“1102. Improvements in Coast Guard acquisition management.

“1103. Role of Vice Commandant in major acquisition programs.

“1104. Recognition of Coast Guard personnel for excellence in acquisition.

“1105. Prohibition on use of lead systems integrators.

“1106. Required contract terms.

“1107. Extension of major acquisition program contracts.

“1108. Department of Defense consultation.

“1109. Undefinitized contractual actions.

“1110. Guidance on excessive pass-through charges.

“1111. Mission need statement.

“SUBCHAPTER II—IMPROVED ACQUISITION PROCESS AND PROCEDURES

“1131. Identification of major system acquisitions.

“1132. Acquisition.

“1133. Preliminary development and demonstration.

“1134. Acquisition, production, deployment, and support.

“1135. Acquisition program baseline breach.

“1136. Acquisition approval authority.

“SUBCHAPTER III—PROCUREMENT

“1151. Restriction on construction of vessels in foreign shipyards.

“1152. Advance procurement funding.

“1153. Prohibition on overhaul, repair, and maintenance of Coast Guard vessels in foreign shipyards.

“1154. Procurement of buoy chain.

“SUBCHAPTER IV—DEFINITIONS

“1171. Definitions.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 11 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
561	Acquisition directorate	1101
562	Improvements in Coast Guard acquisition management	1102
578	Role of Vice Commandant in major acquisition programs	1103
563	Recognition of Coast Guard personnel for excellence in acquisition	1104
564	Prohibition on use of lead systems integrators	1105

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
565	Required contract terms	1106
579	Extension of major acquisition program contracts	1107
566	Department of Defense consultation	1108
567	Undefinitized contractual actions	1109
568	Guidance on excessive pass-through charges	1110
569	Mission need statement	1111
571	Identification of major system acquisitions	1131
572	Acquisition	1132
573	Preliminary development and demonstration	1133
574	Acquisition, production, deployment, and support	1134
575	Acquisition program baseline breach	1135
576	Acquisition approval authority	1136
665	Restriction on construction of vessels in foreign shipyards	1151
577	Advance procurement funding	1152
96	Prohibition on overhaul, repair, and maintenance of Coast Guard vessels in foreign shipyards	1153
97	Procurement of buoy chain	1154
581	Definitions	1171

(c) ADDITIONAL CHANGES.—Chapter 11 of title 14, United States Code, is further amended—

(1) by striking all subdivision designations and headings in such chapter, except for—

(A) the chapter designation and heading added by subsection (a);

(B) the subchapter designations and headings added by this subsection; and

(C) any designation or heading of a section or a subdivision of a section;

(2) by inserting before section 1101 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—GENERAL PROVISIONS”;

(3) by inserting before section 1131 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—IMPROVED ACQUISITION PROCESS AND PROCEDURES”;

(4) by inserting before section 1151 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER III—PROCUREMENT”;

and

(5) by inserting before section 1171 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER IV—DEFINITIONS”.

**SEC. 109. SUBTITLE II.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by inserting after chapter 11 (as amended by section 108) the following:

“Subtitle II—Personnel

“Chap.	Sec.
“19. Coast Guard Academy .....	1901
“21. Personnel; Officers .....	2101
“23. Personnel; Enlisted .....	2301
“25. Personnel; General Provisions ...	2501
“27. Pay, Allowances, Awards, and Other Rights and Benefits .....	2701
“29. Coast Guard Family Support, Child Care, and Housing .....	2901”.

(b) RESERVED CHAPTER NUMBERS.—

(1) CHAPTER 13.—Chapter 13 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning.

(2) CHAPTER 14.—Chapter 14 of title 14, United States Code, is amended—

(A) by striking the chapter designation, the chapter heading, and the table of sections at the beginning; and

(B) by striking the subchapter designation and the subchapter heading for each of the subchapters of such chapter.

(3) CHAPTER 15.—Chapter 15 of title 14, United States Code, is amended—

(A) by striking the chapter designation, the chapter heading, and the table of sections at the beginning; and

(B) by striking the subchapter designation and the subchapter heading for each of the subchapters of such chapter.

(4) CHAPTER 17.—Chapter 17 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning.

(5) CHAPTER 18.—Chapter 18 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning.

**SEC. 110. CHAPTER 19.**

(a) INITIAL MATTER.—Chapter 19 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

“CHAPTER 19—COAST GUARD ACADEMY

“SUBCHAPTER I—ADMINISTRATION

“Sec.

“1901. Administration of Academy.

“1902. Policy on sexual harassment and sexual violence.

“1903. Annual Board of Visitors.

“1904. Participation in Federal, State, or other educational research grants.

“SUBCHAPTER II—CADETS

“1921. Corps of Cadets authorized strength.

“1922. Appointments.

“1923. Admission of foreign nationals for instruction; restrictions; conditions.

“1924. Conduct.

“1925. Agreement.

“1926. Cadet applicants; preappointment travel to Academy.

“1927. Cadets; initial clothing allowance.

“1928. Cadets; degree of bachelor of science.

“1929. Cadets; appointment as ensign.

“1930. Cadets; charges and fees for attendance; limitation.

“SUBCHAPTER III—FACULTY

“1941. Civilian teaching staff.

“1942. Permanent commissioned teaching staff; composition.

“1943. Appointment of permanent commissioned teaching staff.

“1944. Grade of permanent commissioned teaching staff.

“1945. Retirement of permanent commissioned teaching staff.

“1946. Credit for service as member of civilian teaching staff.

“1947. Assignment of personnel as instructors.

“1948. Marine safety curriculum.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 19 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
181	Administration of Academy	1901
200	Policy on sexual harassment and sexual violence	1902
194	Annual Board of Visitors	1903
196	Participation in Federal, State, or other educational research grants	1904
195	Admission of foreign nationals for instruction; restrictions; conditions	1923
181a	Cadet applicants; preappointment travel to Academy	1926
183	Cadets; initial clothing allowance	1927
184	Cadets; degree of bachelor of science	1928
185	Cadets; appointment as ensign	1929
197	Cadets; charges and fees for attendance; limitation	1930
186	Civilian teaching staff	1941
187	Permanent commissioned teaching staff; composition	1942

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
188	Appointment of permanent commissioned teaching staff	1943
189	Grade of permanent commissioned teaching staff	1944
190	Retirement of permanent commissioned teaching staff	1945
191	Credit for service as member of civilian teaching staff	1946
192	Assignment of personnel as instructors	1947
199	Marine safety curriculum	1948

(c) ADDITIONAL CHANGES.—

(1) IN GENERAL.—Chapter 19 of title 14, United States Code, is further amended—

(A) by inserting before section 1901 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—ADMINISTRATION”;

(B) by inserting before section 1923 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—CADETS

“§ 1921. Corps of Cadets authorized strength

“The number of cadets appointed annually to the Academy shall be as determined by the Secretary but the number appointed in any one year shall not exceed six hundred.

“§ 1922. Appointments

“Appointments to cadetships shall be made under regulations prescribed by the Secretary, who shall determine age limits, methods of selection of applicants, term of service as a cadet before graduation, and all other matters affecting such appointments. In the administration of this section, the Secretary shall take such action as may be necessary and appropriate to insure that female individuals shall be eligible for appointment and admission to the Coast Guard Academy, and that the relevant standards required for appointment, admission, training, graduation, and commissioning of female individuals shall be the same as those required for male individuals, except for those minimum essential adjustments in such standards required because of physiological differences between male and female individuals.”;

(C) by inserting before section 1926 (as so redesignated and transferred under subsection (b)) the following:

“§ 1924. Conduct

“The Secretary may summarily dismiss from the Coast Guard any cadet who, during his cadetship, is found unsatisfactory in either studies or conduct, or may be deemed not adapted for a career in the Coast Guard. Cadets shall be subject to rules governing discipline prescribed by the Commandant.

“§ 1925. Agreement

“(a) Each cadet shall sign an agreement with respect to the cadet's length of service in the Coast Guard. The agreement shall provide that the cadet agrees to the following:

“(1) That the cadet will complete the course of instruction at the Coast Guard Academy.

“(2) That upon graduation from the Coast Guard Academy the cadet—

“(A) will accept an appointment, if tendered, as a commissioned officer of the Coast Guard; and

“(B) will serve on active duty for at least five years immediately after such appointment.

“(3) That if an appointment described in paragraph (2) is not tendered or if the cadet is permitted to resign as a regular officer before the completion of the commissioned service obligation of the cadet, the cadet—

“(A) will accept an appointment as a commissioned officer in the Coast Guard Reserve; and

“(B) will remain in that reserve component until completion of the commissioned service obligation of the cadet.

“(b)(1) The Secretary may transfer to the Coast Guard Reserve, and may order to active duty for such period of time as the Secretary prescribes (but not to exceed four years), a cadet who breaches an agreement under subsection (a). The period of time for which a cadet is ordered to active duty under this paragraph may be determined without regard to section 651(a) of title 10.

“(2) A cadet who is transferred to the Coast Guard Reserve under paragraph (1) shall be transferred in an appropriate enlisted grade or rating, as determined by the Secretary.

“(3) For the purposes of paragraph (1), a cadet shall be considered to have breached an agreement under subsection (a) if the cadet is separated from the Coast Guard Academy under circumstances which the Secretary determines constitute a breach by the cadet of the cadet’s agreement to complete the course of instruction at the Coast Guard Academy and accept an appointment as a commissioned officer upon graduation from the Coast Guard Academy.

“(c) The Secretary shall prescribe regulations to carry out this section. Those regulations shall include—

“(1) standards for determining what constitutes, for the purpose of subsection (b), a breach of an agreement under subsection (a);

“(2) procedures for determining whether such a breach has occurred; and

“(3) standards for determining the period of time for which a person may be ordered to serve on active duty under subsection (b).

“(d) In this section, ‘commissioned service obligation’, with respect to an officer who is a graduate of the Academy, means the period beginning on the date of the officer’s appointment as a commissioned officer and ending on the sixth anniversary of such appointment or, at the discretion of the Secretary, any later date up to the eighth anniversary of such appointment.

“(e)(1) This section does not apply to a cadet who is not a citizen or national of the United States.

“(2) In the case of a cadet who is a minor and who has parents or a guardian, the cadet may sign the agreement required by subsection (a) only with the consent of the parent or guardian.

“(f) A cadet or former cadet who does not fulfill the terms of the obligation to serve as specified under section (a), or the alternative obligation imposed under subsection (b), shall be subject to the repayment provisions of section 303a(e) of title 37.”; and

(D) by inserting before section 1941 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER III—FACULTY”.

(2) CONFIRMING REPEAL.—Section 182 of title 14, United States Code, is repealed.

SEC. 111. PART II.

Part II of title 14, United States Code, is amended by striking the part designation,

the part heading, and the table of chapters at the beginning.

SEC. 112. CHAPTER 21.

(a) INITIAL MATTER.—Chapter 21 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

“CHAPTER 21—PERSONNEL; OFFICERS

“SUBCHAPTER I—APPOINTMENT AND PROMOTION

“Sec.

“2101. Original appointment of permanent commissioned officers.

“2102. Active duty promotion list.

“2103. Number and distribution of commissioned officers on active duty promotion list.

“2104. Appointment of temporary officers.

“2105. Rank of warrant officers.

“2106. Selection boards; convening of boards.

“2107. Selection boards; composition of boards.

“2108. Selection boards; notice of convening; communication with board.

“2109. Selection boards; oath of members.

“2110. Number of officers to be selected for promotion.

“2111. Promotion zones.

“2112. Promotion year; defined.

“2113. Eligibility of officers for consideration for promotion.

“2114. United States Deputy Marshals in Alaska.

“2115. Selection boards; information to be furnished boards.

“2116. Officers to be recommended for promotion.

“2117. Selection boards; reports.

“2118. Selection boards; submission of reports.

“2119. Failure of selection for promotion.

“2120. Special selection boards; correction of errors.

“2121. Promotions; appointments.

“2122. Removal of officer from list of selectees for promotion.

“2123. Promotions; acceptance; oath of office.

“2124. Promotions; pay and allowances.

“2125. Wartime temporary service promotions.

“2126. Promotion of officers not included on active duty promotion list.

“2127. Recall to active duty during war or national emergency.

“2128. Recall to active duty with consent of officer.

“2129. Aviation cadets; appointment as Reserve officers.

“SUBCHAPTER II—DISCHARGES; RETIREMENTS; REVOCATION OF COMMISSIONS; SEPARATION FOR CAUSE

“2141. Revocation of commissions during first five years of commissioned service.

“2142. Regular lieutenants (junior grade); separation for failure of selection for promotion.

“2143. Regular lieutenants; separation for failure of selection for promotion; continuation.

“2144. Regular Coast Guard; officers serving under temporary appointments.

“2145. Regular lieutenant commanders and commanders; retirement for failure of selection for promotion.

“2146. Discharge in lieu of retirement; separation pay.

“2147. Regular warrant officers: separation pay.

“2148. Separation for failure of selection for promotion or continuation; time of.

“2149. Regular captains; retirement.

“2150. Captains; continuation on active duty; involuntary retirement.

“2151. Rear admirals and rear admirals (lower half); continuation on active duty; involuntary retirement.

“2152. Voluntary retirement after twenty years’ service.

“2153. Voluntary retirement after thirty years’ service.

“2154. Compulsory retirement.

“2155. Retirement for physical disability after selection for promotion; grade in which retired.

“2156. Deferment of retirement or separation for medical reasons.

“2157. Flag officers.

“2158. Review of records of officers.

“2159. Boards of inquiry.

“2160. Boards of review.

“2161. Composition of boards.

“2162. Rights and procedures.

“2163. Removal of officer from active duty; action by Secretary.

“2164. Officers considered for removal; retirement or discharge; separation benefits.

“2165. Relief of retired officer promoted while on active duty.

“SUBCHAPTER III—GENERAL PROVISIONS

“2181. Physical fitness of officers.

“2182. Multirater assessment of certain personnel.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 21 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only—not amended)	Title 14 section number after redesignation
211	Original appointment of permanent commissioned officers	2101
41a	Active duty promotion list	2102
42	Number and distribution of commissioned officers on active duty promotion list	2103
214	Appointment of temporary officers	2104
215	Rank of warrant officers	2105
251	Selection boards; convening of boards	2106
252	Selection boards; composition of boards	2107
253	Selection boards; notice of convening; communication with board	2108
254	Selection boards; oath of members	2109

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
255	Number of officers to be selected for promotion	2110
256	Promotion zones	2111
256a	Promotion year; defined	2112
257	Eligibility of officers for consideration for promotion	2113
258	Selection boards; information to be furnished boards	2115
259	Officers to be recommended for promotion	2116
260	Selection boards; reports	2117
261	Selection boards; submission of reports	2118
262	Failure of selection for promotion	2119
263	Special selection boards; correction of errors	2120
271	Promotions; appointments	2121
272	Removal of officer from list of selectees for promotion	2122
273	Promotions; acceptance; oath of office	2123
274	Promotions; pay and allowances	2124
275	Wartime temporary service promotions	2125
276	Promotion of officers not included on active duty promotion list	2126
331	Recall to active duty during war or national emergency	2127
332	Recall to active duty with consent of officer	2128
373	Aviation cadets; appointment as Reserve officers	2129
281	Revocation of commissions during first five years of commissioned service	2141
282	Regular lieutenants (junior grade); separation for failure of selection for promotion	2142

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
283	Regular lieutenants; separation for failure of selection for promotion; continuation	2143
284	Regular Coast Guard; officers serving under temporary appointments	2144
285	Regular lieutenant commanders and commanders; retirement for failure of selection for promotion	2145
286	Discharge in lieu of retirement; separation pay	2146
286a	Regular warrant officers; separation pay	2147
287	Separation for failure of selection for promotion or continuation; time of	2148
288	Regular captains; retirement	2149
289	Captains; continuation on active duty; involuntary retirement	2150
290	Rear admirals and rear admirals (lower half); continuation on active duty; involuntary retirement	2151
291	Voluntary retirement after twenty years' service	2152
292	Voluntary retirement after thirty years' service	2153
293	Compulsory retirement	2154
294	Retirement for physical disability after selection for promotion; grade in which retired	2155
295	Deferment of retirement or separation for medical reasons	2156
296	Flag officers	2157
321	Review of records of officers	2158
322	Boards of inquiry	2159
323	Boards of review	2160
324	Composition of boards	2161

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
325	Rights and procedures	2162
326	Removal of officer from active duty; action by Secretary	2163
327	Officers considered for removal; retirement or discharge; separation benefits	2164
333	Relief of retired officer promoted while on active duty	2165
335	Physical fitness of officers	2181
429	Multirater assessment of certain personnel	2182

(c) ADDITIONAL CHANGES.—Chapter 21 of title 14, United States Code, is further amended—

(1) by striking all subchapter designations and headings in such chapter, except for the subchapter designations and headings added by this subsection;

(2) by inserting before section 2101 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—APPOINTMENT AND PROMOTION”;

(3) by inserting before section 2115 (as so redesignated and transferred under subsection (b)) the following:

“§2114. United States Deputy Marshals in Alaska

“Commissioned officers may be appointed as United States Deputy Marshals in Alaska.”;

(4) by inserting before section 2141 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—DISCHARGES; RETIREMENTS; REVOCATION OF COMMISSIONS; SEPARATION FOR CAUSE”;

and

(5) by inserting before section 2181 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER III—GENERAL PROVISIONS”.

**SEC. 113. CHAPTER 23.**

(a) INITIAL MATTER.—Chapter 23 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

“CHAPTER 23—PERSONNEL; ENLISTED

“Sec.

“2301. Recruiting campaigns.

“2302. Enlistments; term, grade.

“2303. Promotion.

“2304. Compulsory retirement at age of sixty-two.

“2305. Voluntary retirement after thirty years' service.

“2306. Voluntary retirement after twenty years' service.

“2307. Retirement of enlisted members: increase in retired pay.

“2308. Recall to active duty during war or national emergency.

“2309. Recall to active duty with consent of member.

- “2310. Relief of retired enlisted member promoted while on active duty.
- “2311. Retirement in cases where higher grade or rating has been held.
- “2312. Extension of enlistments.
- “2313. Retention beyond term of enlistment in case of disability.
- “2314. Detention beyond term of enlistment.
- “2315. Inclusion of certain conditions in enlistment contract.
- “2316. Discharge within three months before expiration of enlistment.
- “2317. Aviation cadets; procurement; transfer.
- “2318. Aviation cadets; benefits.
- “2319. Critical skill training bonus.”.

(b) REDESIGNATIONS AND TRANSFERS.—  
 (1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 23 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
350	Recruiting campaigns	2301
351	Enlistments; term, grade	2302
352	Promotion	2303
353	Compulsory retirement at age of sixty-two	2304
354	Voluntary retirement after thirty years' service	2305
355	Voluntary retirement after twenty years' service	2306
357	Retirement of enlisted members: increase in retired pay	2307
359	Recall to active duty during war or national emergency	2308
360	Recall to active duty with consent of member	2309
361	Relief of retired enlisted member promoted while on active duty	2310
362	Retirement in cases where higher grade or rating has been held	2311
365	Extension of enlistments	2312
366	Retention beyond term of enlistment in case of disability	2313

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
367	Detention beyond term of enlistment	2314
369	Inclusion of certain conditions in enlistment contract	2315
370	Discharge within three months before expiration of enlistment	2316
371	Aviation cadets; procurement; transfer	2317
372	Aviation cadets; benefits	2318
374	Critical skill training bonus	2319

**SEC. 114. CHAPTER 25.**

(a) INITIAL MATTER.—Chapter 25 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 25—PERSONNEL; GENERAL PROVISIONS**

**“SUBCHAPTER I—GENERAL PROVISIONS**

- “Sec.
- “2501. Grade on retirement.
- “2502. Retirement.
- “2503. Status of recalled personnel.
- “2504. Computation of retired pay.
- “2505. Limitations on retirement and retired pay.
- “2506. Suspension of payment of retired pay of members who are absent from the United States to avoid prosecution.
- “2507. Board for Correction of Military Records deadline.
- “2508. Emergency leave retention authority.
- “2509. Prohibition of certain involuntary administrative separations.
- “2510. Sea service letters.
- “2511. Investigations of flag officers and Senior Executive Service employees.
- “2512. Leave policies for the Coast Guard.
- “2513. Computation of length of service.

**“SUBCHAPTER II—LIGHTHOUSE SERVICE**

“2531. Personnel of former Lighthouse Service.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 25 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
334	Grade on retirement	2501

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
421	Retirement	2502
422	Status of recalled personnel	2503
423	Computation of retired pay	2504
424	Limitations on retirement and retired pay	2505
424a	Suspension of payment of retired pay of members who are absent from the United States to avoid prosecution	2506
425	Board for Correction of Military Records deadline	2507
426	Emergency leave retention authority	2508
427	Prohibition of certain involuntary administrative separations	2509
428	Sea service letters	2510
430	Investigations of flag officers and Senior Executive Service employees	2511
431	Leave policies for the Coast Guard	2512
467	Computation of length of service	2513
432	Personnel of former Lighthouse Service	2531

(c) ADDITIONAL CHANGES.—Chapter 25 of title 14, United States Code, is further amended—

(1) by inserting before section 2501 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER I—GENERAL PROVISIONS”;**

and

(2) by inserting before section 2531 (as so redesignated and transferred under subsection (b)) the following:

**“SUBCHAPTER II—LIGHTHOUSE SERVICE”.**

**SEC. 115. PART III.**

Part III of title 14, United States Code, is amended by striking the part designation, the part heading, and the table of chapters at the beginning.

**SEC. 116. CHAPTER 27.**

(a) INITIAL MATTER.—Chapter 27 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 27—PAY, ALLOWANCES, AWARDS, AND OTHER RIGHTS AND BENEFITS**

**“SUBCHAPTER I—PERSONNEL RIGHTS AND BENEFITS**

- “Sec.
- “2701. Procurement of personnel.

- “2702. Training.
- “2703. Contingent expenses.
- “2704. Equipment to prevent accidents.
- “2705. Clothing at time of discharge for good of service.
- “2706. Right to wear uniform.
- “2707. Protection of uniform.
- “2708. Clothing for officers and enlisted personnel.
- “2709. Procurement and sale of stores to members and civilian employees.
- “2710. Disposition of effects of decedents.
- “2711. Deserters; payment of expenses incident to apprehension and delivery; penalties.
- “2712. Payment for the apprehension of stragglers.
- “SUBCHAPTER II—AWARDS
- “2731. Delegation of powers to make awards; rules and regulations.
- “2732. Medal of honor.
- “2733. Medal of honor: duplicate medal.
- “2734. Medal of honor: presentation of Medal of Honor Flag.
- “2735. Coast Guard cross.
- “2736. Distinguished service medal.
- “2737. Silver star medal.
- “2738. Distinguished flying cross.
- “2739. Coast Guard medal.
- “2740. Insignia for additional awards.
- “2741. Time limit on award; report concerning deed.
- “2742. Honorable subsequent service as condition to award.
- “2743. Posthumous awards.
- “2744. Life-saving medals.
- “2745. Replacement of medals.
- “2746. Award of other medals.
- “2747. Awards and insignia for excellence in service or conduct.
- “2748. Presentation of United States flag upon retirement.
- “SUBCHAPTER III—PAYMENTS
- “2761. Persons discharged as result of court-martial; allowances to.
- “2762. Shore patrol duty; payment of expenses.
- “2763. Compensatory absence from duty for military personnel at isolated duty stations.
- “2764. Monetary allowance for transportation of household effects.
- “2765. Retroactive payment of pay and allowances delayed by administrative error or oversight.
- “2766. Travel card management.
- “2767. Reimbursement for medical-related travel expenses for certain persons residing on islands in the continental United States.
- “2768. Annual audit of pay and allowances of members undergoing permanent change of station.
- “2769. Remission of indebtedness.
- “2770. Special instruction at universities.
- “2771. Attendance at professional meetings.
- “2772. Education loan repayment program.
- “2773. Rations or commutation therefor in money.
- “2774. Sales of ration supplies to messes.
- “2775. Flight rations.
- “2776. Payments at time of discharge for good of service.
- “2777. Clothing for destitute shipwrecked persons.
- “2778. Advancement of public funds to personnel.
- “2779. Transportation to and from certain places of employment.”.

(b) REDESIGNATIONS AND TRANSFERS.—  
 (1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—  
 (A) by redesignating the sections as described in the table; and  
 (B) by transferring the sections, as necessary, so that the sections appear after the

table of sections for chapter 27 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
468	Procurement of personnel	2701
469	Training	2702
476	Contingent expenses	2703
477	Equipment to prevent accidents	2704
482	Clothing at time of discharge for good of service	2705
483	Right to wear uniform	2706
484	Protection of uniform	2707
485	Clothing for officers and enlisted personnel	2708
487	Procurement and sale of stores to members and civilian employees	2709
507	Disposition of effects of decedents	2710
508	Deserters; payment of expenses incident to apprehension and delivery; penalties	2711
644	Payment for the apprehension of stragglers	2712
499	Delegation of powers to make awards; rules and regulations	2731
491	Medal of honor	2732
504	Medal of honor: duplicate medal	2733
505	Medal of honor: presentation of Medal of Honor Flag	2734
491a	Coast Guard cross	2735
492	Distinguished service medal	2736
492a	Silver star medal	2737
492b	Distinguished flying cross	2738
493	Coast Guard medal	2739
494	Insignia for additional awards	2740

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
496	Time limit on award; report concerning deed	2741
497	Honorable subsequent service as condition to award	2742
498	Posthumous awards	2743
500	Life-saving medals	2744
501	Replacement of medals	2745
502	Award of other medals	2746
503	Awards and insignia for excellence in service or conduct	2747
516	Presentation of United States flag upon retirement	2748
509	Persons discharged as result of court-martial; allowances to	2761
510	Shore patrol duty; payment of expenses	2762
511	Compensatory absence from duty for military personnel at isolated duty stations	2763
512	Monetary allowance for transportation of household effects	2764
513	Retroactive payment of pay and allowances delayed by administrative error or oversight	2765
517	Travel card management	2766
518	Reimbursement for medical-related travel expenses for certain persons residing on islands in the continental United States	2767
519	Annual audit of pay and allowances of members undergoing permanent change of station	2768
461	Remission of indebtedness	2769
470	Special instruction at universities	2770
471	Attendance at professional meetings	2771
472	Education loan repayment program	2772



Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
478	Rations or commutation therefor in money	2773
479	Sales of ration supplies to messes	2774
480	Flight rations	2775
481	Payments at time of discharge for good of service	2776
486	Clothing for destitute shipwrecked persons	2777
488	Advancement of public funds to personnel	2778
660	Transportation to and from certain places of employment	2779

(c) ADDITIONAL CHANGES.—Chapter 27 of title 14, United States Code, is further amended—

(1) by inserting before section 2701 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—PERSONNEL RIGHTS AND BENEFITS”;

(2) by inserting before section 2731 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—AWARDS”;

and

(3) by inserting before section 2761 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER III—PAYMENTS”.

**SEC. 117. CHAPTER 29.**

(a) INITIAL MATTER.—Chapter 29 of title 14, United States Code, is amended by striking the chapter designation, the chapter heading, and the table of sections at the beginning and inserting the following:

**“CHAPTER 29—COAST GUARD FAMILY SUPPORT, CHILD CARE, AND HOUSING**

“SUBCHAPTER I—COAST GUARD FAMILIES

“Sec.

- “2901. Work-life policies and programs.
- “2902. Surveys of Coast Guard families.
- “2903. Reimbursement for adoption expenses.
- “2904. Education and training opportunities for Coast Guard spouses.
- “2905. Youth sponsorship initiatives.
- “2906. Dependent school children.

“SUBCHAPTER II—COAST GUARD CHILD CARE

- “2921. Definitions.
- “2922. Child development services.
- “2923. Child development center standards and inspections.
- “2924. Child development center employees.
- “2925. Parent partnerships with child development centers.

“SUBCHAPTER III—HOUSING

- “2941. Definitions.
- “2942. General authority.
- “2943. Leasing and hiring of quarters; rental of inadequate housing.
- “2944. Retired service members and dependents serving on advisory committees.
- “2945. Conveyance of real property.
- “2946. Coast Guard Housing Fund.
- “2947. Reports.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 29 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
531	Work-life policies and programs	2901
532	Surveys of Coast Guard families	2902
541	Reimbursement for adoption expenses	2903
542	Education and training opportunities for Coast Guard spouses	2904
543	Youth sponsorship initiatives	2905
544	Dependent school children	2906
551	Definitions	2921
552	Child development services	2922
553	Child development center standards and inspections	2923
554	Child development center employees	2924
555	Parent partnerships with child development centers	2925
680	Definitions	2941
681	General authority	2942
475	Leasing and hiring of quarters; rental of inadequate housing	2943
680	Retired service members and dependents serving on advisory committees	2944
685	Conveyance of real property	2945
687	Coast Guard Housing Fund	2946
688	Reports	2947

(c) ADDITIONAL CHANGES.—Chapter 29 of title 14, United States Code, is further amended—

(1) by inserting before section 2901 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—COAST GUARD FAMILIES”;

(2) by inserting before section 2921 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—COAST GUARD CHILD CARE”;

and

(3) by inserting before section 2941 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER III—HOUSING”.

**SEC. 118. SUBTITLE III AND CHAPTER 37.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by adding after chapter 29 (as amended by section 117) the following:

**“Subtitle III—Coast Guard Reserve and Auxiliary**

“Chap.	Sec.
“37. Coast Guard Reserve .....	3701
“39. Coast Guard Auxiliary .....	3901
“41. General Provisions for Coast Guard Reserve and Auxiliary .....	4101

**“CHAPTER 37—COAST GUARD RESERVE**

“SUBCHAPTER I—ADMINISTRATION

“Sec.

- “3701. Organization.
- “3702. Authorized strength.
- “3703. Coast Guard Reserve Boards.
- “3704. Grades and ratings; military authority.
- “3705. Benefits.
- “3706. Temporary members of the Reserve; eligibility and compensation.
- “3707. Temporary members of the Reserve; disability or death benefits.
- “3708. Temporary members of the Reserve; certificate of honorable service.
- “3709. Reserve student aviation pilots; Reserve aviation pilots; appointments in commissioned grade.
- “3710. Reserve student pre-commissioning assistance program.
- “3711. Appointment or wartime promotion; retention of grade upon release from active duty.
- “3712. Exclusiveness of service.
- “3713. Active duty for emergency augmentation of regular forces.
- “3714. Enlistment of members engaged in schooling.

“SUBCHAPTER II—PERSONNEL

- “3731. Definitions.
- “3732. Applicability of this subchapter.
- “3733. Suspension of this subchapter in time of war or national emergency.
- “3734. Effect of this subchapter on retirement and retired pay.
- “3735. Authorized number of officers.
- “3736. Precedence.
- “3737. Running mates.
- “3738. Constructive credit upon initial appointment.
- “3739. Promotion of Reserve officers on active duty.
- “3740. Promotion; recommendations of selection boards.
- “3741. Selection boards; appointment.
- “3742. Establishment of promotion zones under running mate system.
- “3743. Eligibility for promotion.
- “3744. Recommendation for promotion of an officer previously removed from an active status.
- “3745. Qualifications for promotion.
- “3746. Promotion; acceptance; oath of office.
- “3747. Date of rank upon promotion; entitlement to pay.
- “3748. Type of promotion; temporary.
- “3749. Effect of removal by the President or failure of consent of the Senate.
- “3750. Failure of selection for promotion.
- “3751. Failure of selection and removal from an active status.

“3752. Retention boards; removal from an active status to provide a flow of promotion.  
 “3753. Maximum ages for retention in an active status.  
 “3754. Rear admiral and rear admiral (lower half); maximum service in grade.  
 “3755. Appointment of a former Navy or Coast Guard officer.  
 “3756. Grade on entry upon active duty.  
 “3757. Recall of a retired officer; grade upon release.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 37 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before re-designation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after re-designation
701	Organization	3701
702	Authorized strength	3702
703	Coast Guard Reserve Boards	3703
704	Grades and ratings; military authority	3704
705	Benefits	3705
706	Temporary members of the Reserve; eligibility and compensation	3706
707	Temporary members of the Reserve; disability or death benefits	3707
708	Temporary members of the Reserve; certificate of honorable service	3708
709	Reserve student aviation pilots; Reserve aviation pilots; appointments in commissioned grade	3709
709a	Reserve student pre-commissioning assistance program	3710
710	Appointment or wartime promotion; retention of grade upon release from active duty	3711
711	Exclusiveness of service	3712
712	Active duty for emergency augmentation of regular forces	3713

Title 14 section number before re-designation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after re-designation
713	Enlistment of members engaged in schooling	3714
720	Definitions	3731
721	Applicability of this subchapter	3732
722	Suspension of this subchapter in time of war or national emergency	3733
723	Effect of this subchapter on retirement and retired pay	3734
724	Authorized number of officers	3735
725	Precedence	3736
726	Running mates	3737
727	Constructive credit upon initial appointment	3738
728	Promotion of Reserve officers on active duty	3739
729	Promotion; recommendations of selection boards	3740
730	Selection boards; appointment	3741
731	Establishment of promotion zones under running mate system	3742
732	Eligibility for promotion	3743
733	Recommendation for promotion of an officer previously removed from an active status	3744
734	Qualifications for promotion	3745
735	Promotion; acceptance; oath of office	3746
736	Date of rank upon promotion; entitlement to pay	3747
737	Type of promotion; temporary	3748
738	Effect of removal by the President or failure of consent of the Senate	3749
739	Failure of selection for promotion	3750
740	Failure of selection and removal from an active status	3751

Title 14 section number before re-designation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after re-designation
741	Retention boards; removal from an active status to provide a flow of promotion	3752
742	Maximum ages for retention in an active status	3753
743	Rear admiral and rear admiral (lower half); maximum service in grade	3754
744	Appointment of a former Navy or Coast Guard officer	3755
745	Grade on entry upon active duty	3756
746	Recall of a retired officer; grade upon release	3757

(c) ADDITIONAL CHANGES.—Chapter 37 of title 14, United States Code, is further amended—

(1) by inserting before section 3701 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER I—ADMINISTRATION”;

and

(2) by inserting before section 3731 (as so redesignated and transferred under subsection (b)) the following:

“SUBCHAPTER II—PERSONNEL”.

**SEC. 119. CHAPTER 39.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by adding after chapter 37 (as added by section 118) the following:

**“CHAPTER 39—COAST GUARD AUXILIARY**

“Sec.

“3901. Administration of the Coast Guard Auxiliary.

“3902. Purpose of the Coast Guard Auxiliary.

“3903. Eligibility; enrollments.

“3904. Members of the Auxiliary; status.

“3905. Disenrollment.

“3906. Membership in other organizations.

“3907. Use of member’s facilities.

“3908. Vessel deemed public vessel.

“3909. Aircraft deemed public aircraft.

“3910. Radio station deemed government station.

“3911. Availability of appropriations.

“3912. Assignment and performance of duties.

“3913. Injury or death in line of duty.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 39 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
821	Administration of the Coast Guard Auxiliary	3901
822	Purpose of the Coast Guard Auxiliary	3902
823	Eligibility; enrollments	3903
823a	Members of the Auxiliary; status	3904
824	Disenrollment	3905
825	Membership in other organizations	3906
826	Use of member's facilities	3907
827	Vessel deemed public vessel	3908
828	Aircraft deemed public aircraft	3909
829	Radio station deemed government station	3910
830	Availability of appropriations	3911
831	Assignment and performance of duties	3912
832	Injury or death in line of duty	3913

**SEC. 120. CHAPTER 41.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by adding after chapter 39 (as added by section 119) the following:

**“CHAPTER 41—GENERAL PROVISIONS FOR COAST GUARD RESERVE AND AUXILIARY**

“Sec.

“4101. Flags; pennants; uniforms and insignia.

“4102. Penalty.

“4103. Limitation on rights of members of the Auxiliary and temporary members of the Reserve.

“4104. Availability of facilities and appropriations.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 41 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
891	Flags; pennants; uniforms and insignia	4101
892	Penalty	4102
893	Limitation on rights of members of the Auxiliary and temporary members of the Reserve	4103
894	Availability of facilities and appropriations	4104

**SEC. 121. SUBTITLE IV AND CHAPTER 49.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by adding after chapter 41 (as added by section 120) the following:

**“Subtitle IV—Coast Guard Authorizations and Reports to Congress**

“Chap. “49. Authorizations ..... Sec. 4901  
 “51. Reports ..... 5101

**“CHAPTER 49—AUTHORIZATIONS**

“Sec.

“4901. Requirement for prior authorization of appropriations.

“4902. Authorization of appropriations.

“4903. Authorization of personnel end strengths.

“4904. Authorized levels of military strength and training.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 49 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
2701	Requirement for prior authorization of appropriations	4901
2702	Authorization of appropriations	4902
2703	Authorization of personnel end strengths	4903
2704	Authorized levels of military strength and training	4904

**SEC. 122. CHAPTER 51.**

(a) INITIAL MATTER.—Title 14, United States Code, is further amended by adding after chapter 49 (as added by section 121) the following:

**“CHAPTER 51—REPORTS**

“Sec.

“5101. Transmission of annual Coast Guard authorization request.

“5102. Capital investment plan.

“5103. Major acquisitions.

“5104. Manpower requirements plan.

“5105. Inventory of real property.”.

(b) REDESIGNATIONS AND TRANSFERS.—

(1) REQUIREMENT.—The sections of title 14, United States Code, identified in the table provided in paragraph (2) are amended—

(A) by redesignating the sections as described in the table; and

(B) by transferring the sections, as necessary, so that the sections appear after the table of sections for chapter 51 of such title (as added by subsection (a)), in the order in which the sections are presented in the table.

(2) TABLE.—The table referred to in paragraph (1) is the following:

Title 14 section number before redesignation	Section heading (provided for identification purposes only-not amended)	Title 14 section number after redesignation
2901	Transmission of annual Coast Guard authorization request	5101
2902	Capital investment plan	5102
2903	Major acquisitions	5103
2904	Manpower requirements plan	5104
679	Inventory of real property	5105

**SEC. 123. REFERENCES.**

(a) DEFINITIONS.—In this section, the following definitions apply:

(1) REDESIGNATED SECTION.—The term “re-designated section” means a section of title 14, United States Code, that is redesignated by this title, as that section is so redesignated.

(2) SOURCE SECTION.—The term “source section” means a section of title 14, United States Code, that is redesignated by this title, as that section was in effect before the redesignation.

(b) REFERENCE TO SOURCE SECTION.—

(1) TREATMENT OF REFERENCE.—A reference to a source section, including a reference in a regulation, order, or other law, is deemed to refer to the corresponding redesignated section.

(2) TITLE 14.—In title 14, United States Code, each reference in the text of such title to a source section is amended by striking such reference and inserting a reference to the appropriate, as determined using the tables located in this title, redesignated section.

(c) OTHER CONFORMING AMENDMENTS.—

(1) REFERENCE TO SECTION 182.—Section 1923(c) of title 14, United States Code, as so redesignated by this title, is further amended by striking “section 182” and inserting “section 1922”.

(2) REFERENCES TO CHAPTER 11.—Title 14, United States Code, is further amended—

(A) in section 2146(d), as so redesignated by this title, by striking “chapter 11 of this title” and inserting “this chapter”; and

(B) in section 3739, as so redesignated by this title, by striking “chapter 11” each place that it appears and inserting “chapter 21”.

(3) REFERENCE TO CHAPTER 13.—Section 3705(b) of title 14, United States Code, as so

redesignated by this title, is further amended by striking “chapter 13” and inserting “chapter 27”.

(4) REFERENCE TO CHAPTER 15.—Section 308(b)(3) of title 14, United States Code, as so redesignated by this title, is further amended by striking “chapter 15” and inserting “chapter 11”.

(5) REFERENCES TO CHAPTER 19.—Title 14, United States Code, is further amended—

(A) in section 4901(4), as so redesignated by this title, by striking “chapter 19” and inserting “section 318”; and

(B) in section 4902(4), as so redesignated by this title, by striking “chapter 19” and inserting “section 318”.

(6) REFERENCE TO CHAPTER 23.—Section 701(a) of title 14, United States Code, as so redesignated by this title, is further amended by striking “chapter 23” and inserting “chapter 39”.

#### SEC. 124. RULE OF CONSTRUCTION.

This title, including the amendments made by this title, is intended only to reorganize title 14, United States Code, and may not be construed to alter—

(1) the effect of a provision of title 14, United States Code, including any authority or requirement therein;

(2) a department or agency interpretation with respect to title 14, United States Code; or

(3) a judicial interpretation with respect to title 14, United States Code.

### TITLE II—TRANSFERS AND MODIFICATIONS

#### SEC. 201. AMENDMENTS TO TITLE 14, UNITED STATES CODE, AS AMENDED BY TITLE I OF THIS ACT.

Except as otherwise expressly provided, whenever in this title an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision of title 14, United States Code, the reference shall be considered to be made to title 14, United States Code, as amended by title I of this Act.

#### SEC. 202. PRIMARY DUTIES.

Section 102(7) of title 14, United States Code, is amended to read as follows:

“(7) maintain a state of readiness to assist in the defense of the United States, including when functioning as a specialized service in the Navy pursuant to section 103.”

#### SEC. 203. REGATTAS AND MARINE PARADES.

(a) IN GENERAL.—Chapter 5 of title 14, United States Code, is amended by inserting after section 563 the following:

##### “§ 564. Regattas and marine parades

“(a) IN GENERAL.—The Commandant of the Coast Guard may issue regulations to promote the safety of life on navigable waters during regattas or marine parades.

“(b) DETAIL AND USE OF VESSELS.—To enforce regulations issued under this section—

“(1) the Commandant may detail any public vessel in the service of the Coast Guard and make use of any private vessel tendered gratuitously for that purpose; and

“(2) upon the request of the Commandant, the head of any other Federal department or agency may enforce the regulations by means of any public vessel of such department and any private vessel tendered gratuitously for that purpose.

“(c) TRANSFER OF AUTHORITY.—The authority of the Commandant under this section may be transferred by the President for any special occasion to the head of another Federal department or agency whenever in the President's judgment such transfer is desirable.

“(d) PENALTIES.—

“(1) IN GENERAL.—For any violation of regulations issued pursuant to this section the following penalties shall be incurred:

“(A) A licensed officer shall be liable to suspension or revocation of license in the manner prescribed by law for incompetency or misconduct.

“(B) Any person in charge of the navigation of a vessel other than a licensed officer shall be liable to a penalty of \$5,000.

“(C) The owner of a vessel (including any corporate officer of a corporation owning the vessel) actually on board shall be liable to a penalty of \$5,000, unless the violation of regulations occurred without the owner's knowledge.

“(D) Any other person shall be liable to a penalty of \$2,500.

“(2) MITIGATION OR REMISSION.—The Commandant may mitigate or remit any penalty provided for in this subsection in the manner prescribed by law for the mitigation or remission of penalties for violation of the navigation laws.”

(b) CLERICAL AMENDMENT.—The analysis for chapter 5 of title 14, United States Code, is amended by inserting after the item relating to section 563 the following:

“Sec. 564. Regattas and marine parades.”

(c) REPEAL.—The Act of April 28, 1908 (35 Stat. 69, chapter 151; 33 U.S.C. 1233 et seq.), is repealed.

#### SEC. 204. REGULATION OF VESSELS IN TERRITORIAL WATERS OF UNITED STATES.

(a) ESTABLISHMENT OF SUBCHAPTER V.—Chapter 5 of title 14, United States Code, is amended by adding at the end the following:

“SUBCHAPTER V—REGULATION OF VESSELS IN TERRITORIAL WATERS OF UNITED STATES

##### “§ 584. Definitions

“In this subchapter:

“(1) UNITED STATES.—The term ‘United States’ includes all territory and waters, continental or insular, subject to the jurisdiction of the United States.

“(2) TERRITORIAL WATERS.—The term ‘territorial waters of the United States’ includes all waters of the territorial sea of the United States as described in Presidential Proclamation 5928 of December 27, 1988.”

(b) REGULATION OF ANCHORAGE AND MOVEMENT OF VESSELS DURING NATIONAL EMERGENCY.—Section 1 of title II of the Act of June 15, 1917 (40 Stat. 220, chapter 30; 50 U.S.C. 191), is amended—

(1) by striking the section designation and all that follows before “by proclamation” and inserting the following:

“§ 581. Regulation of anchorage and movement of vessels during national emergency

“Whenever the President”;

(2) by striking “of the Treasury”;

(3) by striking “of the department in which the Coast Guard is operating”;

(4) by striking “this title” and inserting “this subchapter”; and

(5) by transferring the section so that the section appears before section 584 of title 14, United States Code (as added by subsection (a) of this section).

(c) SEIZURE AND FORFEITURE OF VESSEL; FINE AND IMPRISONMENT.—Section 2 of title II of the Act of June 15, 1917 (40 Stat. 220, chapter 30; 50 U.S.C. 192), is amended—

(1) by striking the section designation and all that follows before “agent,” and inserting the following:

“§ 582. Seizure and forfeiture of vessel; fine and imprisonment

“(a) IN GENERAL.—If any owner,”;

(2) by striking “this title” each place it appears and inserting “this subchapter”; and

(3) by transferring the section so that the section appears after section 581 of title 14, United States Code (as transferred by subsection (b) of this section).

(d) ENFORCEMENT PROVISIONS.—Section 4 of title II of the Act of June 15, 1917 (40 Stat. 220, chapter 30; 50 U.S.C. 194), is amended—

(1) by striking all before “may employ” and inserting the following:

##### “§ 583. Enforcement provisions

“The President”;

(2) by striking “the purpose of this title” and inserting “this subchapter”; and

(3) by transferring the section so that the section appears after section 582 of title 14, United States Code (as transferred by subsection (c) of this section).

(e) CLERICAL AMENDMENT.—The analysis for chapter 5 of title 14, United States Code, is amended by adding at the end the following:

“SUBCHAPTER V—REGULATION OF VESSELS IN TERRITORIAL WATERS OF UNITED STATES

“581. Regulation of anchorage and movement of vessels during national emergency.

“582. Seizure and forfeiture of vessel; fine and imprisonment.

“583. Enforcement provisions.

“584. Definitions.”

#### SEC. 205. NATIONAL MARITIME TRANSPORTATION ADVISORY COMMITTEES.

(a) IN GENERAL.—Title 14, United States Code, is amended by inserting after chapter 11 the following:

“CHAPTER 13—NATIONAL MARITIME TRANSPORTATION ADVISORY COMMITTEES

“Sec.

“1301. National Chemical Transportation Safety Advisory Committee.

“1302. National Commercial Fishing Safety Advisory Committee.

“1303. National Merchant Marine Personnel Advisory Committee.

“1304. National Merchant Mariner Medical Advisory Committee.

“1305. National Boating Safety Advisory Committee.

“1306. National Offshore Safety Advisory Committee.

“1307. National Navigation Safety Advisory Committee.

“1308. National Towing Safety Advisory Committee.

“1309. Administration.

##### “§ 1301. National Chemical Transportation Safety Advisory Committee

“(a) ESTABLISHMENT.—There is established a National Chemical Transportation Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to the safe and secure marine transportation of hazardous materials.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of not more than 25 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Each member of the Committee shall represent 1 of the following:

“(A) Chemical manufacturing entities.

“(B) Entities related to marine handling or transportation of chemicals.

“(C) Vessel design and construction entities.

“(D) Marine safety or security entities.

“(E) Marine environmental protection entities.

“(4) DISTRIBUTION.—The Secretary shall, based on the needs of the Coast Guard, determine the number of members of the Committee who represent each entity specified in paragraph (3). Neither this paragraph nor any other provision of law shall be construed to require an equal distribution of members

representing each entity specified in paragraph (3).

**“§ 1302. National Commercial Fishing Safety Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Commercial Fishing Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to the safe operation of vessels to which chapter 45 of title 46 applies, including the matters of—

- “(1) navigation safety;
- “(2) safety equipment and procedures;
- “(3) marine insurance;
- “(4) vessel design, construction, maintenance, and operation; and
- “(5) personnel qualifications and training.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 18 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 10 members shall represent the commercial fishing industry and—

“(i) as a group, shall together reflect a regional and representational balance; and

“(ii) as individuals, shall each have experience—

“(I) in the operation of vessels to which chapter 45 of title 46 applies; or

“(II) as a crew member or processing line worker on a fish processing vessel.

“(B) 1 member shall represent naval architects and marine engineers.

“(C) 1 member shall represent manufacturers of equipment for vessels to which chapter 45 of title 46 applies.

“(D) 1 member shall represent education and training professionals related to fishing vessel, fish processing vessel, and fish tender vessel safety and personnel qualifications.

“(E) 1 member shall represent underwriters that insure vessels to which chapter 45 of title 46 applies.

“(F) 1 member shall represent owners of vessels to which chapter 45 of title 46 applies.

“(G) 3 members shall represent the general public and, to the extent possible, shall include—

“(i) an independent expert or consultant in maritime safety;

“(ii) a marine surveyor who provides services to vessels to which chapter 45 of title 46 applies; and

“(iii) a person familiar with issues affecting fishing communities and the families of fishermen.

**“§ 1303. National Merchant Marine Personnel Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Merchant Marine Personnel Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to personnel in the United States merchant marine, including the training, qualifications, certification, documentation, and fitness of mariners.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 19 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 9 members shall represent mariners and, of the 9—

“(i) each shall—

“(I) be a citizen of the United States; and

“(II) hold an active license or certificate issued under chapter 71 of title 46 or a merchant mariner document issued under chapter 73 of title 46;

“(ii) 3 shall be deck officers who represent merchant marine deck officers and, of the 3—

“(I) 2 shall be licensed for oceans any gross tons;

“(II) 1 shall be licensed for inland river route with a limited or unlimited tonnage;

“(III) 2 shall have a master’s license or a master of towing vessels license;

“(IV) 1 shall have significant tanker experience; and

“(V) to the extent practicable—

“(aa) 1 shall represent labor; and

“(bb) 1 shall represent management;

“(iii) 3 shall be engineering officers who represent merchant marine engineering officers and, of the 3—

“(I) 2 shall be licensed as chief engineer any horsepower;

“(II) 1 shall be licensed as either a limited chief engineer or a designated duty engineer; and

“(III) to the extent practicable—

“(aa) 1 shall represent labor; and

“(bb) 1 shall represent management;

“(iv) 2 shall be unlicensed seamen who represent merchant marine unlicensed seaman and, of the 2—

“(I) 1 shall represent able-bodied seamen; and

“(II) 1 shall represent qualified members of the engine department; and

“(v) 1 shall be a pilot who represents merchant marine pilots.

“(B) 6 members shall represent marine educators and, of the 6—

“(i) 3 shall be marine educators who represent maritime academies and, of the 3—

“(I) 2 shall represent State maritime academies (and are jointly recommended by such academies); and

“(II) 1 shall represent either State maritime academies or the United States Merchant Marine Academy; and

“(ii) 3 shall be marine educators who represent other maritime training institutions and, of the 3, 1 shall represent the small vessel industry.

“(C) 2 members shall represent shipping companies employed in ship operation management.

“(D) 2 members shall represent the general public.

**“§ 1304. National Merchant Mariner Medical Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Merchant Mariner Medical Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to—

“(1) medical certification determinations for the issuance of licenses, certification of registry, and merchant mariners’ documents with respect to merchant mariners;

“(2) medical standards and guidelines for the physical qualifications of operators of commercial vessels;

“(3) medical examiner education; and

“(4) medical research.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 14 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 9 shall represent health-care professionals and have particular expertise, knowledge, and experience regarding the medical examinations of merchant mariners or occupational medicine.

“(B) 5 shall represent professional mariners and have particular expertise, knowledge, and experience in occupational requirements for mariners.

**“§ 1305. National Boating Safety Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Boating Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to national boating safety.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 21 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 7 members shall represent State officials responsible for State boating safety programs.

“(B) 7 members shall represent recreational vessel and associated equipment manufacturers.

“(C) 7 members shall represent the general public or national recreational boating organizations and, of the 7, at least 5 shall represent national recreational boating organizations.

**“§ 1306. National Offshore Safety Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Offshore Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to activities directly involved with, or in support of, the exploration of offshore mineral and energy resources, to the extent that such matters are within the jurisdiction of the Coast Guard.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 15 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 2 members shall represent entities engaged in the production of petroleum.

“(B) 2 members shall represent entities engaged in offshore drilling.

“(C) 2 members shall represent entities engaged in the support, by offshore supply vessels or other vessels, of offshore mineral and oil operations, including geophysical services.

“(D) 1 member shall represent entities engaged in the construction of offshore exploration and recovery facilities.

“(E) 1 member shall represent entities engaged in diving services related to offshore construction, inspection, and maintenance.

“(F) 1 member shall represent entities engaged in safety and training services related to offshore exploration and construction.

“(G) 1 member shall represent entities engaged in pipelaying services related to offshore construction.

“(H) 2 members shall represent individuals employed in offshore operations and, of the

2, 1 shall have recent practical experience on a vessel or offshore unit involved in the offshore mineral and energy industry.

“(I) 1 member shall represent national environmental entities.

“(J) 1 member shall represent deepwater ports.

“(K) 1 member shall represent the general public (but not a specific environmental group).

**“§ 1307. National Navigation Safety Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Navigation Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to maritime collisions, rammings, and groundings, Inland Rules of the Road, International Rules of the Road, navigation regulations and equipment, routing measures, marine information, and aids to navigation systems.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of not more than 21 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Each member of the Committee shall represent 1 of the following:

“(A) Commercial vessel owners or operators.

“(B) Professional mariners.

“(C) Recreational boaters.

“(D) The recreational boating industry.

“(E) State agencies responsible for vessel or port safety.

“(F) The Maritime Law Association.

“(4) DISTRIBUTION.—The Secretary shall, based on the needs of the Coast Guard, determine the number of members of the Committee who represent each entity specified in paragraph (3). Neither this paragraph nor any other provision of law shall be construed to require an equal distribution of members representing each entity specified in paragraph (3).

**“§ 1308. National Towing Safety Advisory Committee**

“(a) ESTABLISHMENT.—There is established a National Towing Safety Advisory Committee (in this section referred to as the ‘Committee’).

“(b) FUNCTION.—The Committee shall advise the Secretary on matters relating to shallow-draft inland navigation, coastal waterway navigation, and towing safety.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Committee shall consist of 18 members appointed by the Secretary in accordance with this section and section 1309 of this chapter.

“(2) EXPERTISE.—Each member of the Committee shall have particular expertise, knowledge, and experience in matters relating to the function of the Committee.

“(3) REPRESENTATION.—Members of the Committee shall be appointed as follows:

“(A) 7 members shall represent the barge and towing industry, reflecting a regional geographic balance.

“(B) 1 member shall represent the offshore mineral and oil supply vessel industry.

“(C) 1 member shall represent masters and pilots of towing vessels who hold active licenses and have experience on the Western Rivers and the Gulf Intracoastal Waterway.

“(D) 1 member shall represent masters of towing vessels in offshore service who hold active licenses.

“(E) 1 member shall represent masters of active ship-docking or harbor towing vessels.

“(F) 1 member shall represent licensed and unlicensed towing vessel engineers with formal training and experience.

“(G) 2 members shall represent port districts, authorities, or terminal operators.

“(H) 2 members shall represent shippers and, of the 2, 1 shall be engaged in the shipment of oil or hazardous materials by barge.

“(I) 2 members shall represent the general public.

**“§ 1309. Administration**

“(a) MEETINGS.—Each committee established under this chapter shall, at least once each year, meet at the call of the Secretary or a majority of the members of the committee.

“(b) EMPLOYEE STATUS.—A member of a committee established under this chapter shall not be considered an employee of the Federal Government by reason of service on such committee, except for the purposes of the following:

“(1) Chapter 81 of title 5.

“(2) Chapter 171 of title 28 and any other Federal law relating to tort liability.

“(c) COMPENSATION.—Notwithstanding subsection (b), a member of a committee established under this chapter, when actually engaged in the performance of the duties of such committee, may—

“(1) receive compensation at a rate established by the Secretary, not to exceed the maximum daily rate payable under section 5376 of title 5; or

“(2) if not compensated in accordance with paragraph (1)—

“(A) be reimbursed for actual and reasonable expenses incurred in the performance of such duties; or

“(B) be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5.

“(d) ACCEPTANCE OF VOLUNTEER SERVICES.—A member of a committee established under this chapter may serve on such committee on a voluntary basis without pay without regard to section 1342 of title 31 or any other law.

“(e) STATUS OF MEMBERS.—

“(1) IN GENERAL.—Except as provided in paragraph (2), with respect to a member of a committee established under this chapter whom the Secretary appoints to represent an entity or group—

“(A) the member is authorized to represent the interests of the applicable entity or group; and

“(B) requirements under Federal law that would interfere with such representation and that apply to a special Government employee (as defined in section 202(a) of title 18), including requirements relating to employee conduct, political activities, ethics, conflicts of interest, and corruption, do not apply to the member.

“(2) EXCEPTION.—Notwithstanding subsection (b), a member of a committee established under this chapter shall be treated as a special Government employee for purposes of the committee service of the member if—

“(A) the Secretary appointed the member to represent the general public; or

“(B) the member, without regard to service on the committee, is a special Government employee.

“(f) SERVICE ON COMMITTEE.—

“(1) SOLICITATION OF NOMINATIONS.—Before appointing an individual as a member of a committee established under this chapter, the Secretary shall publish, in the Federal Register, a timely notice soliciting nominations for membership on such committee.

“(2) APPOINTMENTS.—

“(A) IN GENERAL.—After considering nominations received pursuant to a notice published under paragraph (1), the Secretary may, as necessary, appoint a member to the

applicable committee established under this chapter.

“(B) PROHIBITION.—The Secretary shall not seek, consider, or otherwise use information concerning the political affiliation of a nominee in making an appointment to any committee established under this chapter.

“(3) SERVICE AT PLEASURE OF THE SECRETARY.—Each member of a committee established under this chapter shall serve at the pleasure of the Secretary.

“(4) SECURITY BACKGROUND EXAMINATIONS.—The Secretary may require an individual to have passed an appropriate security background examination before appointment to a committee established under this chapter.

“(5) PROHIBITION.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), a Federal employee may not be appointed as a member of a committee established under this chapter.

“(B) SPECIAL RULE FOR NATIONAL MERCHANT MARINE PERSONNEL ADVISORY COMMITTEE.—The Secretary may appoint a Federal employee to serve as a member of the National Merchant Marine Personnel Advisory Committee to represent the interests of the United States Merchant Marine Academy and, notwithstanding paragraphs (1) and (2), may do so without soliciting, receiving, or considering nominations for such appointment.

“(6) TERMS.—

“(A) IN GENERAL.—The term of each member of a committee established under this chapter shall expire—

“(i) December 31 of the third full year after the effective date of the appointment; or

“(ii) in the case of a member filling a vacancy caused by another member not completing a full term, at the end of the unexpired term of the member succeeded.

“(B) TOTAL NUMBER.—

“(i) IN GENERAL.—Except as provided in clause (ii), members first appointed to a committee established under this chapter after January 1, 2018, may not serve more than 2 terms.

“(ii) EXCEPTIONS.—

“(I) VACANCIES.—A member appointed to a committee established under this chapter to fill a vacancy caused by another member not completing a full term may be appointed to 2 terms in addition to the unexpired term of the member succeeded.

“(II) CHAIRMEN.—A member elected Chairman of a committee established under this chapter may serve up to 3 terms.

“(C) CONTINUED SERVICE AFTER TERM.—When the term of a member of a committee established under this chapter ends, the member, for a period not to exceed 1 year, may continue to serve as a member until a successor is appointed.

“(7) VACANCIES.—A vacancy on a committee established under this chapter shall be filled in the same manner as the original appointment.

“(8) SPECIAL RULE FOR REAPPOINTMENTS.—Notwithstanding paragraphs (1) and (2), the Secretary may reappoint a member of a committee established under this chapter for any term, other than the first term of the member, without soliciting, receiving, or considering nominations for such appointment.

“(g) STAFF SERVICES.—The Secretary shall furnish to each committee established under this chapter any staff and services considered by the Secretary to be necessary for the conduct of the committee's functions.

“(h) CHAIRMAN; VICE CHAIRMAN.—

“(1) IN GENERAL.—Each committee established under this chapter shall elect a Chairman and Vice Chairman from among the committee's members.

“(2) VICE CHAIRMAN ACTING AS CHAIRMAN.—The Vice Chairman shall act as Chairman in

the absence or incapacity of, or in the event of a vacancy in the office of, the Chairman.

“(i) SUBCOMMITTEES AND WORKING GROUPS.—

“(1) IN GENERAL.—The Chairman of a committee established under this chapter may establish and disestablish subcommittees and working groups for any purpose consistent with the function of the committee.

“(2) PARTICIPANTS.—Subject to conditions imposed by the Chairman, members of a committee established under this chapter and additional persons drawn from entities or groups designated by this chapter to be represented on the committee or the general public may be assigned to subcommittees and working groups established under paragraph (1).

“(3) CHAIR.—Only committee members may chair subcommittees and working groups established under paragraph (1).

“(j) CONSULTATION.—Before taking any significant action, the Secretary shall consult with, and consider the information, advice, and recommendations of, a committee established under this chapter if the function of the committee is to advise the Secretary on matters related to the significant action.

“(k) TERMINATION.—Each committee established under this chapter shall terminate on September 30, 2027.

“(l) ADVICE, REPORTS, AND RECOMMENDATIONS.—

“(1) IN GENERAL.—Each committee established under this chapter shall submit its advice, reports, and recommendations to the Secretary.

“(2) SUBMISSION TO CONGRESS.—The Secretary shall submit such advice, reports, and recommendations to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate.

“(m) OBSERVERS.—Any Federal agency with matters under such agency’s administrative jurisdiction related to the function of a committee established under this chapter may designate a representative to—

“(1) attend any meeting of such committee; and

“(2) participate as an observer at meetings of such committee that relate to such a matter.”.

(b) CLERICAL AMENDMENT.—The analysis for subtitle I of title 14, United States Code, is amended by inserting after the item relating to chapter 11 the following:

**“13. National Maritime Transportation Advisory Committees ..... 1301”.**

(c) CONFORMING AMENDMENTS.—

(1) COMMERCIAL FISHING SAFETY ADVISORY COMMITTEE.—Section 4508 of title 46, United States Code, and the item relating to that section in the analysis for chapter 45 of that title, are repealed.

(2) MERCHANT MARINER MEDICAL ADVISORY COMMITTEE.—Section 7115 of title 46, United States Code, and the item relating to that section in the analysis for chapter 71 of that title, are repealed.

(3) MERCHANT MARINE PERSONNEL ADVISORY COMMITTEE.—

(A) REPEAL.—Section 8108 of title 46, United States Code, and the item relating to that section in the analysis for chapter 81 of that title, are repealed.

(B) CONFORMING AMENDMENT.—Section 7510(c)(1)(C) of title 46, United States Code, is amended by inserting “National” before “Merchant Marine”.

(4) NATIONAL BOATING SAFETY ADVISORY COUNCIL.—

(A) REPEAL.—Section 13110 of title 46, United States Code, and the item relating to that section in the analysis for chapter 131 of that title, are repealed.

(B) CONFORMING AMENDMENTS.—

(1) REGULATIONS.—Section 4302(c)(4) of title 46, United States Code, is amended by striking “Council established under section 13110 of this title” and inserting “Committee established under section 1305 of title 14”.

(ii) REPAIR AND REPLACEMENT OF DEFECTS.—Section 4310(f) of title 46, United States Code, is amended by striking “Advisory Council” and inserting “Advisory Committee”.

(5) NAVIGATION SAFETY ADVISORY COUNCIL.—Section 5 of the Inland Navigational Rules Act of 1980 (33 U.S.C. 2073) is repealed.

(6) TOWING SAFETY ADVISORY COMMITTEE.—

(A) REPEAL.—Public Law 96-380 (33 U.S.C. 1231a) is repealed.

(B) CONFORMING AMENDMENTS.—

(i) REDUCTION OF OIL SPILLS FROM SINGLE HULL NON-SELF-PROPELLED TANK VESSELS.—Section 3719 of title 46, United States Code, is amended by inserting “National” before “Towing Safety”.

(ii) SAFETY EQUIPMENT.—Section 4102(f)(1) of title 46, United States Code, is amended by inserting “National” before “Towing Safety”.

(d) TREATMENT OF EXISTING COUNCILS AND COMMITTEES.—Notwithstanding any other provision of law—

(1) an advisory council or committee substantially similar to an advisory committee established under chapter 13 of title 14, United States Code, as added by this Act, and that was in force or in effect on the day before the date of enactment of this section, including a council or committee the authority for which was repealed under subsection (c), may remain in force or in effect for a period of 2 years from the date of enactment of this section, including that the charter, membership, and other aspects of the council or committee may remain in force or in effect; and

(2) during the 2-year period referenced in paragraph (1)—

(A) requirements relating to the applicable advisory committee established under chapter 13 of title 14, United States Code, shall be treated as satisfied by the substantially similar advisory council or committee; and

(B) the enactment of this section, including the amendments made in this section, shall not be the basis—

(i) to deem, find, or declare such council or committee, including the charter, membership, and other aspects thereof, void, not in force, or not in effect;

(ii) to limit the activities of such council or committee; or

(iii) to bar the members of such council or committee from meeting.

**SEC. 206. CLOTHING AT TIME OF DISCHARGE FOR GOOD OF SERVICE.**

Section 2705 of title 14, United States Code, and the item relating to that section in the analysis for chapter 27 of that title, are repealed.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. HUNTER) and the gentleman from California (Mr. GARAMENDI) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. HUNTER).

GENERAL LEAVE

Mr. HUNTER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks, and to include any extraneous material on H.R. 1726.

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

There was no objection.

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

After 68 years, H.R. 1726, the Coast Guard Improvement and Reform Act will reorganize and modernize title 14, Coast Guard, United States Code. Title I of the bill reorganizes existing sections of the code within the title to provide a more uniformed, logical structure. It makes no substantive changes to the reorganized sections.

Title II includes amendments to title 14. The Coast Guard requested uniformity in how its advisory committees operate. Title II transfers the advisory committees to title 14 from title 46 and includes changes to ensure uniformity in committee operations.

Title II also transfers sections in title 33 and 50, dealing with port safety into title 14, to colocate them with similar authorities. In 2002, port security provisions were similarly reorganized, and this follows that pattern. No substantive changes were made to those sections either. The transfer allows for better organization of the code and makes it easier for the public and the Congress to find the governing laws of the Coast Guard.

Lastly, the title also amends the primary duties of the Coast Guard to clarify their defense readiness status, and it repeals an unused authority.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, H.R. 1726 is a non-controversial bill to reorganize the Coast Guard’s permanent authorities under title 14 of the U.S. Code in order to improve the clarity and the coherence of the title.

I would like to thank my assistant, and counsel, Dave Jansen, and John Rayfield, on the other side, for recognizing that there is confusion, and so this legislation, while it makes no substantive changes to the Coast Guard’s existing authorities and policies under title 14, does save for some conforming changes to create a new chapter for all of the Coast Guard national advisory councils and execute a handful of other minor transfers.

It just simply ends a lot of confusion as people try to figure out where it is in the code that they must look.

Accordingly, I am comfortable with supporting this legislation, although I do note that it will impose some additional administrative costs on the Coast Guard as they set about implementing it.

I want to commend the chairman, Mr. HUNTER, for the Coast Guard and Maritime Transportation Subcommittee, for his initiative and for his staff’s initiative, in taking on this important little bit of housekeeping that is going to make all of our lives easier. I will certainly urge all of the Members to support it.

I also appreciate Chairman HUNTER’s work with me in an effort to try to

solve another problem. This is only one piece of our effort to try to improve the maritime industry. While we are trying to move H.R. 1726 today, we have more work to do.

And to that end, I look forward to working with Chairman HUNTER on bringing H.R. 2593 to the floor before the August recess, together with the full committee chairman, BILL SHUSTER; and ranking Democrat, PETER DEFazio. H.R. 2593 deals with the Federal Maritime Commission Authorization Act of 2017.

This legislation would update and strengthen the Shipping Act to address the current upheaval in the global shipping markets that affect U.S. foreign trade.

The formation of three large ocean carrier alliances has raised legitimate concerns among U.S. port service providers, maritime terminal operators, and tug operators. By virtue of the sheer size and volume of trade that these alliances carry, they will have a decided advantage in determining ports of call, negotiating contracts, and shifting costs, all at the expense, possibly, of our domestic port service providers.

I know Chairman HUNTER shares my concerns, and neither of us are indifferent. We are going to have to deal with this, and that will be our next piece of legislation on the floor. The chairman is on top of it with his staff, and we look forward to that bill, H.R. 2593, being reported out of the Transportation Committee as it clarifies the Federal Maritime Commission's authority to oversee and aggressively deal with competition.

So what we have today is one of two pieces of legislation that we intend to move forward dealing with the overall well-being of the maritime industry.

I highly recommend H.R. 1726 to the floor. It is noncontroversial and should pass. The other piece of legislation will be here shortly, and we will take that up at that time.

Madam Speaker, I yield back the balance of my time.

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

Madam Speaker, I would like to associate myself with the gentleman's remarks and thank him for all of his hard work, and especially Dave Jansen and John Rayfield, the two Coast Guard savants of the staff on the Transportation Committee. Those are the gentlemen who did this, who really understand this code, and who made it better for future Congress and future staff, so they can actually see what is going on with the Coast Guard, and maybe the Coast Guard might understand what is going on with the Coast Guard a little bit better.

I would like to reiterate that H.R. 1726 is a straightforward bill. It reorganizes title 14 and does not make any substantive changes.

Madam Speaker, I urge Members to support it, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HUNTER) that the House suspend the rules and pass the bill, H.R. 1726.

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

A motion to reconsider was laid on the table.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 39 minutes p.m.), the House stood in recess.

□ 1830

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HOLDING) at 6 o'clock and 30 minutes p.m.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 2547, by the yeas and nays; and H.R. 2258, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second electronic vote will be conducted as a 5-minute vote.

#### VETERANS EXPANDED TRUCKING OPPORTUNITIES ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 2547) to expand the Department of Veterans Affairs medical professionals who may qualify to perform physical examinations on eligible veterans and issue medical certificates required for operation of a commercial motor vehicle, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 409, nays 0, not voting 22, as follows:

[Roll No. 323]

YEAS—409

Abraham  
Adams  
Aderholt  
Aguilar  
Allen

Amash  
Ammodei  
Arrington  
Babin  
Bacon

Banks (IN)  
Barletta  
Barr  
Barragán  
Barton

Bass  
Beatty  
Bera  
Bergman  
Beyer  
Biggs  
Bilirakis  
Bishop (GA)  
Bishop (MI)  
Bishop (UT)  
Black  
Blackburn  
Blum  
Blumenauer  
Blunt Rochester  
Bonamici  
Bost  
Boyle, Brendan  
F.  
Brady (PA)  
Brady (TX)  
Brat  
Bridenstine  
Brooks (IN)  
Brown (MD)  
Brownley (CA)  
Buck  
Budd  
Burgess  
Bustos  
Byrne  
Calvert  
Capuano  
Carbajal  
Cárdenas  
Carson (IN)  
Carter (GA)  
Carter (TX)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chabot  
Chaffetz  
Cheney  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Clever  
Clyburn  
Coffman  
Cohen  
Cole  
Collins (GA)  
Collins (NY)  
Comer  
Comstock  
Conaway  
Connolly  
Conyers  
Cook  
Cooper  
Correa  
Costa  
Costello (PA)  
Courtney  
Cramer  
Crawford  
Crist  
Crowley  
Cuellar  
Culberson  
Curbelo (FL)  
Davidson  
Davis (CA)  
Davis, Danny  
Davis, Rodney  
DeFazio  
DeGette  
Delaney  
DeLauro  
DelBene  
Demings  
Denham  
Dent  
DeSantis  
DeSaulnier  
DesJarlais  
Deutch  
Diaz-Balart  
Dingell  
Doggett  
Donovan  
Doyle, Michael  
F.  
Duffy  
Duncan (SC)  
Duncan (TN)

Dunn  
Ellison  
Emmer  
Engel  
Eshoo  
Española  
Estes (KS)  
Esty (CT)  
Evans  
Farenthold  
Faso  
Ferguson  
Fitzpatrick  
Fleischmann  
Flores  
Fortenberry  
Foster  
Fox  
Foxy  
Frankel (FL)  
Franks (AZ)  
Frelinghuysen  
Fudge  
Gabbard  
Gaetz  
Gallagher  
Gallego  
Garamendi  
Garrett  
Gianforte  
Gibbs  
Gohmert  
Gonzalez (TX)  
Goodlatte  
Gosar  
Gottheimer  
Gowdy  
Granger  
Graves (GA)  
Graves (LA)  
Graves (MO)  
Green, Al  
Green, Gene  
Griffith  
Grijalva  
Grothman  
Guthrie  
Hanabusa  
Harper  
Harris  
Hartzler  
Hastings  
Heck  
Hensarling  
Herrera Beutler  
Hice, Jody B.  
Higgins (LA)  
Higgins (NY)  
Hill  
Himes  
Holding  
Hollingsworth  
Hoyer  
Hudson  
Huffman  
Huizenga  
Hultgren  
Hunter  
Hurd  
Issa  
Jackson Lee  
Jayapal  
Jeffries  
Jenkins (KS)  
Jenkins (WV)  
Johnson (GA)  
Johnson (LA)  
Johnson (OH)  
Johnson, E. B.  
Johnson, Sam  
Jones  
Jordan  
Joyce (OH)  
Kaptur  
Katko  
Keating  
Kelly (IL)  
Kelly (MS)  
Kelly (PA)  
Kennedy  
Khanna  
Kihuen  
Kildee  
Kilmer  
Kind  
King (IA)  
King (NY)  
Kinzinger  
Knight  
Krishnamoorthi

Kuster (NH)  
Kustoff (TN)  
LaHood  
LaMalfa  
Lamborn  
Lance  
Langevin  
Larsen (WA)  
Larson (CT)  
Latta  
Lawrence  
Lawson (FL)  
Lee  
Levin  
Lewis (GA)  
Lewis (MN)  
Lieu, Ted  
Lipinski  
LoBiondo  
Loeb  
Loehsack  
Lofgren  
Loudermilk  
Love  
Lowenthal  
Lowe  
Luetkemeyer  
Lujan Grisham,  
M.  
Luján, Ben Ray  
Lynch  
MacArthur  
Maloney,  
Carolyn B.  
Maloney, Sean  
Marino  
Marshall  
Massie  
Mast  
Matsui  
McCarthy  
McCaul  
McClintock  
McCollum  
McEachin  
McGovern  
McHenry  
McKinley  
McMorris  
Rodgers  
McNerney  
McSally  
Meadows  
Meehan  
Meeks  
Messer  
Mitchell  
Moolenaar  
Mooney (WV)  
Moore  
Moulton  
Mullin  
Murphy (FL)  
Murphy (PA)  
Nadler  
Newhouse  
Noem  
Nolan  
Norcross  
Nunes  
O'Halleran  
O'Rourke  
Olson  
Palazzo  
Pallone  
Palmer  
Panetta  
Pascarella  
Paulsen  
Payne  
Pearce  
Pelosi  
Perlmutter  
Perry  
Peters  
Peterson  
Pittenger  
Pocan  
Poe (TX)  
Poliquin  
Polis  
Posey  
Price (NC)  
Quigley  
Raskin  
Ratcliffe  
Reed  
Reichert  
Renacci  
Rice (NY)



Rice (SC)	Sewell (AL)	Tsongas
Roby	Shea-Porter	Upton
Roe (TN)	Sherman	Valadao
Rogers (AL)	Shimkus	Vargas
Rogers (KY)	Shuster	Veasey
Rokita	Simpson	Vela
Rooney, Francis	Sinema	Visclosky
Rooney, Thomas J.	Sires	Wagner
Ros-Lehtinen	Slaughter	Walberg
Rosen	Smith (MO)	Walden
Roskam	Smith (NE)	Walker
Ross	Smith (NJ)	Walorski
Rothfus	Smith (TX)	Walters, Mimi
Rouzer	Smith (WA)	Wasserman
Roybal-Allard	Smucker	Schultz
Royce (CA)	Soto	Waters, Maxine
Ruppersberger	Speier	Watson Coleman
Russell	Stefanik	Weber (TX)
Rutherford	Stewart	Webster (FL)
Ryan (OH)	Stivers	Welch
Sánchez	Suozzi	Wenstrup
Sanford	Swalwell (CA)	Westerman
Sarbanes	Takano	Williams
Schakowsky	Taylor	Wilson (FL)
Schiff	Tenney	Wilson (SC)
Schneider	Thompson (CA)	Wittman
Schrader	Thompson (MS)	Womack
Schweikert	Thompson (PA)	Woodall
Scott (VA)	Thornberry	Yarmuth
Scott, Austin	Tiberi	Yoder
Scott, David	Tipton	Yoho
Sensenbrenner	Titus	Young (AK)
Serrano	Tonko	Young (IA)
Sessions	Torres	Zeldin
	Trott	

NOT VOTING—22

Brooks (AL)	Lucas	Ruiz
Buchanan	Marchant	Rush
Bucshon	Meng	Scalise
Butterfield	Napolitano	Turner
Cummings	Neal	Velázquez
Gutiérrez	Pingree	Walz
Labrador	Richmond	
Long	Rohrabacher	

□ 1852

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, June 23, 2017.

Hon. PAUL D. RYAN,  
Speaker, House of Representatives,  
Washington, DC.

DEAR MR. SPEAKER: I have the honor to transmit herewith a scanned copy of a letter received from The Honorable Nathan Deal, Governor, the State of Georgia, indicating that, according to the preliminary results of the Special Election held June 20, 2017, the Honorable Karen Handel was elected Representative to Congress for the Sixth Congressional District of Georgia.

With best wishes, I am,  
Sincerely,

KAREN L. HAAS.

STATE OF GEORGIA,  
OFFICE OF THE GOVERNOR,  
Atlanta, GA, June 21, 2017.

Hon. KAREN L. HAAS,  
Clerk, House of Representatives,  
Washington, DC.

DEAR Ms. HAAS: This is to advise you that the unofficial results of the Special Election held on Tuesday, June 20, 2017, for Representative in Congress from the Sixth Congressional District of Georgia, show that Karen

Handel received 134,595 or 51.87% of the total number of votes cast for that office.

It would appear from these unofficial results that Karen Handel was elected as Representative in Congress from the Sixth Congressional District of Georgia.

To the best of our knowledge and belief at this time, there is no contest to this election.

As soon as the official results are certified to this office by all counties/precincts involved, an official Certificate of Election will be prepared for transmittal as required by law.

Sincerely,

NATHAN DEAL,  
Governor.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, June 22, 2017.

Hon. PAUL D. RYAN,  
Speaker, House of Representatives,  
Washington, DC.

DEAR MR. SPEAKER: I have the honor to transmit herewith a scanned copy of a letter received from Ms. Marci Andino, Executive Director, South Carolina Election Commission, indicating that, according to the preliminary results of the Special Election held June 20, 2017, the Honorable Ralph Norman was elected Representative to Congress for the Fifth Congressional District of South Carolina.

With best wishes, I am,  
Sincerely,

KAREN L. HAAS.

SOUTH CAROLINA  
ELECTION COMMISSION,  
Columbia, SC, June 22, 2017.

Hon. KAREN L. HAAS,  
Clerk, House of Representatives,  
Washington, DC.

DEAR Ms. HAAS: This is to advise you that the unofficial results of the Special Election held on Tuesday, June 20, 2017, for Representative in Congress from the Fifth Congressional District of South Carolina, show that Ralph Norman received 44,906 votes or 51.1% of the total number of votes cast for that office.

It would appear from these unofficial results that Ralph Norman was elected as Representative in Congress from the Fifth Congressional District of South Carolina.

To the best of our knowledge and belief at this time, there is no contest to this election.

As soon as the official results are certified to this office by all counties involved and the State Board of Canvassers certifies the official results, a certification of the official results will be prepared and transmitted to the S.C. Secretary of State as required by law.

Sincerely,

MARCI ANDINO,  
Executive Director.

SWEARING IN OF THE HONORABLE KAREN C. HANDEL, OF GEORGIA, AS A MEMBER OF THE HOUSE

Mr. LEWIS of Georgia. Mr. Speaker, I ask unanimous consent that the gentlewoman from Georgia, the Honorable Karen C. Handel, be permitted to the oath of office today.

Her certificate of election has not arrived, but there is no contest and no

question has been raised with regard to her election.

The SPEAKER. Is there objection to the request of the gentleman from Georgia?

There was no objection.

SWEARING IN OF THE HONORABLE RALPH NORMAN, OF SOUTH CAROLINA, AS A MEMBER OF THE HOUSE

Mr. CLYBURN. Mr. Speaker, I ask unanimous consent that the gentleman from South Carolina, the Honorable Ralph Norman, be permitted to take the oath of office today.

His certificate of election has not arrived, but there is no contest and no question has been raised with regard to his election.

The SPEAKER. Is there objection to the request of the gentleman from South Carolina?

There was no objection.

SWEARING IN OF MEMBERS-ELECT

The SPEAKER. Will the Representatives-elect please present themselves in the well.

The Representatives-elect will please raise their right hand.

Mrs. HANDEL of Georgia, and Mr. NORMAN of South Carolina appeared at the bar of the House and took the oath of office, as follows:

Do you solemnly swear that you will support and defend the Constitution of the United States against all enemies, foreign and domestic; that you will bear true faith and allegiance to the same; that you take this obligation freely, without any mental reservation or purpose of evasion; and that you will well and faithfully discharge the duties of the office on which you are about to enter, so help you God.

The SPEAKER. Congratulations. You are now Members of the 115th Congress.

WELCOMING THE HONORABLE KAREN HANDEL TO THE HOUSE OF REPRESENTATIVES

The SPEAKER. Without objection, the gentleman from Georgia (Mr. LEWIS) is recognized for 1 minute.

There was no objection.

Mr. LEWIS of Georgia. Mr. Speaker, I rise to welcome the newest member of the Georgia congressional delegation, Representative KAREN HANDEL, serving the Sixth Congressional District in our beautiful State.

I want to congratulate KAREN on becoming the first Republican woman ever elected to the House of Representatives from the State of Georgia. She was actually born in the District of Columbia, and was raised in Upper Marlboro, Maryland. So she is returning home.

She was president and CEO of the Greater Fulton County Georgia Chamber of Commerce, Deputy Chief of Staff to then-Governor and now Secretary of Agriculture Sonny Perdue, chairman of the Fulton County Board of Commissioners, and Secretary of State of Georgia.

The Georgia delegation is Democrats and Republicans, but we are a family. We are trying to do our very best to serve the people in our district, in our State, and to work on behalf of the people of this great Nation.

I welcome KAREN and her husband, Steve.

If you should need my help, please feel free to call on me.

I wish her well, and I look forward to serving with her.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. GRAVES), my friend and brother.

Mr. GRAVES of Georgia. Mr. Speaker, it is my joy today to be able to introduce the newest voice of the Georgia delegation, Congresswoman KAREN HANDEL.

I have known KAREN for many years. She is a self-made woman with a very humble start, but a successful story. She and her husband, Steve, have a track record of service that is above none other. She has fought hard for the things that she believes in, much like us: balanced budgets, better jobs, and defending innocent lives. I know she will bring those same qualities that have made her such a great servant and leader here to Congress today.

Now, if I know anything about KAREN, she is going to hit the ground running. So get ready.

I am also glad to be able to join with Congressman LEWIS and to share with you that KAREN is making history tonight as being the first Republican Congresswoman to serve in either the House or the Senate from the State of Georgia. This is a proud moment for our State.

So, KAREN, you are an inspiration. You are an inspiration to all the young women throughout Georgia and throughout the country, including my two daughters.

I am pleased to welcome and to introduce to you Georgia's newest voice, a fighter for the State of Georgia, Congresswoman KAREN HANDEL.

Mr. LEWIS of Georgia. Mr. Speaker, I yield to the gentlewoman from Georgia (Mrs. HANDEL).

Mrs. HANDEL. Mr. Speaker, Congressman LEWIS, Congressman GRAVES, the entire Georgia delegation, to all of you, my new colleagues and soon-to-be very good friends, and to my family and friends in the gallery, I thank you.

Now, I am not sure you have heard enough about this particular race. No, you really have. I am going to be very brief.

This is an extraordinary honor and the greatest privilege that I think I have ever had. I look forward to serving the people of the Sixth District, to serving the people of Georgia, and to being a good coworker and friend to each and every one of you.

Thank you for this opportunity. Thank you for welcoming me so graciously. God bless you, God bless the great State of Georgia, and God bless the great United States of America.

## WELCOMING THE HONORABLE RALPH NORMAN TO THE HOUSE OF REPRESENTATIVES

The SPEAKER. Without objection, the gentleman from South Carolina (Mr. CLYBURN) is recognized for 1 minute.

There was no objection.

Mr. CLYBURN. Mr. Speaker, it is my privilege, as dean of the South Carolina delegation, to introduce to this Chamber Representative RALPH NORMAN.

Mr. NORMAN is from Rock Hill in York County, South Carolina. He is a real estate developer, a graduate of Presbyterian College, and previously served in the South Carolina Legislature. He and his wife, Elaine Rice Norman, have four children: Warren III, Caroline, Anne, and Mary Catherine.

Last Tuesday, June 20, Mr. NORMAN won the special election in South Carolina's Fifth District to fill the vacancy created when former Congressman Mick Mulvaney became Director of the Office of Management and Budget.

Now it is my pleasure to yield to the gentleman from South Carolina (Mr. WILSON), representing the Second Congressional District, for further introduction.

Mr. WILSON of South Carolina. Mr. Speaker, it is a great honor tonight to be here with Congressman CLYBURN on a very extraordinary evening. To me, it is a dream come true.

Eleven days ago, I had the opportunity—my wife, Roxanne, and I—to campaign across the Fifth Congressional District by bus. As we traveled the district with RALPH and Elaine NORMAN, I found out that his business background gives him the basis to understand how to create jobs. I saw his affection for our veterans and his understanding of the importance of a strong national defense. In particular, with Shaw Air Force Base in the district, he understands a strong national defense.

It was so inspiring, also, to be with their four grown children who are each successful. And he has a real interest to be successful because he has 15 grandchildren. What an achievement. Members understand this is really important.

For the past 7 years, I am really grateful that he has been a floor leader for Governor Nikki Haley, now our Ambassador to the United Nations, where he has been a floor leader for limited government and expanded freedom.

It is with great honor I introduce to you Congressman RALPH NORMAN.

Mr. CLYBURN. Mr. Speaker, I yield to the gentleman from South Carolina (Mr. NORMAN).

Mr. NORMAN. Mr. Speaker, members of my South Carolina Congressional delegation, it is an honor to be here. Let me have my family and friends stand. It is South Carolina's Brady Bunch. You all stand up there.

It is a tremendous honor to serve with such an esteemed group. I think it is a special time in history. As Con-

gressman LEWIS said, we are family. With the shooting of STEVE SCALISE, we know that we are all Americans.

We have got such an opportunity, and I look forward to playing a part in working with Members to move this country forward.

## ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. Under clause 5(d) of rule XX, the Chair announces to the House that, in light of the administration of the oath to the gentlewoman from Georgia and the gentleman from South Carolina, the whole number of the House is 434.

## ACTIVE DUTY VOLUNTARY ACQUISITION OF NECESSARY CREDENTIALS FOR EMPLOYMENT ACT

The SPEAKER. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 2258) to require that certain standards for commercial driver's licenses applicable to former members of the armed services or reserves also apply to current members of the armed services or reserves, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 0, not voting 24, as follows:

[Roll No. 324]

YEAS—409

Abraham	Brown (MD)	Cooper
Adams	Brownley (CA)	Correa
Aderholt	Buck	Costa
Aguilar	Budd	Costello (PA)
Allen	Burgess	Courtney
Amash	Bustos	Cramer
Amodei	Byrne	Crawford
Arrington	Calvert	Crist
Babin	Capuano	Crowley
Bacon	Carbajal	Cuellar
Banks (IN)	Cárdenas	Culberson
Barletta	Carson (IN)	Curbelo (FL)
Barr	Carter (GA)	Davidson
Barragán	Carter (TX)	Davis (CA)
Barton	Cartwright	Davis, Danny
Bass	Castor (FL)	Davis, Rodney
Beatty	Castro (TX)	DeFazio
Bera	Chabot	DeGette
Bergman	Chaffetz	Delaney
Biggs	Cheney	DeLauro
Bilirakis	Chu, Judy	DelBene
Bishop (GA)	Cicilline	Demings
Bishop (MI)	Clark (MA)	Denham
Bishop (UT)	Clarke (NY)	Dent
Black	Clay	DeSantis
Blackburn	Cleaver	DeSaulnier
Blum	Clyburn	DesJarlais
Blumenauer	Coffman	Deutch
Blunt Rochester	Cohen	Diaz-Balart
Bonamici	Cole	Dingell
Bost	Collins (GA)	Doggett
Boyle, Brendan	Collins (NY)	Donovan
F.	Comer	Doyle, Michael
Brady (PA)	Comstock	F.
Brady (TX)	Conaway	Duffy
Brat	Connolly	Duncan (SC)
Bridenstine	Conyers	Duncan (TN)
Brooks (IN)	Cook	Dunn



For these individuals, the staff and the volunteers at Camillus House serve as a family, giving them the hope and support that they need in their difficult transition to a new self-sustaining life.

Mr. Speaker, I thank Camillus' staff and volunteers for their devotion to the desperate and voiceless in our midst.

I encourage everyone in south Florida to visit [camillus.org](http://camillus.org) or to call 305-374-1065 to learn how you can empower this organization to continue serving those in need in our community.

#### CELEBRATING GROWING BONDS OF FRIENDSHIP BETWEEN INDIA AND UNITED STATES

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

Mr. KRISHNAMOORTHY. Mr. Speaker, Prime Minister Modi's visit this week serves as an occasion to celebrate the growing bonds of friendship between India and the United States.

India is a key partner for the United States and Asia. Both our economic and strategic posture in the region are strengthened by investing in the bilateral relationship between the world's two largest democracies.

India and the United States have pledged to collaborate on energy security, combating climate change, and growing the green economy—opportunities that will create jobs in both countries.

This visit is an opportunity to celebrate the work our countries have accomplished and all that we can do together in the future. I am happy that we are continuing to build on this nearly 70-year-old partnership and are laying the groundwork for an even stronger relationship in the decades to come.

#### CONGRATULATING FOOD BANK OF SOUTHERN TIER, 2017'S FOOD BANK OF THE YEAR

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Mr. Speaker, I rise today to congratulate the Food Bank of the Southern Tier in Broome County and Tioga County for being 2017's Food Bank of the Year, nationally. Out of 200 locations across the country, the Food Bank of the Southern Tier was ranked number one.

Last year, our food bank distributed more than 9 million meals throughout the southern tier. Over 40 percent of those meals were given to children and 14 percent to seniors.

Through their work with mobile food pantries and the BackPack Program, the food bank has increased access to healthy food for all, distributing 2.2 million pounds of fresh produce to southern tier families.

Today, I would like to thank President Natasha Thompson and the incredible volunteers who have worked tirelessly in their mission to build and sustain hunger-free communities. Your work has had a profound impact on ending hunger in our community. Thank you again for your dedicated service to the families of the southern tier.

#### CBO SCORE

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

Mr. GENE GREEN of Texas. Mr. Speaker, the Congressional Budget Office has come out with their score—or, as we call it, cost—that was released today that further confirms the actions taken by the Senate Republicans are just as mean as the House Republicans.

Protections for millions of Americans with preexisting conditions will be undermined; hardworking families will be expected to pay more for less coverage; and \$72 billion will be cut from Medicaid, a safety net for millions of seniors in nursing homes, pregnant women, children, and people with disabilities.

The Senate Republicans can change the name of the bill, but, as we now know, it is not fundamentally different.

I hope this score raises a red flag for Republicans in both the House and the Senate. I urge that they reconsider in trying to cram their TrumpCare bill through the Senate.

Years ago Senator Dirksen said: "A billion here, a billion there, and pretty soon we are talking about real money."

Mr. Speaker, a million here, a million there, and pretty soon the Senate Republicans will be talking about denying coverage for 22 million people; 15 million will lose coverage next year alone.

How on Earth is this a debate? This is not healthcare. It is a tax cut for the wealthiest of Americans at the cost of low-income and middle class families.

Twenty-two million people will lose healthcare.

#### LOOK OUT WORLD; MICHELLE COLLINS IS DANCING AGAIN ON CENTER STAGE

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

Mr. OLSON. Mr. Speaker, in the summer of 2008, at the home of Ricky and Victoria Collins, I met the most inspirational woman in Texas history: First Lady Laura Bush. Five years later, I learned there was one more woman who is more inspirational: Michelle Collins, the daughter of Ricky and Victoria.

In 2013, Michelle learned that she had acute childhood leukemia. Her dreams of being a professional dancer were faded.

She endured 2 years of brutal chemotherapy, 44 straight days in the hospital after her diagnosis, 18 spinal taps, and fever after fever with her depleted immune system.

Michelle won her battle for life with family, faith, and art. As part of the children's art project at MDA Cancer Center, she designed Christmas ornaments that sold like "hotcakes."

Recovered, she graduated last month from St. Agnes Academy in Houston, Texas. In 2 months, she will enroll at the University of Texas at Austin.

Look out world, Michelle Collins is dancing again on center stage.

#### WELCOMING PRESIDENT MOON

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

Mr. ENGEL. Mr. Speaker, I join Chairman ROYCE and all of my colleagues in welcoming President Moon of the Republic of Korea as he travels to Washington this week.

Across 135 years of diplomatic ties, the United States and the Republic of Korea have forged a strong and unshakable relationship. Our countries have sacrificed together in war—from the Korean war to Vietnam, to the Persian Gulf, to Afghanistan—and we have prospered together in peace.

Our alliance, enshrined in the Mutual Defense Treaty of 1953, has been a pillar of stability and security for both of our countries. That alliance is especially important in light of the grave threat just 35 miles from Seoul: the dangerous regime controlled by dictator Kim Jung-un in North Korea.

America grieves with the Warmbier family over the tragic death of their young son, Otto. His unjust detention, abuse, and death haunts all of us. We must do all we can to secure the safe return of the three Americans still detained in North Korea.

I trust that President Moon's visit will deepen an understanding between Washington and Seoul in these trying times so that we may face this challenge as we have others: in lockstep, side by side.

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#### CONGRATULATING OUTSTANDING MUSIC PROGRAMS IN MINNESOTA

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

Mr. PAULSEN. Mr. Speaker, I rise tonight to congratulate Chaska Middle School West, the Minnetonka School District, the Osseo Area School District, and Salem Lutheran School in Loretto on being named best communities for music education by the National Association of Music Merchants Foundation. They have all been recognized for outstanding commitment to their music programs.

Research has proven that music is vital to a student's education. Music education benefits language development, spatial-temporal skills, and can lead to a higher IQ and increased test scores. Music also brings students together and gives them incentives to practice and strive for more self-improvement.

Mr. Speaker, I would like to congratulate the administrators, the teachers, instructors, the parents, and the students in these schools and districts for their impressive dedication to music education. They put a lot of time and effort into their music programs, and all that hard work is really paying off.

#### WELCOMING PRESIDENT MOON

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

Mr. SCHNEIDER. Mr. Speaker, I rise today to join my colleagues in welcoming President Moon Jae-in of the Republic of Korea on the occasion of his visit to Washington this week. This visit is an important opportunity to further the strong bonds of cooperation and friendship between our two countries.

As North Korea continues to threaten our allies and pursue its destabilizing missile program, including tests of intercontinental ballistic missiles, this meeting comes at a pivotal time. The United States and the Republic of Korea must continue to stand together to contain this threat and ensure the security and safety of this strategically important region.

Earlier I sent a letter urging Speaker RYAN to invite President Moon Jae-in to speak before a joint meeting of Congress so all Members can hear firsthand his perspective of these shared challenges. If not possible during this brief visit, I hope he will address this body in the future.

Once again, I extend my heartfelt welcome to President Moon Jae-in, and I express my commitment to furthering the vital economic, security, and cultural relationships between our two countries.

#### WELCOMING PRESIDENT MOON JAE-IN TO AMERICA

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

Mr. COFFMAN. Mr. Speaker, I rise today in welcoming President Moon Jae-in of the Republic of Korea to the United States of America.

Next week will mark his first official visit to Washington, D.C., since he assumed the Presidency of his country. This represents a continuation of the friendship between our two nations.

This October will mark the 64th anniversary of the mutual defense treaty between our two countries. This land-

mark legislation continues to be a vital component to peace and security in the Asia-Pacific region.

Once again, I look forward to welcoming President Moon Jae-in to the United States, and I look forward to continuing our partnership with the Republic of Korea.

#### REJECT SENATE HEALTHCARE BILL

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, another Republican healthcare bill that the nonpartisan, bipartisan Congressional Budget Office tells us will rip away healthcare from 22 million Americans, raise premiums—especially on older Americans—and cut Medicaid by roughly \$800 billion.

The Senate Republican's plan is especially cruel for New York City. Not only will millions lose coverage, but sharp Medicaid cuts will cost hospitals over \$5 billion, and fewer seniors will be able to afford nursing homes and home care providers.

But the bill saves its worst for women. It cuts Federal funding for a year for Planned Parenthood clinics that provide essential healthcare to millions of American women. It allows States to easily waive guaranteed coverage for benefits like maternity. In short, women will have to pay more for essential healthcare because we are women, and women will have less access to healthcare because we are women.

Mr. Speaker, I urge the Senate to reject this cruel and merciless bill.

#### WELCOMING PRESIDENT MOON

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

Mr. MACARTHUR. Mr. Speaker, the friendship between the United States and the Republic of Korea is based not only on shared, strategic, and economic interests, but also on shared values. We share a commitment to democracy and to political, religious, and economic liberty. It is a joy to welcome President Moon Jae-in to Washington, D.C. I congratulate him on his election, and I wish him a successful summit.

But, for me, the relationship with South Korea is also deeply personal. My wife and I adopted two of our three children, David and Isabella, from Korea. I am deeply grateful to the people of South Korea for my children and for giving me the family that I love so much.

But not every family on the Korean Peninsula is so fortunate. We remember those who live under the oppression of the North Korean regime that has no regard for the dignity of human persons. We condemn the horrifying

crimes of that regime, and I express my hope for the reunification of Korea.

We express our firm commitment to the ongoing friendship with South Korea, rooted in our shared values of freedom and democracy.

#### FREE DR. AFRIDI FROM PAKISTANI PRISON

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

Mr. POE of Texas. Mr. Speaker, the day that Osama bin Laden, the world's number one terrorist, met his maker was a great day in the war on terror. But finding America's most wanted terrorist hiding in Pakistan was no easy feat.

Pakistani Dr. Afridi worked with our CIA to help determine and confirm Osama's hiding place in Pakistan by using DNA evidence. But after Osama bin Laden was killed, Pakistan threw Dr. Afridi in jail.

Why?

Because he helped the United States find Osama bin Laden.

Pakistan claims to be United States' number one counterterrorism ally, yet they hypocritically hold this hero in a Pakistani prison. Pakistan is no friend of the United States. They are on the wrong side on the war on terror. Pakistan hid Osama bin Laden from the world.

Dr. Afridi deserves a medal for aiding the elimination of Osama bin Laden, not life in prison. Pakistan should free him, and it is time to declare Pakistan a state sponsor of terrorism.

And that is just the way it is.

#### WEALTH CARE OVER HEALTHCARE AND CONTRIBUTIONS OF CARIB- BEAN AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentlewoman from the Virgin Islands (Ms. PLASKETT) is recognized for 60 minutes as the designee of the minority leader.

Ms. PLASKETT. Mr. Speaker, at this time I rise to take this Special Order hour on behalf of the Congressional Black Caucus.

It is with great honor that I rise as coanchor for the next 60 minutes. We have a chance to speak directly to the American people on the issues of great importance to the Congressional Black Caucus, Congress, and the constituents we represent, as well as all Americans.

This evening, myself and coanchor MARC VEASEY will discuss two topics: wealth care over healthcare and the contributions of Caribbean Americans.

On the matter of healthcare, Senate Republicans have finally released their draft version of the House-passed American Health Care Act, and it is clear why they kept it behind closed doors all this time. The bill is worse than the one that was passed in the House, with deeper cuts to Medicaid

and a ban on Planned Parenthood funding for 1 year.

Just like the bill that passed the House, this proposal will likely strip coverage for millions of Americans and do nothing to address affordability. This bill is just as mean and heartless as the one the Republicans jammed through the House.

As bad as it already was, Senate Republicans have made TrumpCare even more devastating to Americans on Medicaid, and those include veterans, middle class seniors with long-term care needs, vulnerable children, and pregnant women. No, it is not just minority Black people who are on Medicaid.

TrumpCare's Medicaid cuts will have an especially severe impact in rural America, shutting rural hospitals, an important source of good-paying jobs. TrumpCare fundamentally means higher health costs, millions of hard-working Americans losing healthcare coverage, gutting key protections, a crushing age tax, and stealing from Medicare.

Republicans shut the American people out of writing TrumpCare. And if TrumpCare passes, the American people will be shut out of affordable healthcare, too. Now, after crafting this monstrosity in secret, the GOP wants to rush it to the floor before the American people see the damage it will do, abandoning any pretense of respect for the democratic process.

Democrats in Congress and across the country will continue to fight with all our strength to protect seniors and hardworking families from TrumpCare's assault on their healthcare.

June, as we know, is Caribbean American Heritage Month, and we will later hear from Members of Congress related to that.

At this time, I yield to the gentleman from Fort Worth, Texas (Mr. VEASEY), my co-chair, an advocate for his constituents and for all Americans. He sits on the Armed Services Committee and is here to discuss the effect that this bill will have not only on his constituents, but to the people that we care deeply about.

Mr. VEASEY. Mr. Speaker, I thank Representative PLASKETT for yielding. I really do appreciate the gentlewoman heading up tonight and coanchoring and talking about the contributions of Caribbean Americans, and also talking about this health-scare bill that is going on right now, because it seems to be what everybody is talking about.

Of course, the CBO score came out today: 22 million Americans will lose their insurance, many of them that were able to get insurance for the first time under the ACA. So that should be very frightening and concerning to us.

The Senate is supposed to vote on this bill, Mr. Speaker, that will have a health-scare effect on so many millions of Americans. It is going to be much less affordable and it is going to be a lower-quality healthcare. Unlike the

Affordable Care Act, which boosted the African-American insured rate from 79 percent to 88 percent, the Senate Republican's healthcare plan will decimate the progress that we have made in the African-American community under the ACA.

Millions of Americans are at risks of losing their insurance, as the gentlewoman pointed out earlier when she said that it is not just people in the African-American community or the minority community that are on Medicaid.

It is something that affects all Americans and something that should be concerning to everyone, particularly when we talk about this opioid addiction that I know many people in many of these Republican areas, these conservative areas of the country, are hoping that they will be able to use Medicaid to be able to deal with that particular issue effectively. Because of this Senate Republican healthcare bill, they are going to be locked out. They are going to be trying to figure out how they are going to get themselves from under that addiction with absolutely no help from Medicaid. It is going to be a very sad day for them.

Many of these losses will come as States are forced to phase out Medicaid over the coming years. That will hurt the African-American population in particular.

Medicaid expansion under the ACA helped 15 million of the nearly 40 million African Americans in the U.S. gain healthcare insurance, and many of those were for the first time—many of those were for the very first time.

In addition to stripping our most vulnerable of healthcare, Senate Republicans want to defund Planned Parenthood and block lifesaving preventive care for hundreds of thousands of women in the district that I represent and nationwide.

Let me tell you something about Planned Parenthood. Oftentimes, when we start talking about Planned Parenthood, Representative PLASKETT, the issue revolves around abortion. But let me tell you something: you cannot have a serious discussion in this country. You absolutely cannot have a serious discussion about social service programs, about Medicaid, and trying to reduce those programs unless you have a serious discussion about family planning.

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Family planning is something that people don't want to talk about. Maybe in some circles, particularly Republican circles, it is a very taboo subject, but it is something that needs to be discussed more often and we don't talk about enough. We don't talk about it enough with our kids, with our families.

When you do something like defund Planned Parenthood, it is going to make that situation even worse. It is going to make people even more needy and more in a situation to where they cannot be self-dependent.

Instead of supporting smart public health initiatives, Republicans in the higher Chamber would rather repeal the ACA as another opportunity to demonize one of the country's leading reproductive health organizations, and that is Planned Parenthood that I talked about earlier.

We need to be doing everything that we can to make sure that Americans everywhere can lead a healthier life, but the Senate's cruel and heartless bill will cause unnecessary suffering.

The Affordable Care Act has been a lifeline for many in the Black community, and a full repeal will snatch that safety net out from under our community. The Black community has a lot to lose under the Republican healthcare plan, and we will not take an assault on healthcare lying down.

We have got to fight this thing. We need to fight for every grandmother out there. We need to fight for every aunt out there, every mother out there, all of our loved ones out there who may be forced to make the choice between whether or not they are going to have healthcare or whether or not they are going to be able to pay for groceries; and that is just not right.

We need to fight for all the single dads out there who are trying to make ends meet, the single moms out there who are trying to make ends meet, because we know that, if you take away Medicaid expansion, it is going to force individuals like that to have to make some really tough choices.

We need to make sure that we are doing everything we can to make sure that we have access to quality healthcare, and that it is not reserved for a few of the wealthy in our country. And when you look at the Republican bill, Representative PLASKETT, that is exactly what it does.

This is a vehicle that will deliver tax breaks to the very rich and will leave individuals like we have been talking about in the Black community, and not just in the African-American communities, but in all communities out there that are out there working hard, suffering, in a situation where they need Medicaid and they need insurance, it is going to leave them locked out.

It is going to be a sad day in America when people who thought that they were going to get insurance for the first time, or people who had insurance for the first time, they were going to get those wellness checkups, they were meeting with their family care physician on a regular basis, and they have that stolen from them because of this monstrous plan.

Ms. PLASKETT. Mr. Speaker, I thank the gentleman for those words. We were discussing the Medicaid expansion and the fact that it is going to disappear after 2023.

The other thing that is going to be removed from this bill is the Prevention and Public Health Fund which presently has billions of dollars that are supportive to the CDC. What is this money used for?

This money is used for preventative block grants that go to all places, like my district, the Virgin Islands, that deal with chronic conditions such as heart disease and hypertension, provide maternal and child care, support public laboratories and research, and maintain vital statistics. Those moneys would be gone if this bill passes.

Mr. Speaker, I yield to Mr. SCOTT, my esteemed colleague from Richmond and Hampton Roads in Virginia, who is the ranking member of the Education and the Workforce Committee, to talk about the issues and how he sees this is important, not only to his constituents, but to America as well.

I thank the gentleman for being here this evening and giving us his thoughts.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentlewoman, and I have to point out that, after redistricting last year, I no longer represent the Richmond area.

Ms. PLASKETT. Mr. Speaker, it is their loss.

Mr. SCOTT of Virginia. And I certainly miss my friends from Richmond.

Ms. PLASKETT. I know the gentleman is still working for them though.

Mr. SCOTT of Virginia. I certainly am.

Mr. Speaker, I appreciate the gentlewoman for yielding, and want to point out that, as we discuss healthcare, we have to notice that the Republicans are using a very flawed reasoning to try to sell TrumpCare to the American public.

They say: "We have a bill, and if you don't like the status quo, therefore, you have to support the bill."

And if you ask: "Well, what's in the bill?" They say: "Well, you have to do something."

"What's in your bill?"

"I don't like the Affordable Care Act."

"What's in your bill?"

"The present law is called ObamaCare."

There is no discussion about what the bill actually does or whether or not it improves the status quo and how the bill will affect American families every day.

But we do know something, based on the CBO report, and that is that TrumpCare is significantly worse than the current policy on every level.

They complain about costs. Costs will go up under this bill. And the only way anybody saves money on premiums is because the policies won't cover as much of the costs. That is because they will cover a lower percentage of the costs, and they will cover fewer benefits.

This was confirmed today by the CBO, which said that 22 million fewer people will have health and coverage under this plan; and the policies that people buy will cover a lot less than they cover now.

Mr. Speaker, at some point, we have to recognize fundamental principles of

arithmetic. If you give massive tax cuts to the wealthiest Americans and corporations, as TrumpCare is proposing, you will have less money to help those who actually need money to afford insurance.

Less money means fewer people covered by Medicaid, fewer people receiving subsidies to help them buy their insurance, and policies that cover a smaller portion of the costs.

According to the CBO, TrumpCare will have a severe impact on rural America, threatening the services covered by rural hospitals which, in many areas, are the biggest employers in the area.

CBO also points out that the hardest hit will be those with preexisting conditions, low-income Americans, and seniors. But even those making \$100,000, around \$100,000, will also be hurt.

Mr. Speaker, why is the Senate even considering this bill? Who benefits? Maybe it is just those wealthy Americans who will get a huge tax cut as people lose their insurance.

Ms. PLASKETT. Mr. Speaker, I thank the gentleman so much for those thoughts and reflections that we should have about this bill.

Mr. Speaker, I yield to the gentlewoman from Houston, Texas (Ms. JACKSON LEE). She has been an advocate for Americans, has spoken, and done so eloquently, related to her work on the Judiciary Committee, as well as Homeland Security, and I am eager to hear what the gentlewoman has to say about healthcare. And as well, of course, as a fellow Caribbean American, I would wish her and her family a Happy Caribbean American Heritage Month, which was, of course, offered by our colleague, BARBARA LEE, in 2005.

Ms. JACKSON LEE. Mr. Speaker, I thank the gentlewoman who represents the U.S. Virgin Islands for her constant leadership and consistently allowing us to come to the floor to speak to our colleagues and, hopefully, the American people on important topics.

I can't think of a topic more important than this one that really represents, when I say this one, the question of healthcare for Americans.

Might I say that the healthcare statement or framework was issued about 12 noon on Thursday. As you well know, we worked through Friday, and I left about 12 noon, landed in Houston, and went directly to the Legacy Community Health clinic on Lyons Avenue in Fifth Ward, Texas. That was a federally qualified health clinic that was able to be constructed in the neighborhood of Barbara Jordan and Mickey Leland by the Affordable Care Act and to bring healthcare to senior citizens living across the street access, easy access to healthcare.

There was 40, 50, 60, 70 people who came. We walked down the street to ask that this President and the Senators leave our healthcare alone. But more importantly, the disabled community came. I want to personally thank them.

There were children, there were pastors, there were doctors, there were good people there, but there was the blind, there was the deaf community, there were people in wheelchairs, and they cried. And one of them said: Please don't take my Medicaid healthcare away; and please allow me to continue to live independently, because I have at least the healthcare.

Of course, the Senate did not listen. The President today said that he hopes that the Affordable Care Act will crash and burn. And we know that polls are showing that they increasingly think their healthcare will get worse. But polls are showing that 51 percent of Americans believe and support the Affordable Care Act.

I want to spend the remaining moments of my life here on the floor—not my life, but my time on the floor. I hope to the Lord that it is not the remaining time of my life, but I am so overwhelmed by this bill, I know that some people will lose their lives.

So I am going to include in the RECORD an article entitled "Center for American Progress Coverage Losses Under the Senate Health Care Bill Could Result in 18,100 to 27,700 Additional Deaths in 2026."

[From the Center for American Progress, June 22, 2017]

COVERAGE LOSSES UNDER THE SENATE HEALTH CARE BILL COULD RESULT IN 18,100 TO 27,700 ADDITIONAL DEATHS IN 2026

(By Ann Crawford-Roberts)

One Republican member of Congress, defending the GOP health care plan—the American Health Care Act (AHCA)—suggested that concerns that the loss of health care coverage leads to death are overblown. However, the scientific literature on the effects of insurance coverage on mortality shows that the coverage losses from the AHCA would result in tens of thousands of deaths.

The secret Senate bill was finally released today, and it is broadly similar to what passed in the House: It ends Medicaid expansion and makes further deep cuts to the program; eliminates the individual mandate; and reduces funding that helps low-income Americans afford health coverage. The Congressional Budget Office (CBO) has not yet released its score of the Senate bill, although it is expected to do so early next week.

The CBO, however, has released a score of the House's version of the AHCA, which is largely similar to the Senate bill. The score projected that, by 2026, 23 million more Americans would be uninsured under the House bill compared to the Affordable Care Act (ACA).

Ms. JACKSON LEE. Mr. Speaker, this is what we are confronting. These are not numbers that anyone would print just to create hysteria. These are truthful numbers.

Now, let me answer the question. The critics keep saying that we are crumbling. I said to you the President said: crash and burn. That is not the case, that insurers appear to be fleeing the Affordable Care Act's health insurance exchanges or State-based, online marketplaces where people can buy individual health insurance.

The fact that one-third of counties are projected to have just one insurer

on their ObamaCare exchanges this year has been a popular talking point among Republicans, including President Trump, trying to gain or gin up support to replace the Affordable Care Act.

The stat was echoed in a recent editorial by Tom Price. Though some insurers are still deciding whether to participate in ObamaCare exchange, the complaint about lackluster insurer participation is valid.

In recent weeks alone, Aetna pulled out, leaving its participation in ObamaCare limited. But the real issue is that we have been strangling these insurance companies.

They leave out that the insurers might be less likely to exit if more States had expanded Medicaid under ObamaCare.

Mr. Speaker, I include this article in the RECORD, "Why So Many Insurers Are Leaving ObamaCare."

[From The Atlantic, May 11, 2017]

#### WHY SO MANY INSURERS ARE LEAVING OBAMACARE

#### HOW REJECTING MEDICAID AND OTHER GOVERNMENT DECISIONS HAVE HURT INSURANCE MARKETS

One of the most common reasons critics of ObamaCare say the law is "collapsing" is that insurers appear to be fleeing the Affordable Care Act's health-insurance exchanges, or the state-based, online marketplaces where people can buy individual health-insurance policies.

The fact that one-third of counties are projected to have just one insurer on their ObamaCare exchanges this year has been a popular talking point among Republicans—including President Trump—trying to gin up support for their replacement bill, the American Health Care Act.

The stat was echoed in a recent editorial by Health and Human Services Secretary Tom Price, in which he portrayed ObamaCare as a house that's on fire and "many of our fellow Americans are trapped inside."

Though some insurers are still deciding whether to participate in the ObamaCare exchanges, the complaint about lackluster insurer participation is valid. In recent weeks alone, Aetna pulled out of Virginia's ObamaCare exchange, leaving its participation in ObamaCare this year limited to just four states. Medica, the last insurer remaining in most of Iowa, threatened to stop selling individual plans. And after Humana pulled out of Tennessee in February, leaving 40,000 people with no insurance option, BlueCross BlueShield reluctantly stepped in on Tuesday, but only if certain conditions are met. According to a Kaiser Family Foundation analysis, 31 percent of counties will have just one insurer this year, up from just 7 percent last year.

There is one thing Republicans usually leave out of their indictment of ObamaCare, though: Insurers might have been less likely to exit if more states had expanded Medicaid under ObamaCare.

The Affordable Care Act was written with the idea that states would expand Medicaid, the insurance program for the poor, to cover people earning up to 138 percent of the federal poverty level, or \$16,400 for a single adult. But a 2012 Supreme Court case made that expansion optional, and so far 19 states have rejected the expansion. People earning below 100 percent of the federal poverty level, or about \$12,000 annually, in those states aren't eligible for subsidies to buy pri-

vate insurance on the ObamaCare exchanges or, in most cases, for Medicaid. They fall in an insurance no-man's land, the "coverage gap."

People earning between 100 and 138 percent of the poverty level in those Medicaid-rejection states, however, do qualify for subsidies to buy insurance on the ObamaCare exchanges. Many of them enrolled in ObamaCare, and they make up about 40 percent of the ObamaCare enrollment population in the non-expansion states, compared to 6 percent in the expansion states.

The catch is, poor people tend to be sicker than rich people are. And having so many poor, sick people in their ObamaCare marketplaces might have made it more expensive for insurers to operate in the non-expansion states.

In Alabama, for instance, Blue Cross Blue Shield is the only insurer participating in the exchange in 2017, and it's spending \$1.20 for every \$1 it collects in premiums—an unsustainable ratio, as insurance writer and analyst Louise Norris points out.

So, then, what happened in states that did expand Medicaid but nonetheless have very fragile insurance markets? Iowa, for example, expanded Medicaid, but it has had so many insurers pull out of its exchange that there might be no ObamaCare plans on offer this year. In Iowa and several other Medicaid-expansion states, a different ObamaCare-related choice might have contributed to the high cost of insuring their ObamaCare enrollees.

Before ObamaCare, insurers could reject customers they thought would be too sick and too expensive. After ObamaCare was passed, about 35 states continued to allow the sale of non-ObamaCare-compliant plans. (The states that didn't allow this tended to be more liberal—New York, Vermont, and the like.) Therefore, the people on these so-called "grandmothered" plans were likely to be healthier than average, since they had to pass the healthiness test that insurers were formerly allowed to use to screen their customers. These plans can also raise peoples' rates as they get sick—something that's not allowed under ObamaCare. Many healthy people in the grandmother states were, in a sense, kept out of the ObamaCare marketplaces, only joining ObamaCare if and when they get sick. Thus, the grandmothered plans might have made the ObamaCare pool sicker in those states.

According to a 2016 KFF analysis, states that both did not expand Medicaid and allowed the grandmothered plans had an average "risk score" that was 8 percent higher than those that did expand Medicaid and did not allow the grandmothered plans. The Kaiser researchers caution that there could be other hidden demographic factors at play, but write that the study "does suggest that state policy decisions may have had a noticeable effect on risk pools."

Karen Pollitz, a KFF senior fellow, gave an example of how this worked in Iowa, via email:

In Iowa, most of the Wellmark (BCBS) market share continues to be in non-compliant plans (the grandmothered/grandfathered pre-ACA plans), so Wellmark cherry picks its own market share. Over three years, news reports show Wellmark lost \$90 million on ACA compliant plans, with one enrollee accounting for \$18 million in claims for one year alone. So for 2018 Wellmark will not only leave the marketplace, it will stop offering all ACA compliant plans, keeping in force just their pre-ACA policies.

Today, of course, insurers have even more to worry about, like whether the Trump administration will continue to make payments called cost-sharing reductions to defray medical costs for low-income people on

ObamaCare. House Republicans successfully sued the Obama administration in 2014 to stop the payments, and the Trump administration could simply drop the appeal. In that case, insurers participating in ObamaCare would be on the hook for billions of dollars in medical expenses. (The House health-care bill would eliminate the payments as well.)

As Cori Uccello, senior health fellow at the American Academy of Actuaries, put it to NBC News, "Insurers need to know if they are going to get paid."

What's more, some insurers are skeptical that the Trump administration will enforce ObamaCare's individual mandate, so they are raising their rates as a precaution.

And of course, with the Senate currently debating its own version of the ObamaCare repeal bill, the entire future of ObamaCare is uncertain. Indeed, "uncertainty" comes up a lot in stories about insurers leaving ObamaCare.

At this rate, Republicans might live to see the ObamaCare "death spiral" they have long been prophesying. But insurance markets don't just collapse on their own. Decisions by states, Congress, and the Trump administration can—and have—given them a hefty nudge.

Ms. JACKSON LEE. And the answer, of course, is a litany of ways that the Republicans have extinguished the very essence of it.

But I just want to close by bringing to the attention of my colleagues Ryan Smith. He has a mental health generalized anxiety disorder. He has got a beautiful picture with, it looks like, his mom and him. And it says: Without the ACA, I would not have been able to move and find a new job.

He has generalized anxiety disorder. He is a young man with a job who worked for the Michigan House of Representatives, and he was diagnosed in 2013. Because of the Affordable Care Act, he keeps his job.

Then we have, how TrumpCare will kill me before cystic fibrosis. I am 34 years old. If I was a Canadian, there would be a good chance I would live for 17 more years, but, in the Americas of Donald Trump and PAUL RYAN, that is not going to happen.

At 2, I was diagnosed with cystic fibrosis. And this individual indicates: I got married. I hope one day to have children. But without the Affordable Care Act, they too may lose their lives.

ObamaCare saved my life. What now? This was a gentleman, lying in bed with my dog, recovering from the most recent surgery, when the news alert went off on my iPhone after midnight. Breaking news: the Senate has just taken a major step toward repealing the Affordable Care Act. Fear, that is what I and millions of Americans felt.

This is a breast cancer survivor, and she is worried about being able to survive.

So there are many stories like this, and there are stories of the disabled and senior citizens who may be thrown out of nursing homes and children who are very sick who may, because of a preexisting disease, not have insurance.

I am glad to be with you on the floor, and I think I will end by saying, my commitment is to see that this never



happens to the American people; that whatever the shenanigans and negotiating that are going on in the Senate—and I respect the other body, but whatever is going on to pass a bill that may kill people, or cause people to lose their lives under the medical system, or, in fact, throw people off of insurance, I believe we have a moral obligation to stand in the gap and stand against this.

I really would lift up my hand to my friends, Senators and others, I lift my hand. Let us sit down to the negotiating table together, and let us save lives.

Mr. Speaker, I rise to join my colleague in strong opposition to the issue of repealing, revising, and replacing the Affordable Care Act presented by the Republicans.

Tonight, after seven years of claiming to have a workable replacement for the Affordable Care Act, the Senate, just as House Republicans before them, showed their hand; and it is empty.

Senate Republicans have finally released their draft version of the House-passed American Health Care Act and it is clear why they kept it behind closed doors all this time.

Today, the Congressional Budget Office and the staff of the Joint Committee on Taxation (JCT) completed their estimate of the direct spending and revenue effects of the Better Care Reconciliation Act of 2017, which is the Senate amendment in the nature of a substitute to H.R. 1628.

The Senate bill would increase the number of people who are uninsured by 22 million in 2026 relative to the number under current law, slightly fewer than the increase in the number of uninsured estimated for the House-passed legislation.

By 2026, an estimated 49 million people would be uninsured, compared with 28 million who would lack insurance that year under current law.

Senate Trumpcare is yet another plan that promotes Wealth Care—if you are billionaire or a millionaire you will become wealthier.

If you are part of the middle class or the working poor your economic you will become less well-off due to higher health insurance cost or out of pocket health care expenses.

Earlier today, they were making changes to address the growing chorus of objections to their ill-conceived attempt to end Obamacare for more than 20 million Americans

The change they proposed could be described as a post-script that people should try to keep health insurance coverage while they strip away the assistance that makes health insurance a right that is affordable and accessible to all Americans.

The reality of keeping health insurance under the Republican proposal would be nearly impossible for the very sick who are receiving coverage under Medicaid.

The added difficulty for the chronically ill is that their preexisting condition may mean higher premiums that the Republican plan will not help them cover through subsidies or the removal of prohibitions that insurance companies cannot discriminate against them.

If you or your loved one depends on Medicaid you will be worse off because the insurance market may allow you to purchase insurance, but there is no subsidies to help you purchase plans, and no control over how high a premium might become.

The Senate bill is worse than the one that passed the House, with deeper cuts to Medicaid and a ban on Planned Parenthood funding for one year.

Just like the bill that passed the House, this proposal would likely strip coverage from millions of Americans and do nothing to address affordability, all while providing a windfall to corporations and the richest of the rich.

Both healthcare bills are immoral bill and I call on Republicans to abandon their efforts to repeal and replace the law of the land at the expense of the most vulnerable Americans.

The President promised to a plan to provide health insurance for everybody.

But that promise has not been kept.

The legislation unveiled by House and Senate Republicans would kick millions of Americans off their health coverage and force millions to pay more for less.

This plan is a prescription for misery and spells disaster for hard-working families struggling to make ends meet in the face of spiraling health care costs.

The Affordable Care Act was always about real people who have real lives that are impacted by not having access to affordable and accessible health insurance.

Those caught up in the Opioid addiction rely on Medicaid for healthcare treatment for withdrawal special medical care centers.

The Senate and House Republican bills would eliminate Medicaid coverage for tens of thousands of Opioid addicts who are seeking help.

The Affordable Care Act has established healthcare as a right and not just something that the privileged can afford.

This repeal charade must end.

Republicans have had seven years to show they have a better way to cover millions of Americans but we have learned at last that they have none.

Republicans will be held accountable for whatever happens to our health care system under their watch, especially the destabilizing uncertainty their efforts have already engendered.

With America finally on the move thanks to the expansion of coverage through the Affordable Care Act, the Republican plan to repeal and replace the ACA threatens to turn the clock back by making America sick again.

Statistics Texas

Should the Republicans be successful in repealing the Affordable Care Act people living in the State of Texas will be harmed: 1,874,000 individuals in the state who have gained coverage since the ACA was implemented could lose their coverage if the ACA is entirely or partially repealed.

1,092,650 individuals stand to lose their coverage if the Republican Congress dismantles the exchanges.

913,177 individuals who received financial assistance to purchase health insurance in 2016, received an average of \$271 per person, would be at risk of having coverage become unaffordable if the Republican Congress eliminates the premium tax credits.

1,107,000 individuals in the state could have insurance if the State of Texas would accept the Affordable Care Act's Medicaid expansion. These individuals will not be able to gain coverage if the Republican Congress eliminates the Medicaid expansion.

508,000 kids who have gained coverage since the ACA was implemented are also at risk of having their coverage rolled back.

205,000 young adults in the state who are able to stay on a parent's health insurance plan thanks to the ACA now stand to lose coverage if the Republican Congress eliminates the requirement that insurers allow children to stay on their parents' plans until age 26.

646,415 individuals in the state who received cost-sharing reductions to lower out-of-pocket costs such as deductibles, co-pays, and coinsurance are now at risk of having healthcare become unaffordable if the Republican Congress eliminates cost-sharing reductions.

10,278,005 individuals in the state who now have private health insurance that covers preventive services without any co-pays, coinsurance, or deductibles stand to lose this avenue of access to affordable healthcare if the Republican Congress eliminates ACA provisions requiring health insurers to cover important preventive services without cost-sharing.

Women in the state who can now purchase insurance for the same price as men are at risk of being charged more for insurance if the Republican Congress eliminates the ACA's ban on gender rating in the individual and small group markets. Before the ACA, women paid up to 56% more than men for their health insurance.

Roughly 4,536,000 individuals in the state who have pre-existing health conditions are at risk of having their coverage rescinded, being denied coverage, or being charged significantly more for coverage if the Republican Congress eliminates the ACA's ban on pre-existing conditions.

346,750 seniors who have saved an average of \$1,057 each as a result of closing the Medicare prescription drug "donut hole" gap in coverage stand to lose this critical help going forward.

1,746,043 seniors who have received free preventive care services thanks to ACA provisions requiring coverage of annual wellness visits and eliminating cost-sharing for many recommended preventive services covered by Medicare Part B, such as cancer screenings, are at risk of losing access to these services if congressional Republicans go forward with their plan to repeal the ACA.

National Statistics 2013–2016

There were over 41 million uninsured persons in the United States in 2013, and by 2015 that number had declined to a little over 28 million because of the tremendous success of the Affordable Care Act.

In March 2016, HHS reported that due to the Affordable Care Act, 20 million Americans have gained health care coverage.

In 2016, Medicaid's share of total U.S. health care spending amounted to 17 percent. The program is funded by both federal and state government. In 2016, there were 72.2 million people enrolled in Medicaid.

Since 2012 the number of people receiving healthcare through Medicaid grow by 24.6 million.

The number of children enrolled in Medicaid coverage is 43%.

As more families were able to purchase health care insurance through exchanges the number of children receiving health insurance through Medicaid decreased from 50% in 2011 to 43% in 2016 because their families' health plan provided them with coverage.

The 2016 HHS report said that 6.1 million uninsured young adults ages 19 to 25 have gained health insurance coverage because

they could remain on a parent's health plan due to the Affordable Care Act.

#### Black and Hispanic Insurance Rates

Gains in coverage because of the Affordable Care Act were strong across all racial and ethnic groups between October 2013 and early 2016.

The uninsured rate among Black non-Hispanics dropped by more than 50 percent (from 22.4 to 10 percent); corresponding to about 3 million adults gaining coverage.

The uninsured rate among Hispanics dropped by more than 25 percent (from 41.8 to 30.5 percent), corresponding to about 4 million Hispanic adults gaining coverage.

The greatest demographic that benefited from the Affordable Care Act were White non-Hispanics whose uninsurance rate declined by more than 50 percent (from 14.3 to 7.0 percent), corresponding to about 8.9 million adults gaining coverage.

History of Universal Healthcare in the United States

In 1949, Harry Truman became the first sitting President to propose universal healthcare for all Americans as part of the "Fair Deal."

On March 23, 2010, with the stroke of President Obama's pen, the American people received this part of the "Fair Deal."

The Affordable Care Act has been affirmed to be law by every means provided by our nation's constitution: On March 21, 2010, it passed the House and was sent to the President.

On March 23, 2010, President Obama signed the Affordable Care Act into law.

On June 28, 2012, the United States Supreme Court in *National Federation of Independent Businesses v. Sebelius* ruled that it was constitutional.

During the 2012 Presidential Election the Affordable Care Act was a central issue. President Obama was soundly reelected with 51.1 percent of the vote and 62% of the Electoral votes (332–206).

In 2014, the Affordable Care Act provisions banned insurance companies from:

Discriminating against anyone with a pre-existing condition.

Charging higher rates based on gender or health status.

Enforcing lifetime dollar limits.

Enforcing annual dollar limits on health benefits.

The Affordable Care Act means:

Over 19 million Americans now have health insurance.

105 million Americans have no life time limits on health insurance

Nearly 134 million people with pre-existing conditions have coverage.

6.6 million young-adults up to age 26 can stay on their parents' health insurance plans.

5 million Seniors in the 'donut hole' have saved billions on their prescription drugs.

3.2 million Seniors have access to free annual wellness visits under Medicare, and

360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers.

[Statistics on Texas and the Affordable Care Act]

1.7 million Texas have health insurance because of the Affordable Care Act.

7 million Texans no longer have lifetime limits on their healthcare insurance.

300,731 young adults can remain on their parents' health insurance until age 26.

10 million Texans have insurance although they have pre-existing conditions that would have prevented them from getting coverage before the Affordable Care Act became law.

346,750 seniors are no longer in the prescription drug donut hole, which means they are no sudden large out of pocket expenses to get the medicine they need.

□ 2000

Ms. PLASKETT. I thank the gentlewoman so much for that information, for much of the testimonies that you have given for the record.

GENERAL LEAVE

Ms. PLASKETT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order.

The SPEAKER pro tempore (Mr. GAETZ). Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Ms. PLASKETT. Mr. Speaker, at this time, it gives me great pleasure to yield to Congresswoman BARBARA LEE, who not only represents California in the area of Berkeley as well as Oakland, but is also someone who is a real progressive fighter for the American people, cares passionately about healthcare.

But on this evening when we are also talking about Caribbean American Heritage Month, I have to tell you that, in June of 2005, the House unanimously adopted H. Con. Res. 71, which was sponsored and ushered through by Congresswoman BARBARA LEE with other Members, which was recognizing the significance of Caribbean people and their descendants in the history and culture of the United States. On February 14, 2006, the resolution similarly passed the Senate, culminating a 2-year bipartisan, bicameral effort that was issued by President George Bush on June 6, 2006.

Since the declaration, the White House has issued annual proclamations recognizing June as Caribbean American Heritage Month, and it gives those of us of Caribbean-American heritage great honor and a real opportunity to extol and let other Americans know about the contributions, the issues that are important to us.

I thank Congresswoman LEE for bringing that forward and for ushering that through. It is really, I feel, quite often that we get subsumed, that the experiences of Caribbean Americans often get glossed over, and I want to thank her for affording us the opportunity to have this month to be able to talk among ourselves and among other Americans about the things that we have done.

I yield to the gentlewoman from California to discuss healthcare as well as Caribbean American Heritage Month.

Ms. LEE. I want to thank Congresswoman PLASKETT for hosting this Special Order and for her kind words, but

also for her commitment to providing healthcare for all Americans, for her leadership in the Caribbean Caucus, for her dedicated constituent representation of her constituents in her district, and also being the epitome of why Caribbean American Heritage Month is so important. There are so many Caribbean Americans throughout our country who have contributed so much to the fabric of our society, and so I am really proud to be with her tonight.

And thank you for signing H. Con. Res. 71 because that was during the days of the bipartisanship spirit. If a BARBARA LEE and a George Bush could work together, then that says something.

Ms. PLASKETT. It says a lot for what we can accomplish.

Ms. LEE. What we can accomplish, but also about the brilliance and the importance of the Caribbean-American community.

Let me just mention Dr. Claire Nelson, who is the founder and president of the Institute of Caribbean Studies, because, for over a decade, just in terms of history, we worked closely together to recognize the many individual contributions of Caribbean Americans and to make Caribbean American Heritage Month a reality. So I must today salute her for her tremendous leadership.

Our Nation has been so fortunate to benefit from countless individuals of Caribbean descent, including my personal mentor and friend, the late Honorable Shirley Chisholm, whose district now is so ably represented by our colleague of Jamaican descent, Congresswoman YVETTE CLARKE.

Now, Shirley Chisholm was a woman of Bajan and Guyanese descent who never forgot her roots in the Caribbean. She was the first African-American woman elected to Congress, the first woman and the first African American to run for President. She was truly a trailblazer, and she convinced me that I needed to actually register to vote.

Throughout her career, Shirley was an advocate and a fighter. She fought for working families, the poor, and our most vulnerable: children and seniors. She believed that everyone should have the basics: food, housing, a decent job, good wages, and healthcare—again, regardless of their background. And let me tell you, I know that she would have been appalled by this Senate health bill.

Mr. Speaker, I am disappointed, and, to be quite honest, I am terrified about the Republican's heartless bill to rip healthcare away from 22 million Americans. Now, next year, 15 million Americans will lose their healthcare, and believe you me, these are not just Democrats, these are not only African Americans, but these are also Republicans and people who voted for Trump.

The bill, currently—this bill—was hatched by 13 male Republicans in back rooms and basements. They hid it

for as long as they could because they knew if they held an honest debate, they would lose on the merits.

According to the Congressional Budget Office today, the Senate's bill would strip healthcare from 22 million Americans, devastate women's health, and weaken protections for those living with preexisting conditions, with disabilities. It will increase premiums and reduce benefits, and it would also make Americans pay more for less. It would end Medicaid as we know it, including long-term care for our seniors.

What is more, it will harm American families and really will present an environment now where it is a matter of life and death for so many who don't even need to worry about not having healthcare. They should have healthcare because, otherwise, many people who are going to be denied under this bill can lose their lives.

And for what? Why are we doing this, or why are they doing this? It is to pay for tax cuts for billionaires and for millionaires and for CEOs.

Mr. Speaker, over the last few months, like all of us, I received thousands of letters from constituents in the East Bay who are terrified of losing their healthcare. I have heard from people like Melissa, a mother in Oakland, whose son Sam was born premature with several preexisting conditions.

Her son received healthcare under the Affordable Care Act. Under the Senate healthcare bill, children like Sam will be locked out of the care that they desperately need. They are terrified. The bill would force American families like Melissa's to choose between groceries and healthcare.

Mr. Speaker, this bill is cruel and, yes, it is mean. It is a massive tax cut for billionaires at the expense of families and our most vulnerable.

Now, during the campaign, President Trump asked the question: What does the Black community have to lose? Well, for starters, Mr. President, I hope you hear us tonight, it is healthcare, given the number of African Americans, which Congressman VEASEY laid out, who, for the first time, now have healthcare.

In all my years in Congress, I have never seen such a morally bankrupt bill. And make no mistake, it is a matter of life and death, and the American people deserve better.

Finally, let me just say this bill is not a healthcare bill. It is a tax cut bill for millionaires and billionaires and is known as TrumpCare. I don't know how it got that title because it is more like—and what I call it—“Trump Don't Care” legislation, and it must be rejected.

Ms. PLASKETT. I thank the gentlewoman for that information and for her passionate words.

Mr. Speaker, I yield to the gentlewoman from Wisconsin (Ms. MOORE), who is an advocate for people throughout this country, not just Wisconsin, and who is a poet along with being a great Congresswoman.

Ms. MOORE. Mr. Speaker, I thank the gentlewoman from the Virgin Islands so very, very much for yielding to me.

I rise today to speak with you, Mr. Speaker, because we have gotten so many complaints about the messaging that Democrats have around this bill, and I just want to keep the main thing the main thing, and I just want to talk to you, Mr. Speaker, very directly.

We talked a lot about the 22 million, 23 million people who will lose their healthcare if we were to repeal and replace so-called ObamaCare. But this goes deeper than that.

This undermines the Medicaid program, a program that will be 52 years old on July 30, if it survives. This takes away the eligibility, changes eligibility standards; and right now, Mr. Speaker, there are 70 million people who rely upon Medicaid. Let me tell you, Mr. Speaker, tomorrow it could be you.

The average age of a Member of the House of Representatives is 57. The average age of a Senator is 61. So, I mean, Mr. Speaker, you are one stroke away, one heart attack away from becoming disabled. And after they wipe out your IRA and your pension and your Social Security so they can care for you, long-term care, or allow you to stay home, you, too, Mr. Speaker, could end up relying on Medicaid to have a decent end-of-life experience or to be able to stay in your home.

You are one kidney failure away, one car accident away. Even though you make \$179,000 a year, you don't have enough money, Mr. Speaker, were you to have a disabled child that would need extensive care. You would depend on the Medicaid program.

You know, so many people don't care about what is going on here because they think it couldn't happen to them, that those 70 million people who rely on Medicaid is someone other than them. But, no, Mr. Speaker, it is you.

And even if you don't, God willing, have a stroke or a heart attack, you are someone who is going to suffer from the cost shifting so that, when 22 million people lose their healthcare, your premiums are going to go up. Your deductibles are going to go up. And God forbid that you have arthritis or some other preexisting condition, because under this bill you will be left at the tender mercies of our insurance companies where they can charge five times as much for someone who has aged or has a preexisting condition.

Hospitals in your nice suburban rural area may find themselves being shut down because they don't get Medicaid payments, and community health centers—not just Planned Parenthood, Mr. Speaker, that you are ideologically opposed to, but those community health centers that serve rural communities.

And how cruel could a bill be where 50 percent of the children born in this country rely on Medicaid? How cruel could a bill be when 7 million people with disabilities, represented, you know, by those folks who were tossed

out of here in their wheelchairs the other day? And we will find that after we end the entitlement to Medicaid, we will have disabled people and children and people who need skilled nursing care fighting with each other because they will have to win the lottery in order to be able to access the crumbs that fall from the master's table of the States in which they live.

Mr. Speaker, this bill will have an impact on you. It is not just poor people. It is everybody. And I would urge the gentlewoman from the Virgin Islands, for us to be mindful of the fact that all Americans, every American relies on decent, good healthcare. This is the largest healthcare program in our country that is about to be dismantled, and I would urge caution and tell everyone, especially you, Mr. Speaker, to beware.

Ms. PLASKETT. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentlewoman from the Virgin Islands has 25 minutes remaining.

Ms. PLASKETT. Mr. Speaker, it is with enormous, not just gratitude, but great pride, actually, to yield to someone who, to me, is one of my big sisters here, who is the champion in the House, the foundation for those of us within the Caribbean Caucus who are Caribbean Americans here in the Congress. She represents probably one of the largest Caribbean constituencies in the United States, that being part of Brooklyn, New York, which I tell everybody is the largest Caribbean island in the world.

□ 2015

Congresswoman YVETTE CLARKE is a great member on the Committee on Energy and Commerce. She is one of the co-chairs of the Congressional Caribbean Caucus, and she is a passionate progressive advocate for healthcare and for all care for Americans and for those who have been forgotten.

I am so glad and so grateful for the gentlewoman's continued efforts to raise the level of awareness on issues related to the Caribbean Basin, of Caribbean Americans here in the United States, and the African diaspora as a whole, that we are not a monolithic group, that we have a richness and a variety within even Americans who are of Caribbean descent here in America. And that needs to be celebrated and discussed, and the achievements and how we all, as a mosaic, make America great by being part of different cultures.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. CLARKE) this evening to discuss healthcare and Caribbean American Heritage Month.

Ms. CLARKE of New York. Mr. Speaker, I thank the gentlewoman from the United States Virgin Islands (Ms. PLASKETT) for yielding to me.

Mr. Speaker, I rise today to pay tribute to my Caribbean-American sisters and brothers across this country. For

hundreds of years, Caribbean Americans have contributed to the artistic, legal, literary, diplomatic, business, athletic, and medical—you name it, there is not an endeavor where you won't find a Caribbean American who helped shape American society.

Alexander Hamilton grew up in the Leeward Islands of St. Kitts and Nevis and went on to found our economic system. Former Attorney General Eric Holder, whose family came from Barbados, served honorably as the first Black Attorney General. General Colin Powell, whose own parents immigrated from Jamaica, became our Nation's first Black chairman of the Joint Chiefs of Staff and the first Black Secretary of State.

Constance Baker Motley, whose parents were from Nevis, drafted the complaint in the landmark case of *Brown v. Board of Education* before serving as our Nation's first Black female Federal judge.

Shirley Chisholm, my predecessor and role model, served in Congress for seven terms and became the first Black woman to seek a major party's nomination for President. Her family was from modern-day Guyana and Barbados.

Who can forget the unmatched contributions of such notable performers as Sidney Poitier, Harry Belafonte, Sammy Davis, Jr., and even Beyonce?

Let me add Rihanna. I could go on.

But by any measure, Caribbean Americans have enriched the United States beyond their numbers. They have made the United States better, stronger, and more vibrant while serving as a credit to the Caribbean region and the United States of America.

I, myself, am the proud daughter of Jamaican immigrants. My mother, Dr. Una Clarke, served as the first Caribbean-born female member of the New York City Council. In fact, she was the first foreign-born female to serve in the New York City Council.

For those reasons, I am proud to represent one of the largest Caribbean diaspora communities in the Nation and to serve as one of the co-chairs of the Congressional Caribbean Caucus.

However, unfortunately, the Caribbean region stands at a crossroads today. Many of the nations face high energy prices, environmental degradation, public health challenges, and economic challenges imposed by the correspondent banking crisis. Haiti, in particular, has been beset by numerous challenges over the past few years through no fault of its own.

I believe that the United States must not be silent in the face of those challenges. The Caribbean region is known favorably as the third border of the United States. Instead, it should aid our Caribbean neighbors to help ensure a vibrant future in the region.

Indeed, the State Department's recent report to Congress on the U.S.-Caribbean strategic partnership marked a step in the right direction. However, we must continue making

strides on the road to full diplomatic engagement in accordance with our values and as befitting our friends and neighbors in the region.

I find it quite fascinating that so many other nations around the world have found this region in the Western Hemisphere to be partners with, and, we, right on its borders, have given it short shrift. When you look at the level of investment that China is making in the Caribbean region right now, it should give us all pause in the United States as we are concerned about the expansion of their influence into the Western Hemisphere.

So, Mr. Speaker, as I speak with pride today, I want to mention the name Susan Rice, former Ambassador to the U.N., another proud Caribbean American; and Patrick Ewing, formerly of the New York Knicks, another proud Caribbean American. The list goes on and on. We have deeply benefited from their contributions to our life, enriching society here in the United States of America.

I would be remiss if I left the floor this evening without adding my voice to that of my colleagues of the Congressional Black Caucus in condemning this horrible healthcare bill that has been put forth in the United States Senate. It is a companion to the horrible bill that was put forth by United States House of Representatives.

I am a Christian and I practice my faith regularly. There is something said in the Bible about wickedness in high places. I have to speak to the wickedness within this bill that we, as a civil society, would remove the ability for people to just have human dignity, to have life, to be able to see their doctors, to be able to make sure that their children are well taken care of, that their parents can live out their days in dignity and in as best health as possible is really a blot on this Nation.

We have been through generations of challenges. We have reached a point where, in this Nation, we have made a lot of progress in really doing our best for our neighbors as we would do for ourselves. This is totally a step back.

Our children are going to ask us where we were when this vicious bill was proposed that Americans would be stripped of the ability to access healthcare in the United States of America in the 21st century.

I stand shoulder to shoulder with my colleagues in the Congressional Black Caucus to say that we stood on the floor of the House and we fought. We fought for human dignity. We fought to make sure that this would not be something that would not rest on the mind and the conscious of our colleagues, that they would reflect on how they would feel if this bill were to impact them personally.

I find it really ironic that in many of the districts that this healthcare bill would impact, our colleagues are basically stripping away the well-being of their own constituents—people who voted and sent them here. It is truly

unfortunate that we value wealth over human dignity; that we value giving money to people who haven't even asked for it over making sure that we can stop pandemics, that we can continue research into cures for those who may be ill, and that we can continue to move along the path of preventive health, which is, by far, the best way for us to conduct our lives in the United States of America. To see emergency rooms, if they remain open, filled with those who are uninsured in this day and age is not worthy of who we are as a nation.

So I stand with my colleagues to say that we will fight until the last person standing to bring dignity to our Nation—to all people—but we fight, in particular, as a Congressional Black Caucus for those who have been most victimized and are the most vulnerable amongst us, and those are the people of the African-American communities here in the United States.

Mr. Speaker, I thank the gentlewoman from the Virgin Islands (Ms. PLASKETT) for yielding.

Ms. PLASKETT. Mr. Speaker, I find it very interesting for myself that we have Congresswoman YVETTE CLARKE and the next Member to come up is also from New York. Both of them have been Representatives of districts that I have lived in and that my family lives in. They represent what I think of when I think of my parents who live now in Congressman MEEKS' district, and my mother who was partly raised in Congresswoman CLARKE's district. My parents represent most Caribbean Americans who come to this country—people who come here with not much, who are willing to work hard, who believe that the sacrifice toward education and support of their families and helping others to come and find good, stable jobs and create middle class is what America is about.

We have contributed so much, and we can talk about so many of the Caribbean Americans who have done amazing things in this country. But it is those individuals who we do not talk about—our parents, our families—who come to this country, who provided the stability for others. It is why we are so concerned about the temporary protective status of Haitians—the 50,000 Haitians who are hardworking Haitians in this country, who are being sent back, who are now here working hard and sending so much money back that is the backbone of the economy of Haiti, who we cannot let go back because that country will collapse with them, leaving this country, and being good citizens—as much as they can be citizens—yearning for the American Dream.

Mr. Speaker, Mr. MEEKS represents Queens, which is one of the backbones of Caribbean Americans. He is my parents' Congressman. The gentleman has been so good to the people that he represents as well as all the American people. The gentleman sits on the Committee on Financial Services. He also

sits as a member on the Foreign Affairs Committee, where he advocates and speaks for those individuals who cannot speak for themselves.

Mr. Speaker, I yield to the gentleman from New York (Mr. MEEKS).

Mr. MEEKS. Mr. Speaker, I thank Representative PLASKETT for leading this Special Order on behalf of the Congressional Black Caucus.

It is extremely important that we first thank our Caribbean brothers and sisters, as my sister YVETTE CLARKE so eloquently stated, the history of so many individuals that have made substantial contributions to make this a more perfect union, who, but for their labor and hard work, we would not be the country that we are.

But also as Representative PLASKETT has indicated, when I think about the average, everyday person who came across to America from the Caribbean Islands—the schoolteachers, the plumbers, the lawyers, the doctors, the sanitation workers, and the individuals that come even just to cut grass—when you think about the contributions, what they have committed is those individuals have raised children who become Members of Congress, like STACEY PLASKETT and YVETTE CLARKE, who continued that tradition of making this a much better place to live for all Americans, a shining example of what this great Nation is when it is so inclusive.

YVETTE CLARKE talked about Alexander Hamilton and the contributions that were made from the very beginning. But when you look at that and when you think of who we are and the hemisphere that we share—you see, the Caribbean Islands are the same hemisphere, and we have to make sure that we are together in lockstep. We can never forget that, when America catches a cold, many individuals in the Caribbean now get pneumonia.

So as a result of understanding the contributions that they have made in this country, and continue to make, we are really one on the same continent and we are only as strong as we are together.

□ 2030

And so we would have to stop and think of our brothers and sisters from the Caribbean and those who are still living there as just places that we go visit for tourism and vacation. Yes, we want to make sure that we do visit there to strengthen those economies, but we want to also make sure that, as a government, as a people, we are also doing the appropriate investments there in their infrastructure, because it only helps us here in the United States of America.

We are only as strong as we can be together. *E pluribus unum*, from many one, that is what this Nation is supposed to be, and I think that we have come a long way to accomplish it, which brings me to the second phase of what I want to talk about this evening, because this is not supposed to be a

system of the haves versus the have-nots. It should not be where we have a reverse Robin Hood syndrome where you are taking from the poor to give to the rich. No, that is not the Nation that we want this country to be. In fact, people fled from a king who was wealthy and didn't care about the poor.

So here we are now as a nation, when the most important thing to anybody is health, because if you don't have health, you don't have anything. I don't care whether you are Black or White, whether you come from the East or the West or the North or the South—health. The one thing that we have in common, everyone, is that we are human beings. And one thing that we know for sure, humans' bodies, at times, break down.

So, yes, if you are young and healthy, and, yes, if you are wealthy, then maybe this bill that they are looking at on the Senate side is for you. But if you are young and healthy today, believe me, tomorrow you won't be young if you are lucky.

And believe me, the human body gets sick. And when that happens, the question is: Will you have the ability to access the healthcare that you need to keep you healthy?

Well, under this bill, based upon the American Medical Association, hospitals, AARP, you can go to almost any health provider, they will tell you that, no, 22 million Americans, as the CBO score showed, would lose their access to healthcare, and many of those are in the middle, the middle class. They talk about healthcare. We are not just talking about healthcare; we are talking about adequate health coverage so that when you are sick, you can go to a doctor and receive the care that you need and know that you are covered, because my Republican colleagues have forgotten where we were before the Affordable Care Act.

You see, before the Affordable Care Act, more Americans were going bankrupt in trying to stay alive, for healthcare. These are middle class, hardworking, everyday individuals who thought they had coverage. But when they were sick, they went to the doctor, then they found out that what they thought they were covered for, they were not, and so they had to take out loans and re-mortgage and refinance their homes, give up everything that they had to try to stay healthy and alive. We don't want to go back there.

Before the Affordable Care Act, we were not talking about making sure that those individuals with preexisting diseases were covered.

If you listen to my Republican colleagues, they will tell you that the Affordable Care Act is the worst thing in the world. But before the Affordable Care Act, we weren't talking about children being able to stay on their parents' health insurance until they were 27 years old.

Yes, indeed, before the Affordable Care Act, many seniors saw their cov-

erage capped, and, after a certain amount of payout, they had to come out of their pockets, which were not deep, and just hang in there with their families and suffer and go bankrupt.

So what we are talking about now is saving the lives of individuals.

I want to thank my friend and sister from the Virgin Islands for leading this for the Congressional Black Caucus, because the camera of history is rolling and it is recording, and it will record her and the members of the Congressional Black Caucus standing on the right side of history.

Ms. PLASKETT. Mr. Speaker, may I inquire as to how much time I have left.

The SPEAKER pro tempore. The gentleman from the Virgin Islands has 2½ minutes remaining.

Ms. PLASKETT. I yield to the gentleman from Pennsylvania (Mr. EVANS), and I will close out after that.

Mr. EVANS. Mr. Speaker, Republicans have said they want a healthcare system that cuts costs and covers more Americans, yet their bill does no such thing.

Last week, Republican leadership in the Senate unveiled their draft healthcare bill. Their bill makes extreme cuts to the Federal Medicaid program and doubles down on the President's vow to repeal the Affordable Care Act.

The nonpartisan CBO came out and said that 22 million Americans stand to lose health coverage. Their bill does nothing but further harms the communities and threatens the livelihood of neighborhoods nationwide.

The healthcare debate in our country should be about increasing funding, promoting prevention, protecting and enhancing the quality of life for each and every person in Philadelphia, the Commonwealth, and our Nation.

What do we have to lose? We have a lot to lose. We are talking about the lives of 22 million Americans who stand to lose their healthcare. The numbers do not lie. These are our veterans, our seniors, our students, and our children.

We cannot turn a blind eye. The livelihood of our neighborhoods depends on our commitment to stop this disastrous bill from becoming law. There is a lot at stake, and our neighbors have too much to lose if we turn a blind eye.

We have heard from all of our colleagues tonight that clearly this is going in the wrong direction. And we, members of the Congressional Black Caucus, stand together to fight this horrible bill.

One last thing I want to say to my colleague on Caribbean Americans. June is Caribbean American Heritage Month, and I think the most of my colleague. I have learned a lot from watching her in action. She has that spirit and that drive as a Caribbean American. She has helped shape and strengthen the fabric of our communities.

I thank the congresswoman publicly for all that she has done as a great Caribbean American in this body.

Ms. PLASKETT. Mr. Speaker, I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in celebration of Caribbean American Heritage Month. In June 2005, the House of Representatives adopted H. Con. Res. 71, recognizing the significance of the Caribbean people. In February 2006, the resolution passed in the Senate, and was signed by President George W. Bush in June 2006.

Since the declaration, the United States has celebrated June as Caribbean American heritage month every June, this year marks the twelfth anniversary. Approximately 3 million people in America can trace their ancestry to the Caribbean.

Historically, African-Caribbean migration to the United States can be traced back to the 17th century during British colonial slavery. While enslaved Africans imported from the Caribbean decreased after revolts in the 1700s, Caribbean immigration grew in the mid-1800s. After World War II, Caribbean immigration boomed during periods of economic growth. Between 1960 and 2009, the number of Caribbean immigrants grew from 190,000 to 2 million.

Caribbean Americans have contributed the fabric of our society, bringing a unique and vibrant culture to mesh with that of America's. Just to name a few, Colin Powell, Eric Holder, Cicely Tyson, and Lenny Kravitz are all Caribbean Americans.

I urge my fellow members of Congress to commemorate this month as National Caribbean American Heritage Month.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LUCAS (at the request of Mr. MCCARTHY) for today on account of a medical procedure.

Mrs. NAPOLITANO (at the request of Ms. PELOSI) for today through June 29 on account of spouse health situation in California.

#### ADJOURNMENT

Ms. PLASKETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 39 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, June 27, 2017, at 10 a.m. for morning-hour debate.

#### OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

“I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign

and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.”

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Members of the 115th Congress, pursuant to the provisions of 2 U.S.C. 25:

KAREN C. HANDEL, Sixth District of Georgia.

RALPH NORMAN, Fifth District of South Carolina.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

1796. A letter from the Assistant Director for Legislative Affairs, Consumer Financial Protection Bureau, transmitting the Bureau's Semi-Annual Report to Congress, pursuant to Sec. 1016 of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010; to the Committee on Financial Services.

1797. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; Georgia: Permit Exemptions and Definitions [EPA-R04-OAR-2007-0113; FRL-9964-06-Region 4] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1798. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; New Mexico; Albuquerque/Bernalillo County; New Source Review (NSR) Preconstruction Permitting Program [EPA-R06-OAR-2013-0615; FRL-9963-41-Region 6] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1799. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Department's direct final rule — Approval and Promulgation of Air Quality Implementation Plans; Texas; Redesignation of the Collin County Area to Attainment the 2008 Lead Standard [EPA-R06-OAR-2009-0750 9963-47-Region 6] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1800. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule and correction notice — Approval of Missouri's Air Quality Implementation Plans; Reporting Emission Data, Emission Fees and Process Information [EPA-R07-OAR-2015-0790; FRL-9964-04-Region 7] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1801. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; GA and SC: Changes to Ambient Air Stand-

ard Definitions [EPA-R04-OAR-2016-0504; FRL-9964-09-Region 4] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1802. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Department's final rule — Fees for Water Infrastructure Project Applications under WIFIA [EPA-HQ-OW-2016-0568; FRL-9964-19-OW] (RIN: 2040-AF64) received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. SHUSTER: Committee on Transportation and Infrastructure. H.R. 1684. A bill to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes; with an amendment (Rept. 115-193). Referred to the Committee of the Whole House on the state of the Union.

Mr. SHUSTER: Committee on Transportation and Infrastructure. H.R. 2518. A bill to authorize appropriations for the Coast Guard for fiscal years 2018 and 2019, and for other purposes; with an amendment (Rept. 115-194). Referred to the Committee of the Whole House on the state of the Union.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. SHIMKUS:

H.R. 3053. A bill to amend the Nuclear Waste Policy Act of 1982, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROE of Tennessee (for himself and Mr. CORREA):

H.R. 3054. A bill to provide an amnesty period during which veterans and their family members can register certain firearms in the National Firearms Registration and Transfer Record, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Ways and Means, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FERGUSON (for himself and Mr. CARTER of Georgia):

H.R. 3055. A bill to amend the National Labor Relations Act to prohibit the preemption of State identity theft laws; to the Committee on Education and the Workforce.

By Mr. FERGUSON (for himself and Mr. CARTER of Georgia):

H.R. 3056. A bill to amend the National Labor Relations Act to prohibit the preemption of State stalking laws; to the Committee on Education and the Workforce.

By Mr. BEYER (for himself, Mr. RASKIN, and Mr. KHANNA):

H.R. 3057. A bill to establish the use of ranked choice voting in elections for Representatives in Congress, to require each State with more than one Representative to establish multi-member Congressional districts, to require States to conduct Congressional redistricting through independent commissions, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CLAY (for himself and Mrs. WAGNER):

H.R. 3058. A bill to redesignate the Jefferson National Expansion Memorial in the State of Missouri as the "Gateway Arch National Park"; to the Committee on Natural Resources.

By Mr. CLYBURN (for himself, Mrs. WATSON COLEMAN, Mr. THOMPSON of Mississippi, Mr. HASTINGS, Mr. GRIJALVA, Mr. EVANS, Ms. LEE, Mr. SERRANO, Ms. VELÁZQUEZ, Ms. SCHAKOWSKY, Ms. HANABUSA, Mr. BISHOP of Georgia, Ms. MOORE, Mr. CLAY, Ms. NORTON, Ms. CLARKE of New York, Mr. CUMMINGS, Ms. WILSON of Florida, Mr. KHANNA, Mr. SABLON, Mr. RICHMOND, Ms. KELLY of Illinois, and Ms. ADAMS):

H.R. 3059. A bill to provide funding for Federally Qualified Health Centers, the National Health Service Corps, Teaching Health Centers, and the Nurse Practitioner Residency Training program; to the Committee on Energy and Commerce.

By Ms. MOORE (for herself, Mr. CLYBURN, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. JACKSON LEE, Ms. SEWELL of Alabama, Mr. LEWIS of Georgia, Mr. THOMPSON of Mississippi, Mr. JOHNSON of Georgia, Mr. RICHMOND, Mr. BEYER, Mr. BISHOP of Georgia, Ms. CASTOR of Florida, Mr. CUMMINGS, Mr. GRIJALVA, Ms. NORTON, Mr. MCNERNEY, Mr. MEEKS, Mr. TAKANO, Mr. EVANS, Ms. JAYAPAL, Mr. RASKIN, Ms. KELLY of Illinois, Mr. HASTINGS, and Mrs. WATSON COLEMAN):

H.R. 3060. A bill to require that States and localities receiving grants under the Edward Byrne Memorial Justice Assistance Grant Program require law enforcement officers to undergo training on and thereafter employ de-escalation techniques to assist in reducing the need for the use of force by such officers, and for other purposes; to the Committee on the Judiciary.

By Mr. REED (for himself and Ms. SÁNCHEZ):

H.R. 3061. A bill to amend the Internal Revenue Code of 1986 to allow employers a credit against income tax for employees who participate in qualified apprenticeship programs; to the Committee on Ways and Means.

By Mr. RUSSELL:

H.R. 3062. A bill to require the Administrator of the Federal Aviation Administration to consider the aircraft registry office in Oklahoma City, Oklahoma, as excepted during a Government shutdown or emergency (as it provides excepted services) to ensure that it remains open during any Government shutdown or emergency; to the Committee on Transportation and Infrastructure.

By Mr. SARBANES (for himself, Mr. WITTMAN, Mr. BROWN of Maryland, Mr. SCOTT of Virginia, Mr. CONNOLLY, Mr. CUMMINGS, Mr. HOYER, Mr. RUPERSBERGER, Mr. DELANEY, Mr. RASKIN, Mr. TAYLOR, Mrs. COMSTOCK, and Mr. BEYER):

H.R. 3063. A bill to amend the Chesapeake Bay Initiative Act of 1998 to reauthorize the Chesapeake Bay Gateways and Watertrails Network; to the Committee on Natural Resources.

By Mr. CICILLINE (for himself, Mrs. CAROLYN B. MALONEY of New York, Mr. KEATING, Mrs. DINGELL, Mr. MCGOVERN, Mr. BLUMENAUER, Mr. MCNERNEY, Mr. GRIJALVA, Mr. GALLEGRO, Mr. SCHNEIDER, and Mr. SCOTT of Virginia):

H. Con. Res. 66. Concurrent resolution expressing support for the designation of June 21 as National ASK (Asking Saves Kids) Day to promote children's health and gun safety; to the Committee on Oversight and Government Reform.

By Ms. DELBENE (for herself, Mr. GUTIÉRREZ, Mr. CARTWRIGHT, Mr. MOULTON, Ms. WASSERMAN SCHULTZ, Ms. TSONGAS, Mr. LANGEVIN, Mr. CROWLEY, Ms. KAPTUR, Ms. NORTON, Mr. JOHNSON of Georgia, Mr. MEEKS, Mr. BEYER, Mr. KILDEE, Mr. FOSTER, Mr. LYNCH, Mr. ENGEL, Mr. LOEBSACK, Mrs. DAVIS of California, Ms. SPEIER, Mr. DELANEY, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. JACKSON LEE, Mr. SEAN PATRICK MALONEY of New York, Mr. CONNOLLY, Mr. POCAN, Ms. MATSUI, Mr. RYAN of Ohio, Ms. LEE, Mrs. NAPOLITANO, Mr. BLUMENAUER, Ms. SINEMA, Ms. FRANKEL of Florida, Mr. PETERS, Mr. HIMES, Ms. BROWNLEY of California, Mr. GRIJALVA, Mr. YARMUTH, Mr. PALLONE, Mr. SCHRADER, Mr. HECK, Mr. SCHIFF, Mrs. DINGELL, Mr. LOWENTHAL, Ms. SLAUGHTER, Mr. KIND, Ms. MCCOLLUM, Mr. CUMMINGS, Mr. ELLISON, Mr. SWALWELL of California, Mr. CARSON of Indiana, Mr. MCEACHIN, Ms. HANABUSA, Ms. TITUS, Ms. VELÁZQUEZ, Mr. HIGGINS of New York, Mr. PERLMUTTER, Mr. WELCH, Mr. RUSH, Ms. CLARK of Massachusetts, Mr. LEWIS of Georgia, Mr. CARBAJAL, Mr. HUFFMAN, Ms. JUDY CHU of California, Mr. WALZ, Mr. RASKIN, Mr. MCNERNEY, Ms. DEGETTE, Mr. CICILLINE, Mr. TAKANO, Mr. GALLEGRO, Mr. PAYNE, Ms. MENG, Mr. HASTINGS, Mr. CÁRDENAS, Mrs. CAROLYN B. MALONEY of New York, Ms. PINGREE, Mr. DEFazio, Mr. POLIS, Ms. KELLY of Illinois, Mr. LARSON of Connecticut, Mr. LEVIN, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. PRICE of North Carolina, Mr. KILMER, Mr. SERRANO, Mr. MCGOVERN, Ms. ESTY of Connecticut, Ms. SÁNCHEZ, Ms. ESHOO, Ms. CASTOR of Florida, Mr. PASCRELL, Ms. SHEAPORTER, Mr. KENNEDY, Mrs. BUSTOS, Mr. COHEN, Ms. SCHAKOWSKY, Mrs. BEATTY, Ms. WILSON of Florida, Mr. DANNY K. DAVIS of Illinois, Ms. MOORE, Mr. BROWN of Maryland, Mr. KEATING, Mr. SCHNEIDER, Mr. NORCROSS, Mrs. MURPHY of Florida, Mr. LARSEN of Washington, Mr. TED LIEU of California, Mr. SIREs, Ms. LOFGREN, Mr. BEN RAY LUJÁN of New Mexico, Mrs. DEMINGS, Mrs. LOWEY, Ms. BONAMICI, Miss RICE of New York, Mr. DEUTCH, Mr. COURTNEY, Mrs. LAWRENCE, Ms. CLARKE of New York, and Mrs. TORRES):

H. Res. 405. A resolution expressing support for the designation of June 26 as "LGBT Equality Day"; to the Committee on the Judiciary.

By Mr. THOMPSON of Pennsylvania (for himself and Ms. TSONGAS):

H. Res. 406. A resolution recognizing the importance of public park and recreation fa-

cilities and activities and expressing support for the designation of the month of July as "Park and Recreation Month"; to the Committee on Natural Resources.

By Mr. GROTHMAN (for himself, Mr. BABIN, Mr. HARRIS, Mr. GRAVES of Georgia, Mr. GARRETT, Mr. YOHO, Mr. DESANTIS, Mr. BIGGS, Mr. JOHNSON of Louisiana, Mr. GOSAR, Mr. ALLEN, Mr. JODY B. HICE of Georgia, Mr. RICE of South Carolina, Mr. VARGAS, Mr. GAETZ, Ms. GRANGER, Mr. KING of Iowa, Mr. JORDAN, Mr. PERRY, Mr. FASO, Mr. DUNN, Ms. JENKINS of Kansas, Mr. TIPTON, Mr. ROSS, and Mr. SIMPSON):

H. Res. 407. A resolution condemning the persecution of Christians around the world; to the Committee on Foreign Affairs.

By Mr. SAM JOHNSON of Texas (for himself, Ms. MATSUI, and Mr. COLE):

H. Res. 408. A resolution commemorating the 50th anniversary of the Smithsonian Folklife Festival; to the Committee on Oversight and Government Reform.

By Ms. NORTON:

H. Res. 409. A resolution recognizing and commending Lunchtime Music on the Mall and its performers and partners for benefiting the District of Columbia and regional residents as well as visitors to the Nation's capital; to the Committee on Natural Resources.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. SHIMKUS:

H.R. 3053.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. ROE of Tennessee:

H.R. 3054.

Congress has the power to enact this legislation pursuant to the following:

The Constitution of the United States Article I, Section 8 and Amendment II

By Mr. FERGUSON:

H.R. 3055.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18, To make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States, or in any Department or Officer thereof.

By Mr. FERGUSON:

H.R. 3056.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18, To make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States, or in any Department or Officer thereof.

By Mr. BEYER:

H.R. 3057.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I of the United States Constitution and its subsequent amendments.

By Mr. CLAY:  
H.R. 3058.  
Congress has the power to enact this legislation pursuant to the following:  
Article I, Section 8  
By Mr. CLYBURN:  
H.R. 3059.  
Congress has the power to enact this legislation pursuant to the following:  
Article I Section 8 of the US Constitution  
By Ms. MOORE:  
H.R. 3060.  
Congress has the power to enact this legislation pursuant to the following:  
Article I Section 8 of the Constitution of the United States of America  
By Mr. REED:  
H.R. 3061.  
Congress has the power to enact this legislation pursuant to the following:  
Clause 1 of Section 8 of Article I of the United States Constitution and Amendment XVI of the United States Constitution  
By Mr. RUSSELL:  
H.R. 3062.  
Congress has the power to enact this legislation pursuant to the following:  
Article I, Section 8, Clause 18  
By Mr. SARBANES:  
H.R. 3063.  
Congress has the power to enact this legislation pursuant to the following:  
Article I, Section 8 of the U.S. Constitution under the General Welfare Clause.

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 66: Mr. BEN RAY LUJÁN of New Mexico.  
H.R. 123: Mr. GONZALEZ of Texas.  
H.R. 233: Ms. SCHAKOWSKY and Mr. BRENDAN F. BOYLE of Pennsylvania.  
H.R. 281: Ms. TENNEY.  
H.R. 289: Mr. GRAVES of Louisiana.  
H.R. 344: Mr. FASO.  
H.R. 358: Mr. HARPER and Mr. LUETKEMEYER.  
H.R. 367: Mr. MULLIN.  
H.R. 449: Ms. BLUNT ROCHESTER.  
H.R. 468: Ms. SLAUGHTER and Ms. ESHOO.  
H.R. 490: Mr. HIGGINS of Louisiana, Mr. MARCHANT, Mr. BARLETTA, and Mr. WALBERG.  
H.R. 525: Mr. BISHOP of Georgia.  
H.R. 664: Ms. BLUNT ROCHESTER.  
H.R. 669: Ms. BARRAGÁN.  
H.R. 685: Mr. CROWLEY.  
H.R. 721: Ms. ADAMS, Mr. COMER, Mr. GRAVES of Georgia, Mr. WEBSTER of Florida, and Ms. GRANGER.  
H.R. 731: Mr. MCNERNEY.  
H.R. 747: Mr. LUETKEMEYER and Mr. FLORES.  
H.R. 750: Mr. HASTINGS, Mr. SERRANO, and Mr. CUMMINGS.  
H.R. 754: Ms. SCHAKOWSKY and Mr. GARAMENDI.  
H.R. 807: Mr. TAKANO and Mr. CARBAJAL.  
H.R. 816: Mr. MCNERNEY.  
H.R. 828: Ms. SLAUGHTER.  
H.R. 846: Mr. LOBIONDO, Mr. GONZALEZ of Texas, and Mr. BRADY of Texas.  
H.R. 873: Mr. SERRANO, Mr. PALLONE, Mr. BISHOP of Michigan, Mr. MAST, Mr. WILSON of South Carolina, and Mr. GARRETT.  
H.R. 909: Mr. REED.  
H.R. 927: Mr. KILMER.  
H.R. 930: Mr. PEARCE, Mr. LUCAS, Mr. MAST, Mr. VALADAO, and Mr. DUNN.  
H.R. 947: Mr. CONYERS.  
H.R. 986: Ms. FOXF.  
H.R. 995: Mr. ROYCE of California.  
H.R. 997: Mr. WOMACK.  
H.R. 1017: Ms. CLARK of Massachusetts, Ms. MOORE, and Ms. JAYAPAL.

H.R. 1057: Mr. BARLETTA.  
H.R. 1059: Mr. JEFFRIES.  
H.R. 1090: Mr. HOLLINGSWORTH.  
H.R. 1094: Mr. JEFFRIES and Mr. TAKANO.  
H.R. 1116: Mr. DUNCAN of South Carolina, Mrs. MIMI WALTERS of California, Mr. WEBSTER of Florida, Mr. SIMPSON, Mr. DESJARLAIS, Mr. RODNEY DAVIS of Illinois, Mr. MESSER, and Mr. TURNER.  
H.R. 1120: Mr. SUOZZI.  
H.R. 1146: Mr. TAKANO and Mr. MCGOVERN.  
H.R. 1148: Ms. DEGETTE and Mr. CICILLINE.  
H.R. 1155: Mr. KENNEDY.  
H.R. 1164: Mr. LANCE.  
H.R. 1171: Mr. BEN RAY LUJÁN of New Mexico and Mr. FORTENBERRY.  
H.R. 1173: Mr. KIND.  
H.R. 1222: Mr. MOULTON.  
H.R. 1245: Ms. MICHELLE LUJAN GRISHAM of New Mexico.  
H.R. 1269: Mr. DENHAM, Mr. THOMPSON of California, and Mr. BERA.  
H.R. 1276: Mr. MOULTON.  
H.R. 1291: Mrs. DEMINGS.  
H.R. 1316: Mr. JODY B. HICE of Georgia.  
H.R. 1359: Mr. COSTELLO of Pennsylvania.  
H.R. 1384: Mr. KELLY of Mississippi.  
H.R. 1405: Mr. NADLER.  
H.R. 1421: Mr. KIND and Ms. CLARKE of New York.  
H.R. 1441: Mr. BACON.  
H.R. 1444: Mr. RUSSELL.  
H.R. 1447: Mr. SEAN PATRICK MALONEY of New York and Ms. MCCOLLUM.  
H.R. 1456: Mr. LAMALFA, Mr. ESTES of Kansas, Ms. TITUS, and Mr. KRISHNAMOORTHY.  
H.R. 1491: Mr. NUNES.  
H.R. 1494: Ms. MENG, Mr. OLSON, Mr. YOUNG of Iowa, Ms. SÁNCHEZ, Mr. BUDD, Mr. ZELDIN, Mrs. BEATTY, and Mr. THOMPSON of California.  
H.R. 1552: Mr. LABRADOR and Mr. ROKITA.  
H.R. 1575: Ms. BLUNT ROCHESTER.  
H.R. 1606: Mr. SENSENBRENNER, Mr. WESTERMAN, and Mr. BRADY of Pennsylvania.  
H.R. 1626: Mr. DONOVAN.  
H.R. 1629: Mr. BLUMENAUER.  
H.R. 1666: Mr. DEFASIO.  
H.R. 1731: Mrs. RADEWAGEN.  
H.R. 1733: Mr. SENSENBRENNER and Mr. ROSKAM.  
H.R. 1734: Mr. CICILLINE and Mrs. DEMINGS.  
H.R. 1757: Mr. BLUMENAUER.  
H.R. 1759: Mr. DONOVAN.  
H.R. 1777: Mr. PITTINGER.  
H.R. 1828: Mr. MARSHALL.  
H.R. 1841: Ms. JAYAPAL and Mr. BEYER.  
H.R. 1847: Mr. ESTES of Kansas.  
H.R. 1861: Mr. DONOVAN.  
H.R. 1864: Mr. ROE of Tennessee.  
H.R. 1899: Mr. CICILLINE.  
H.R. 1905: Mr. RASKIN.  
H.R. 1928: Mr. CASTRO of Texas, Mr. WOMACK, and Ms. PINGREE.  
H.R. 1953: Mr. KENNEDY.  
H.R. 1955: Mr. CRAMER.  
H.R. 2013: Mr. O'HALLERAN.  
H.R. 2054: Mr. SCHWEIKERT.  
H.R. 2059: Mr. JEFFRIES.  
H.R. 2061: Mr. WILSON of South Carolina.  
H.R. 2149: Mr. SESSIONS.  
H.R. 2225: Mr. COSTELLO of Pennsylvania.  
H.R. 2240: Mr. COSTA.  
H.R. 2273: Mr. BLUM.  
H.R. 2315: Mr. MOOLENAAR, Mr. BRIDENSTINE, Mr. BLUMENAUER, Mr. GOHMERT, and Mr. MURPHY of Pennsylvania.  
H.R. 2345: Ms. JUDY CHU of California, Mrs. BEATTY, Mr. KILMER, Mr. THOMPSON of Mississippi, Mr. BRADY of Pennsylvania, Ms. ROSEN, Mr. ROKITA, and Mr. RUTHERFORD.  
H.R. 2358: Ms. MICHELLE LUJAN GRISHAM of New Mexico.  
H.R. 2366: Ms. KAPTUR.  
H.R. 2379: Ms. MICHELLE LUJAN GRISHAM of New Mexico.  
H.R. 2394: Mr. MEEHAN.  
H.R. 2404: Ms. JACKSON LEE.

H.R. 2428: Mr. MOULTON.  
H.R. 2435: Mr. NADLER.  
H.R. 2472: Mr. RASKIN.  
H.R. 2478: Mr. LARSEN of Washington.  
H.R. 2482: Mr. FASO and Mr. BARLETTA.  
H.R. 2499: Mr. SMITH of Washington.  
H.R. 2501: Ms. BLUNT ROCHESTER.  
H.R. 2519: Mrs. MIMI WALTERS of California.  
H.R. 2544: Mr. KHANNA and Mr. BOST.  
H.R. 2550: Mr. SWALWELL of California.  
H.R. 2556: Mr. JENKINS of West Virginia and Mr. ROKITA.  
H.R. 2584: Mr. SMITH of Texas, Mr. NEWHOUSE, Mr. GONZALEZ of Texas, and Mr. SOTO.  
H.R. 2587: Mr. KILMER.  
H.R. 2589: Mr. ROSS.  
H.R. 2598: Mr. THOMPSON of California.  
H.R. 2651: Mr. WITTMAN, Mr. ROSS, and Mr. CARTER of Georgia.  
H.R. 2658: Mr. ESPALLAT, Mrs. TORRES, Mr. MCCAUL, Ms. FRANKEL of Florida, and Mr. COFFMAN.  
H.R. 2659: Mr. GARAMENDI.  
H.R. 2664: Mrs. WALORSKI, Ms. MOORE, and Mr. HASTINGS.  
H.R. 2690: Mr. VEASEY.  
H.R. 2695: Ms. MENG, Mr. BROWN of Maryland, and Ms. VELÁZQUEZ.  
H.R. 2696: Mr. BROWN of Maryland and Ms. VELÁZQUEZ.  
H.R. 2703: Mr. TAKANO.  
H.R. 2740: Mrs. LOWEY, Mr. BLUM, Mr. JOHNSON of Georgia, Mr. BISHOP of Georgia, Ms. HANABUSA and Ms. DELAURO.  
H.R. 2790: Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. CARBAJAL, Mr. KRISHNAMOORTHY, Ms. PINGREE, Mr. RASKIN, and Mr. MCGOVERN.  
H.R. 2809: Mr. LAMBORN.  
H.R. 2838: Mr. RYAN of Ohio.  
H.R. 2862: Mr. COFFMAN and Mr. ROYCE of California.  
H.R. 2870: Mr. WITTMAN, Mr. MOOLENAAR, and Mr. MOONEY of West Virginia.  
H.R. 2875: Mr. ZELDIN.  
H.R. 2879: Mr. ROKITA.  
H.R. 2902: Mr. LANGEVIN.  
H.R. 2909: Mr. PALAZZO, Mr. WEBSTER of Florida, and Mr. BACON.  
H.R. 2913: Mr. HECK, Ms. SLAUGHTER, and Mr. LANGEVIN.  
H.R. 2918: Mr. MARSHALL, Mr. ROSS, Mr. MEADOWS, Mr. COLE, and Mr. KELLY of Mississippi.  
H.R. 2919: Mr. KELLY of Pennsylvania and Mr. RUSSELL.  
H.R. 2944: Mr. RICHMOND.  
H.R. 2946: Mr. WILLIAMS, Mr. HIGGINS of Louisiana, Mr. ABRAHAM, and Mr. GAETZ.  
H.R. 2968: Mr. KILMER.  
H.R. 3003: Mr. JENKINS of West Virginia, Mr. SMITH of Texas, Mr. YOUNG of Iowa, Mr. GAETZ, Mr. ZELDIN, and Mr. BARLETTA.  
H.R. 3004: Mr. FITZPATRICK, Mr. JENKINS of West Virginia, Mr. GAETZ, Mr. SMITH of Texas, Mr. BACON, Mr. SMITH of Missouri, Mr. ZELDIN, Mr. LAMBORN, and Mr. BARLETTA.  
H.R. 3026: Mr. KILMER.  
H.R. 3033: Mr. TAYLOR.  
H.J. Res. 6: Mr. ROKITA.  
H.J. Res. 31: Mr. COHEN.  
H. Con. Res. 8: Mr. LARSON of Connecticut, Mr. MCGOVERN, Ms. KUSTER of New Hampshire, Mr. QUIGLEY, Mr. THOMPSON of California, Mr. AGUILAR, Mrs. BUSTOS, Ms. CLARK of Massachusetts, and Mr. DESAULNIER.  
H. Con. Res. 47: Mr. JEFFRIES.  
H. Con. Res. 63: Ms. ESTY of Connecticut, Mrs. LOWEY, Ms. BONAMICI, and Ms. DELAURO.  
H. Con. Res. 64: Ms. NORTON, Ms. VELÁZQUEZ, Mr. LOESACK, Mrs. COMSTOCK, Ms. KELLY of Illinois, and Mr. DONOVAN.  
H. Con. Res. 65: Ms. KUSTER of New Hampshire and Mr. CICILLINE.  
H. Res. 185: Mr. CONNOLLY, Mr. SHERMAN, Mrs. LOWEY, Mr. WEBBER of Texas, and Mr. BRENDAN F. BOYLE of Pennsylvania.



- H. Res. 218: Mr. ZELDIN.
- H. Res. 257: Mr. KEATING and Mr. RASKIN.
- H. Res. 274: Mr. ROHRABACHER, Mr. ZELDIN, and Mrs. WAGNER.
- H. Res. 279: Mr. DUFFY.
- H. Res. 286: Mr. JEFFRIES.
- H. Res. 307: Mr. BRAT.
- H. Res. 317: Ms. EDDIE BERNICE JOHNSON of Texas and Mr. ZELDIN.
- H. Res. 351: Mr. FASO.
- H. Res. 359: Mrs. LOWEY.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. GOODLATTE

The provisions that warranted a referral to the Committee on Judiciary in H.R. 3003 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

OFFERED BY MR. GOODLATTE

The provisions that warranted a referral to the Committee on Judiciary in H.R. 3004 do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions, as follows:

H.R. 60: Mr. ABRAHAM and Mr. ESTES of Kansas.



United States  
of America

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 115<sup>th</sup> CONGRESS, FIRST SESSION

Vol. 163

WASHINGTON, MONDAY, JUNE 26, 2017

No. 109

## Senate

The Senate met at 4 p.m. and was called to order by the President pro tempore (Mr. HATCH).

### PRAYER

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

Let us pray.

Eternal God, sovereign of nations, answer our lawmakers even before they call, and hear them even before they speak. Give them the wisdom today to commune with You. May this fellowship bring them Your gifts of knowledge, judgment, and wisdom for these turbulent times.

Lord, help them to yield their minds, hearts, and wills to the flow of Your Divine intelligence, using Your might to solve problems in our Nation and world. Give them the power to handle the pressures of legislative labor as they find fuel from a fresh flow of Your strength. May they think clearly, serve creatively, and endure consistently.

We pray in Your sacred Name. Amen.

### PLEDGE OF ALLEGIANCE

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

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

### RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mrs. ERNST). The majority leader is recognized.

### BETTER CARE RECONCILIATION BILL

Mr. MCCONNELL. Madam President, 7 years ago, the Democrats forced an unfair healthcare system on our country that they called the Affordable Care Act. It turned out to be anything but that.

They told Americans that it would lower their premiums, but ObamaCare has increased premiums by an average of 105 percent in the vast majority of States on the Federal exchange since 2013. Unless we act, we can expect similar trends for years to come.

They told Americans that it would expand choice in the healthcare marketplace, but ObamaCare has left Americans in 70 percent of U.S. counties with little to no options for insurance this year. Unless we act, we can expect things to get worse.

They told Americans that it would allow them to keep their doctors, their plans, and their ability to make the smartest healthcare decisions for their families. Instead, ObamaCare forced millions off the plans they liked and forced millions into plans they either did not want or could not afford. Unless we act, more Americans will be left trapped, forced by ObamaCare to buy insurance but left without the means to actually do so.

This is the ObamaCare status quo as millions of Americans have come to know it. It is unacceptable. It is unsustainable. The American people need better care, which is exactly what we are working to bring them.

Through dozens of meetings and through conversations with every Member of our conference, we have had the opportunity to discuss many different ideas and approaches for bringing relief from ObamaCare. Ultimately, we found there were a number of areas in which we all agreed when it comes to what the critical issues we need to address are and how we can do that. Those solutions are what make up the draft legislation that was released last week and that we will continue working to consider now.

Better Care will preserve access to care for patients with preexisting conditions, strengthen Medicaid, and allow children to remain on their parents' insurance through the age of 26.

Better Care will lower costs from where they are under ObamaCare by,

among other things, eliminating taxes on the middle class, by giving Americans more power to control and reduce their medical costs and out-of-pocket expenses, and by giving States significant new tools to drive down premiums.

Better Care will free Americans from onerous mandates under ObamaCare by repealing the employer mandate that reduces hours and take-home pay for too many workers and by repealing the individual mandate that forces Americans to buy unaffordable ObamaCare insurance, freeing them to make the best healthcare decisions for their families on what types of plans they want and can afford.

Better Care will help stabilize insurance markets that are collapsing under ObamaCare by first implementing stabilization policies and then carefully transitioning away from ObamaCare completely so that more families are not harmed by its collapsing markets.

As one major insurer observed just today, this bill "will markedly improve the stability of the individual market and moderate premium increases." That is from a major insurer today.

We should keep working so that we can move forward with robust floor debate and an open amendment process here on the Senate floor. I would encourage all 100 Senators to participate because the American people need better care right now, and this legislation includes the necessary tools to provide it.

### RESERVATION OF LEADER TIME

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

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



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S3743

## EXECUTIVE SESSION

## EXECUTIVE CALENDAR

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

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

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

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

## RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

## HEALTHCARE LEGISLATION

Mr. SCHUMER. Madam President, this week, the eyes of the American people should be and are on the Senate. The Republican majority endeavors to pass a massive remake of our Nation's healthcare system with the votes of only one party and the ideas of only one wing of one party in just 4 short days.

The Republican majority kept their healthcare bill shrouded in darkness for as long as possible, only dragging it into the light last Thursday morning after it was forced to because there was so much outcry over the secrecy. That was only a week before it was set for a vote. There are still no hearings and no opportunity for a robust discussion of amendments. Just a few hours ago, they released a revised version, which, at the moment, is what we will apparently consider on the floor.

There is a reason my Republican colleagues labored in secret. There is a reason they forsook the committee process and regular order and open debate. There is a reason they want to jam this bill through in just 1 week. They are ashamed of their bill. Now that we have seen it, we finally know why.

The Republican healthcare bill—this new TrumpCare—unwinds the healthcare protections and programs that are designed to help the Americans who need it the most in order to give a tax break to the Americans who need it the least.

The bill would gut Medicaid, making it harder for families with a loved one in a nursing home or for families with a disabled child to afford his care, so that they can give a massive tax cut to the wealthy.

This bill would defund Planned Parenthood, making it harder for millions of women to obtain care, so that they

can give people who make over \$1 million a \$57,000 tax cut, on average.

The bill would slash tax credits, which help families afford health insurance, in order to give a nearly \$1 trillion tax cut to the wealthiest Americans.

The bill would also punish any Americans who experience a gap in coverage, locking them out of health insurance for 6 months. Every year, tens of millions of Americans have a gap in coverage through no fault of their own. Some lose their jobs, and others have temporary financial problems. It is inhumane to say to those Americans: You now have to wait an additional 6 months without insurance.

Imagine someone who is struggling with cancer, and he has a lapse in coverage. The 6-month wait this Republican penalty imposes could well become a death sentence.

That is why Republicans are ashamed of this bill—it carries a staggering human cost. You do not have to take my word for it; the bipartisan National Association of Medicaid Directors came out today in opposition to the bill, saying it would “divert critical resources away from what we know is working today,” particularly for opioid treatment.

Madam President, I ask unanimous consent that their statement be printed in the RECORD.

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

[From the National Association of Medicaid Directors, June 26, 2017]

CONSENSUS STATEMENT FROM THE NATIONAL ASSOCIATION OF MEDICAID DIRECTORS (NAMD) BOARD OF DIRECTORS ON THE BETTER CARE RECONCILIATION ACT OF 2017

WASHINGTON, DC.—The following statement represents the unanimous views of the National Association of Medicaid Directors (NAMD) Board of Directors. NAMD is a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country.

Medicaid is a successful, efficient, and cost-effective federal-state partnership. It has a record of innovation and improvement of outcomes for the nation's most vulnerable citizens.

Medicaid plays a prominent role in the provision of long-term services and supports for the nation's elderly and disabled populations, as well as behavioral health services, including comprehensive and effective treatment for individuals struggling with opioid dependency.

Medicaid is complex and therefore demands thoughtful and deliberate discussion about how to improve it.

Medicaid Directors have long advocated for meaningful reform of the program. States continue to innovate with the tools they have, but federal changes are necessary to improve effectiveness and efficiency of the program. However, these changes must be made thoughtfully and deliberately to ensure the continued provision of quality, cost-effective care.

Medicaid Directors have asked for, and are appreciative of, improved working relationships with HHS and are working hard to streamline and improve the administration of the program. The Senate bill does formalize several critical administrative and

regulatory improvements, such as giving Medicaid Directors a seat at the table in the development of regulations that impact how the program is run, and the pathway to permanency for certain waiver programs. However, no amount of administrative or regulatory flexibility can compensate for the federal spending reductions that would occur as a result of this bill.

Changes in the federal responsibility for financing the program must be accompanied by clearly articulated statutory changes to Medicaid to enable states to operate effectively under a cap. The Senate bill does not accomplish that. It would be a transfer of risk, responsibility, and cost to the states of historic proportions.

While NAMD does not have consensus on the mandatory conversion of Medicaid financing to a per capita cap or block grant, the per capita cap growth rates for Medicaid in the Senate bill are insufficient and unworkable.

Medicaid—or other forms of comprehensive, accessible and affordable health coverage—in coordination with public health and law enforcement entities, is the most comprehensive and effective way address the opioid epidemic in this country. Earmarking funding for grants for the exclusive purpose of treating addiction, in the absence of preventative medical and behavioral health coverage, is likely to be ineffective in solving the problem and would divert critical resources away from what we know is working today.

Medicaid Directors recommend prioritizing the stabilization of marketplace coverage. Medicaid reform should be undertaken when it can be accomplished thoughtfully and deliberately.

Mr. SCHUMER. Madam President, the nonpartisan American Medical Association—a conservative organization—came out today in opposition to the bill, saying it “will expose low and middle income patients to higher costs and greater difficulty in affording care.”

I ask unanimous consent that their letter be printed in the RECORD.

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

AMERICAN MEDICAL ASSOCIATION,  
Chicago, IL, June 26, 2017.

Hon. MITCH MCCONNELL,  
Majority Leader, U.S. Senate,  
Washington, DC.

Hon. CHARLES SCHUMER,  
Minority Leader, U.S. Senate,  
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL AND LEADER SCHUMER: On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our opposition to the discussion draft of the “Better Care Reconciliation Act” released on June 22, 2017. Medicine has long operated under the precept of *Primum non nocere*, or “first, do no harm.” The draft legislation violates that standard on many levels.

In our January 3, 2017 letter to you, and in subsequent communications, we have consistently urged that the Senate, in developing proposals to replace portions of the current law, pay special attention to ensure that individuals currently covered do not lose access to affordable, quality health insurance coverage. In addition, we have advocated for the sufficient funding of Medicaid and other safety net programs and urged steps to promote stability in the individual market.

Though we await additional analysis of the proposal, it seems highly likely that a combination of smaller subsidies resulting from lower benchmarks and the increased likelihood of waivers of important protections such as required benefits, actuarial value standards, and out of pocket spending limits will expose low and middle income patients to higher costs and greater difficulty in affording care.

The AMA is particularly concerned with proposals to convert the Medicaid program into a system that limits the federal obligation to care for needy patients to a predetermined formula based on per-capita-caps. At the recently concluded Annual Meeting of the AMA House of Delegates, representatives of more than 190 state and national specialty medical associations spoke strongly in opposition to such proposals. Per-capita-caps fail to take into account unanticipated costs of new medical innovations or the fiscal impact of public health epidemics, such as the crisis of opioid abuse currently ravaging our nation. The Senate proposal to artificially limit the growth of Medicaid expenditures below even the rate of medical inflation threatens to limit states' ability to address the health care needs of their most vulnerable citizens. It would be a serious mistake to lock into place another arbitrary and unsustainable formula that will be extremely difficult and costly to fix.

We are also concerned with other provisions of the legislation beyond those directly affecting insurance coverage. The Affordable Care Act's Prevention and Public Health Fund was, according to the Department of Health and Human Services, established to "provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality." These activities are key to controlling health care costs and the elimination of support for them runs counter to the goal of improving the health care system. We also continue to oppose Congressionally-mandated restrictions on where lower income women (and men) may receive otherwise covered health care services—in this case the prohibition on individuals using their Medicaid coverage at clinics operated by Planned Parenthood. These provisions violate longstanding AMA policy on patients' freedom to choose their providers and physicians' freedom to practice in the setting of their choice.

We do appreciate the inclusion of several provisions designed to bring short term stability to the individual market, including the extension of cost sharing reductions payments. We urge, however, that these provisions serve as the basis of Senate efforts to improve the ACA and ensure that quality, affordable health insurance coverage is within reach of all Americans.

We sincerely hope that the Senate will take this opportunity to change the course of the current debate and work to fix problems with the current system. We believe that Congress should be working to increase the number of Americans with access to quality, affordable health insurance instead of pursuing policies that have the opposite effect, and we renew our commitment to work with you in that endeavor.

Sincerely,

*James L. Madara, MD.*

Mr. SCHUMER. Madam President, even several Republican Senators are expressing concerns.

Republican Senator HELLER said: "The bill doesn't protect the most vulnerable Nevadans—the elderly, Nevadans struggling with mental health issues, substance abuse, and people with disabilities."

He continued: "The goal of healthcare reform should be to lower costs here in Nevada, and I'm not confident—not confident—it will achieve that goal."

Republican Senator SUSAN COLLINS said about the bill: "I'm very concerned about the cost of insurance for older people with serious chronic illnesses, and the impact of the Medicaid cuts on our state governments, the most vulnerable people in our society, and health care providers such as our rural hospitals and nursing homes."

Even my friend the junior Republican Senator from Texas said that under this bill, "premiums would continue to rise."

My Republican friends are right to have these concerns. The bill will not lower costs for working families. It will leave the most vulnerable Americans out in the cold, devastate rural areas, and set us even further back in combating the opioid epidemic.

This week, the Senate will witness a political exercise in that the majority leader will attempt to coerce the votes of these Senators and any other holdouts by adjusting the dials on the legislation a bit. There will be buyouts and bailouts and small tweaks that will be hailed as "fixes" by the other side.

The truth is that the Republicans cannot excise the rotten core at the center of their healthcare bill. No matter what tweaks they add, no matter how the bill changes around the edges, it is fundamentally flawed at the center. No matter what last-minute amendments are offered, this bill will force millions of Americans to spend more of their paychecks on healthcare in order to receive fewer benefits simply so that the wealthiest Americans can pay less in taxes. That is why our Republican colleagues are ashamed of this bill and are rushing it through in 4 short days.

Before we vote on the motion to proceed, I would ask my Republican friends to do one simple thing: Reflect on how this bill would impact your constituents. We are all sent here to serve the people of our States—to do right by them, to ease their burdens where possible and make sure our laws reflect a country that gives everyone an equal opportunity to succeed. The first rule of medicine is "do no harm." So it should be with government. So it should be with this healthcare bill.

But this bill will harm the middle-class family with a parent in a nursing home. It will harm the father whose son is struggling with opioid addiction and who is having trouble finding the money to put him through treatment. It will harm the child born with a pre-existing condition, who may hit the lifetime cap on healthcare coverage before he or she even enters kindergarten.

As the American Medical Association said today, this bill violates the "do no harm" standard on many levels. I believe my friends and colleagues on the other side of the aisle are men and

women of good conscience. I would ask that they think with their conscience before they vote on the motion to proceed on Wednesday.

Any bill that does this much harm to the American people ought to receive a "no" vote.

#### RUSSIA SANCTIONS

Finally, Madam President, I have a word on Russia sanctions. President Trump has spent the last few days firing off tweets that point fingers at President Obama's handling of Russia's interference in our election. It is good that the President has finally acknowledged—albeit implicitly—that Russia interfered in our election, something that the intelligence community has long agreed upon.

Let me give the President some heartfelt advice. Mr. President, you have to stop the name-calling, finger-pointing, and deflection when it comes to something as serious as Russia's meddling in our democracy. This is very, very serious stuff.

Whatever President Trump thinks of President Obama's actions during the election is moot. Mr. Trump is now President, not Barack Obama, and the Russian threat is still there. If President Trump is concerned by Russian interference in our election, he can step up to the plate and try to stop it. Blaming Obama is not going to solve the problem, even though that blame may be wrongly placed.

The best thing President Trump can do is to support the Russia sanctions bill the Senate passed 2 weeks ago by an overwhelming, bipartisan, 98-to-2 vote—a bill that is currently languishing at the clerk's desk in the House, at what appears to be, at least, the request of the White House.

It would be unconscionable—unconscionable—to let sanctions stay where they are or, worse, to weaken them, when Russia has interfered with the wellsprings of our democracy and, if not punished, will likely do so again.

If President Trump doesn't support the bill and tries to block it or water it down, Americans are going to be asking: What is his motivation? What is the reason President Trump is afraid to sanction Russia after they interfered in our elections? The American people are going to ask a lot of questions.

I would advise the President to stop casting blame and step up to protect the vital interests of this country, to get tough on Russia, get serious about safeguarding our elections, and tell Speaker RYAN to pass our Russia sanctions bill so that President Trump can sign it.

Otherwise, President Trump is going to be in an even deeper hole with the public on the matter of Russia.

Thank you, Madam President.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Madam President, I thank the distinguished Democratic leader for his comments. I ascribe to them.

## TRUMP ADMINISTRATION CUBA POLICY

Madam President, on June 16, in a campaign-style speech glorifying the failed Bay of Pigs invasion of Cuba in 1961, President Trump spoke of freedom and democracy for the Cuban people.

Those are goals every one of us in this body shares, not only for the people of Cuba but for people everywhere. But the hypocrisy of the President's remarks in Miami, where he announced his decision to roll back engagement between the United States of America and Cuba, was glaring, if not surprising.

This is a President who has praised, feted, and offered aid and weapons to some of the world's most brutal despots. A President who, when he was in Saudi Arabia, never uttered the words "freedom" or "democracy" or "women's rights." In fact, he said he did not believe in lecturing other governments about such things. Freedom House ranks Saudi Arabia as less free than Cuba.

This is a President who welcomed at the White House President Erdogan, who has imprisoned tens of thousands of teachers, journalists, and civil servants as he dismantles the institutions of secular democracy in Turkey.

President Trump praised Philippine President Duterte, who brags of committing murder and who defends a policy of summarily executing, without any legal process, thousands of suspected petty drug users.

President Trump says he admires President Putin, and he acts like a soulmate to President El-Sisi, both of whom show no reluctance to order the imprisonment and, in Russia, even the assassination, of critics of their autocratic rule.

Despite all of this—praising these tyrants around the world—President Trump has decided to make a point of going after tiny Cuba, whose government, for all its faults, doesn't hold a candle to these other autocracies.

If the hypocrisy were not enough, it gets a whole lot worse, because in doing so he is trampling on the rights of Americans—of the Presiding Officer, of me, and of everybody else in this country.

I wonder how many, if any, Members of Congress have read the details of the President's announcement in Miami, other than the couple of Cuban-American Members of Congress—neither one of whom has ever set foot in Cuba—even though it is only a few miles off our coast. They publicly took credit for writing the new White House policy.

Now, that, in and of itself, speaks volumes about the administration's so-called policy review. That turned out to be largely a sham. Apparently, every Federal agency recommended continuing down the path of engagement begun by President Obama, as did the U.S. business community and the rapidly growing number of private Cuban entrepreneurs who are benefiting from U.S. engagement.

It is especially ironic that those hard-working Cubans and private

American citizens are the ones who will be hurt by this change in policy. Instead, the President decided to toss a political favor to a tiny minority of the President's supporters in Miami.

Now, the President's party has long claimed to be a party devoted to individual freedom, as we all should be. But let me give my colleagues a few examples of what his policy means for the freedom of individual Americans.

First, remember that Americans can travel freely to any of the other countries I have mentioned, despite the repressive policies of their governments. Americans can travel to Saudi Arabia, the Philippines, Turkey, and Egypt, as well as to Iran, Vietnam, and China. We can go to any of those countries without restriction.

Of course, Americans can travel freely to Russia, Cuba's former patron. I would note that Russia is now investing heavily in Cuba's transport sector and, taking advantage of the fact that we are turning our back on Cuba, they are seeking a military base there. And Americans can travel freely to the dictatorship of Venezuela, Cuba's source of cheap oil. In fact, Americans can travel freely to any country they want, provided that country will let them in, no matter how undemocratic, no matter how tyrannical, no matter how repressive. Apparently, President Trump could care less about that. But not to Cuba, whose people have far more in common with us than those of any of the other countries I named.

No, President Trump says you can go to Iran, you can go to Vietnam, you can go to Russia, you can go to Turkey, and you can go to Saudi Arabia. You can go anywhere you want, but you can only go to Cuba under conditions that the White House and bureaucrats in the Treasury Department, who have never been to Cuba, permit.

Rather than make your own decision about where to take your family for a vacation or to experience a foreign culture, the White House will make that decision for you.

You must be a part of an organized group, and the purpose of your trip must fit within 1 of 12 licensing categories determined by bureaucrats at the Treasury Department. I suspect they have never been to Cuba.

You must have a designated chaperrone to verify that, Heaven forbid, you do not stray from the program submitted to and approved—you hope—by the Treasury Department, whose employees and bureaucrats you have never met. If your application is interminably delayed or denied—for whatever reason—you are out of luck. There is no appeal.

Now, that is how the White House says that Cuba will become a democracy. By curtailing the freedom of Americans to travel and spend their hard earned money there. By behaving the way we would expect of a communist dictatorship—not of the world's oldest democracy, where the government's job is to protect individual free-

dom, not trample on it. The example we set for Cuba is by trampling on the rights of our own people.

How well did restricting travel by Americans to Cuba work from 1961 until 2014, when President Obama relaxed those Cold War restrictions, decades after the Russians had abandoned the island and Cuba no longer posed any threat to us? It failed miserably. At the same time, it treated the Cuban and American people as pawns in a political game.

Throughout those many years, the Castro government had a ready excuse for its own failings and repressive policies. They could blame it on the United States, and for many years, the Cuban people believed it because we, with our embargo, wouldn't let Americans travel to Cuba or do business there. But with the possible exception of the Pope, I don't think any foreigner has been received as warmly or engendered as much hope for the future as President Obama did when he and First Lady Michelle Obama visited Havana. It was amazing to watch the reaction of the people in Cuba.

President Trump claims President Obama got a bad deal when our flag went up at the U.S. Embassy a little less than 2 years ago, after more than half a century. But President Trump has yet to say what the deal he believes he could obtain would look like. His so-called deal could be described in one word, "capitulation," which hasn't worked for over 50 years.

The White House decries the decrepit Cuban military's role in the economy, as if it poses a threat to us or is somehow an aberration. They should look at the role of Egypt's military and Russia's and Indonesia's and Pakistan's. They have their hands in all kinds of business and real estate ventures.

They point out the number of people arrested in Cuba has increased. I have condemned the arrests of peaceful protesters. These arrests are wrong, but they are also wrong in the countries whose repressive governments the President has praised, some of which he regards as close allies of the United States.

Now, like Americans, the Cuban people know that fundamental change will not happen quickly and that the revolutionaries who overthrew one dictator only to be replaced by another will hold on to power while they can. But they also know that their time is ending, that Cuba is changing, and that the American people can support them best by engaging with them.

Secretary of State Tillerson says the administration is "motivated by the conviction that the more we engage with other nations on issues of security and prosperity, the more we will have opportunities to shape the human rights conditions in those nations." Apparently, this administration should have added: "except for Cuba."

On May 25, Senator FLAKE and I, along with 53 Democratic and Republican cosponsors, introduced the Freedom for Americans to Travel to Cuba

Act. It is, frankly, absurd that such legislation is even necessary to restore the American people's freedom to travel that the Federal Government should never have taken away.

Fifty-five Senators of both parties are on record in support of doing away with the restrictions in law that even President Obama could not fix; and, frankly, if there is a vote on this bill, it will pass overwhelmingly. I hope the majority leader will strike a blow for democracy and actually let us have that vote so we can show the Cuban people what real democracy looks like when people are allowed to vote.

We support freedom not only for the people of Cuba, we support it for the American people because we reject the idea that any government should deny its citizens the right to travel freely, least of all our own government. We actually believe Secretary Tillerson's rhetoric. We believe that restoring the punitive policy of the past is little more than a misguided act of vengeance rooted in a half-century-old family feud that will do nothing to bring freedom to Cuba.

Who do we see now coming to Cuba to build a railroad? The Russians. Who do we see as we turn our back on Cuba planning to invest there? The Chinese. Let's not repeat the mistake we made for 50 years.

The Cuban people and the American people want closer relations. Every single poll shows that. I wish President Trump would listen to the American people rather than to a tiny minority who want to turn back the clock.

If we really care about freedom in Cuba, we should flood Cuba with American visitors and make it possible for American farmers and American companies to compete there as they would in any other country.

If we really care about freedom, our government should stop playing Big Brother with the lives of Americans. It doesn't work. It has never worked. Frankly, it is wrong.

I yield the floor.

The PRESIDING OFFICER (Mr. MORAN). The Senator from Rhode Island.

#### HEALTHCARE LEGISLATION

Mr. REED. Mr. President, I come to the Senate floor, once again, to urge my colleagues to work in a bipartisan, transparent fashion to improve our healthcare system and help bring down costs.

Over the weekend, members of the American Medical Association—the Nation's largest organization of doctors—had a chance to finally read the proposed Republican bill and found it violates their “do no harm” principle. According to a letter they wrote to Leaders MCCONNELL and SCHUMER, “Medicine has long operated under the precept of *Primum non nocere*, or, ‘first do no harm.’ The draft legislation violates that standard on many levels.”

That is the conclusion of the American Medical Association, and they are

correct. This bill will not lower costs, and it will not improve our healthcare system. Instead, it will remove health insurance coverage for millions of Americans. Indeed, the CBO has just released their estimate that 22 million Americans will lose their health insurance coverage. It will increase costs for everyone and decimate State budgets, creating a ripple effect throughout our economy.

The bill my colleagues worked in secret to craft is, in a sense, a sham. It will not lower costs, and it will not improve our healthcare system, as they insist. Instead, it will remove health insurance coverage for millions of Americans—22 million, according to the CBO—increase costs for everyone, as I said, and decimate State budgets. In fact, their bill essentially is a huge tax cut for the wealthiest 2 percent of Americans at the expense of everyone else.

If you need any further proof of the real driver of this bill, one of its biggest giveaways is a retroactive tax break on investment income for people making at least a quarter of a million dollars. Dozens of leading economists, including six Nobel laureates, have criticized this plan as, in their words, a “giant step in the wrong direction” that prioritizes tax breaks averaging \$200,000 annually per household in the top 0.1 percent of Americans over the well-being of working families. In fact, President Trump himself will get an estimated \$2 million tax break each year from the giveaways in this bill. Let's call this bill what it is: a massive giveaway to the wealthiest Americans. Meanwhile, the rest of the country—all of our constituents—will be the ones paying the price for these tax breaks for those well-off. So much for the President's claim that he would end a rigged system.

Now, how do Republicans pay for these tax breaks? For starters, they are proposing to end the Medicaid expansion under the Affordable Care Act, which is providing health insurance to nearly 15 million Americans, but then they go even further by effectively block-granting Medicaid, cutting hundreds of billions of dollars from the program over the next decade. These are not reforms designed to lower costs. This is a cut, pure and simple, which will sharply curtail and eliminate needed healthcare services to many across this country. In fact, the Center on Budget Policies and Priorities published data that shows a stark contrast of who gains and who loses under this bill. The 400 households in the country with the highest incomes will get tax breaks totaling \$33 billion because of the Senate TrumpCare bill. As a result, over 725,000 Americans will lose Medicaid coverage in just four States to equate to that \$33 billion: Alaska, Arkansas, Nevada, and West Virginia. That doesn't even scratch the surface as to who will lose access to care in the remaining 46 States.

Medicaid has played a critical role in ensuring access to care for millions of

Americans, including children, seniors, and people with disabilities. In fact, across the country, and in my home State of Rhode Island, about half of all Medicaid funding is spent on nursing home care. Over 60 percent of nursing home residents access care through Medicaid. If you think nursing home care will be protected, you are in for a rude awakening because the math just doesn't work. It will be impossible to cut Federal funding for State Medicaid programs by hundreds of billions of dollars and not impact the most significant Medicaid expenditures, which are nursing homes.

I would also like to talk about the role Medicaid plays in emergencies like a recession or public health crisis. We know all too well how an economic downturn impacts communities. With job loss, comes loss of health insurance, pensions, and other benefits. The tax base shrinks, and State budgets suffer. Medicaid, as currently structured, is able to adapt to this. As the need increases, the program grows to cover everyone who is eligible, including those who have just lost jobs. This saves families from having to choose whether to take their kids to the doctor or put food on the table.

Under the Senate TrumpCare bill, States will be hamstrung by arbitrary caps and limits on Medicaid. In fact, States will be unable to expand coverage during a recession to those in need, and they will likely have to make cuts across the board, from healthcare and education to transportation infrastructure, to make up for the lost tax revenues. This is not strictly going to be an issue of healthcare policy in States. The cuts are so dramatic that after they have taken all they can from other healthcare programs, they will inevitably go to education funding—the biggest expense most States have—and then to transportation and then to public safety. Even then, I don't think they can keep up with these cuts.

Like most of the country, Rhode Island was hard hit by the recession. It took many years for the economy to even begin to turn around in the right direction. It seemed my colleagues are forgetting how Medicaid has been a critical safety net through tough economic times.

I am also concerned that my colleagues are not aware of the impact Medicaid has on our Nation's veterans. The uninsured rate among veterans has dropped by 40 percent since implementation of the Affordable Care Act. Nationwide, nearly 1 in 10 veterans is covered by Medicaid, including approximately 8,000 veterans in my home State of Rhode Island. The cuts to Medicaid that have been proposed by my Republican colleagues put the care of our veterans at risk. We have all promised to provide the best care possible to our brave men and women when they leave the service, but the Senate TrumpCare bill would do the opposite.

That is not the only way this bill would damage veterans' care. Many

veterans seek help for mental health care by going outside of the VA system. TrumpCare puts mental health and substance abuse treatment at risk by saying insurance companies no longer need to cover these services. For the over 15,000 veterans in Rhode Island who access mental and behavioral healthcare outside of the VA, they would be out of luck. For all the bipartisan work in this Chamber to increase veterans' access to these services, it would all be for naught if Senate Republicans pass their TrumpCare bill.

These are just some of the things Republicans are sacrificing in the name of tax breaks for the wealthy. It is, frankly, unconscionable. More importantly, this will not be lost on the American people. I have heard from thousands of my constituents since the beginning of this year, and if Senate Republicans press forward with this legislation, I think we will all hear from many more of these constituents for many years to come.

TrumpCare is fundamentally flawed and cannot be fixed. We would welcome the opportunity to work across the aisle on improvements to the Affordable Care Act, like those to lower costs, especially prescription drug costs, any time.

I, once again, urge my colleagues to drop their efforts and to work with us to instead make improvements to the ACA.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, last week, I spoke with a very brave mother. She had endured what not one of us ever wants to have to endure while she watched her child go through cancer, over and over and over again. That mother is Elaine Geller from my State of Florida. I want to show you her daughter. This is her daughter Megan. She was working as a kindergarten teacher when she was diagnosed with leukemia in 2013 at the age of 26. At the time Megan was admitted to the hospital, her blood count was four. She had pneumonia, and she had water on her heart.

She ultimately checked into one of the very good cancer centers at the University of Miami, and she stayed there for 7 months. She went through the regimen of chemo. She spent months in the hospital, receiving multiple rounds of chemo, biopsies, and various other treatments. Eventually, Megan's doctor told her she had to have a transplant, which required a \$150,000 upfront payment. I think you see where I am going with this story. Very few families would be able to afford a 150-grand payment, especially a single mother.

I heard this story last week from Megan's mother. She said that thanks to the Affordable Care Act, she didn't have to write a check for the transplant. In fact, she didn't have that money. Because that transplant was provided for under the Affordable Care

Act coverage, she knew that was one worry that could be taken off of her mind. She had enough to worry about as a mother, what she should be doing in such a situation, and of course she wanted to give all of her attention to her daughter.

The cancer went into remission after the transplant; however, after leaving the hospital, 63 days later, the cancer came back. This time, they went to MD Anderson Cancer Center in Houston. I asked the mom why she wanted to do that. She said: "When your child is dying, there's nothing that you won't do." I think all of us as parents can identify with that, but we are so very fortunate that we haven't had to go through it.

Maybe, as we get ready to vote on this healthcare bill, on the Republican alternative—which, by the way, just came out of CBO today—the Congressional Budget Office—and they said that if the Senate bill were enacted, 22 million people would lose health insurance coverage. Remember, that is not too much different from what CBO said when the House bill was passed a couple of months ago, the bill to which there has been such a negative reaction. CBO said that 23 million people in this country would lose their coverage as a result of the House bill. We just got the score from CBO minutes ago. Twenty-two million people. Is that the direction we want to be going in?

Megan is still going through treatment, and the cancer was only in remission for 32 days before it came back again. Megan received multiple blood transfusions. Remember, this is a single mom trying to keep her daughter, a schoolteacher in her twenties, alive. This time, all of the blood transfusions started to take another toll on Megan. She became so weak. When trying to walk, she faltered, she fell, she hit her head, and at age 28, she passed away.

Let's get to the bottom line of this discussion, other than that our hearts go out to all the Megans all across America. The bottom line is, that whole treatment over 2 years cost \$8 million. There was not a cap on the total amount of money that could be paid under the existing law, the Affordable Care Act. An insurance company cannot put a cap on the amount of your medical bills that can be reimbursed. Suppose before the ACA that cap was \$50,000. This single mom could not even have come up with money for the initial transplant, which looked as though it worked and did work for several months. In fact, \$8 million over time—2 years—how in the world could any one of us afford that?

A lot of people say: Well, the ACA isn't doing it. Well, why don't we all get together in a bipartisan way and fix it? And one of the fixes would be, because certain healthcare problems, like Megan's, cause the insurance company to pay out a lot of money—do you know what we can do about it? We can create a reinsurance fund, which is a bill that I had filed, and it is to rein-

sure against that catastrophic healthcare problem like Megan's of \$8 million, to reinsure the insurance company. Do you know what that would do in the State of Florida, if we passed this as a fix to the ACA? It would lower the premiums in the ACA in Florida 13 percent. That is reinsurance.

It is not unlike what we have done for hurricanes. A catastrophic hurricane could cost so much more than the insurance company has assets for, and therefore they buy insurance from a company like Lloyd's of London or other reinsurance companies. They buy insurance in case of a catastrophe—the insurance company does that. If an insurance company did not have to pay out this \$8 million because it had insured against that kind of catastrophic loss, everybody else's premiums are going to come down. Otherwise, they have to make premiums actuarially sound, and they have to raise them in order to take care of the cases that are prohibitively expensive.

All of this sounds down in the weeds, but the bottom line is this: If we want to fix the ACA, we can fix it, but we can't do it one party against the other. We have to have the will to come together in a bipartisan agreement to fix it.

Of course, if the mom of this girl had been faced with this without insurance coverage, she would be bankrupt. She wouldn't have been able to even afford the first transplant, much less the 2 years of extra life her daughter had while fighting for her life. Anybody who goes through something like Elaine and her daughter Megan did knows that every second counts.

That is what this healthcare debate is about—giving people peace of mind, giving them that financial security, that certainty, putting people's health ahead of other things, such as company profits. You can do it all and solve everybody's problem, including the insurance company's, which obviously is in business to make a profit. You can do it.

Elaine said her daughter would be proud to know that we are telling that story today. It matters. It matters to her, albeit deceased. It certainly matters to her mom. It matters to their Senator. It matters to a lot of other people.

The ACA, the existing law—the one there was such a fractious fight over 5 to 7 years ago—is working. Here is a good example. Then we see that the aim of our friends on that side of the aisle is—they want to repeal it. They don't want anything that has the taint of ObamaCare, and so they concoct something in the House. You see what kind of greeting that has gotten in the country. I think it was in the upper teens—a poll that showed it was viewed favorably. In other words, it is viewed very unfavorably.

In order for the Senate majority leader to come up with something that he can repeal ObamaCare with, in the dead of night, in secret—even the Republican Senators didn't know what it

was until they hatched it in the public last Friday. This bill is just as bad as the House bill.

They will claim, in trying to stand up this bill—by the way, it is going to wither, the more it is examined in the glare of the spotlight. They claim that it maintains the ACA's protections for those with preexisting conditions. Can anybody really say that with a straight face? It leaves it up to the States.

Before I came to Washington and the Senate service, I was the elected insurance commissioner, State treasurer of Florida. It was my job to regulate the insurance companies—all kinds of insurance companies, including health insurance companies. I can tell you that I have seen some insurance companies use asthma as a preexisting condition, and therefore that was the reason they would not allow the person who needed insurance to be covered. They said: If you have a preexisting condition, we are not going to insure you. I have even seen insurance companies use as an excuse a rash as a preexisting condition, and that means they are not going to insure you. Under the existing law, the ACA, they can't do that. You are going to have the security of knowing you are going to have coverage.

Do you know something else you are going to have the security of knowing? You are not going to deal with some of those insurance companies that I regulated. Of your premium dollar for health insurance, they would spend 40 percent of that dollar not on your healthcare, but they would take 40 cents of that premium dollar that you paid and that was going to executive salaries. It was going to administrative expenses. It was going to plush trips. Don't tell me that is not a true story. I saw it over and over in the 1990s as the elected insurance commissioner of Florida.

You know what the existing law says? It says that of every premium dollar you pay, 80 cents of that premium dollar has to go into healthcare. It can't be commissions. It can't be executive salaries. It can't be the executive jets for the corporate executives. Eighty cents of that premium dollar has to go into healthcare so you get what you pay for in that premium dollar. At some point there is going to be an attempt to undo that. If you start leaving things up to the States, watch out.

When Megan was in the ICU, she had a respiratory failure that cost thousands of dollars more, and thanks to the ACA, her insurance carrier covered it. But under the Republican bill that has been now released, States could let their insurance companies pocket more of those premium dollars to pay for those things I just shared, which I had seen back in the decade of the 1990s as the insurance commissioner. Well, we shouldn't be padding their pockets. The premium dollar for health insurance ought to go to healthcare.

The Senate bill cuts billions in Medicaid. We haven't even talked about

that. Who gets Medicaid? Millions of people in this country do. It is not only the poor. It is not only the disabled. It is 65 to 70 percent of all seniors in nursing homes who are on Medicaid, and it is also some children's programs. Let me just give you one example. I went to the neonatal unit at Shands Hospital in Jacksonville, a hospital affiliated with the University of Florida, but in Jacksonville. The doctors and nurses were showing me how miracles occur for premature babies; they keep them alive.

Then what they wanted to show me was—with the opioid epidemic, which has hit my State just like all the other States, they wanted me to see and understand that when a pregnant mom is addicted to opioids, she passes that on in her womb to her unborn child. When born, that baby is opioid-dependent. The doctors showed me the characteristics—that high, shrill cry, the constant scratching, the awkward movements. Do you know what they use to wean those little babies off opioids over the course of a month? They use doses of morphine.

Do you want to devastate Medicaid? Do you want to take over \$800 billion over 10 years out of Medicaid? What about those single moms? The only healthcare they get is Medicaid. And what about those babies I just described, who are also on Medicaid? If you start capping the amount of money that goes to the States on a Federal-State program for healthcare—Medicaid—you are going to throw a lot of people off any kind of healthcare, including senior citizens in nursing homes.

A Medicaid block grant, or a cap, would end the healthcare guarantee for millions of children, people with disabilities, pregnant women, and seniors on long-term care. There are 37 million children in this country who rely on Medicaid for care. The seniors, the poor, the disabled, the children—they are all vulnerable to the cuts that would occur.

If that is not enough to vote against this bill that is coming to the floor this week, the Senate bill actually imposes an age tax for older Americans, allowing insurance companies to charge older Americans up to five times more for coverage than a young person. You say: Well, older people have more illnesses and ailments; older people ought to cost more. If that is your argument, well, that is true.

The age rating in the existing law, the ACA, is three to one. This changes it to five to one, and five to one means one thing: higher premiums for senior citizens—I am talking about all insurance policies—until they reach that magic age of 65 and can be on Medicare. Do you want an age tax on older Americans as a result of this bill? I don't think so. But that is what is in there.

Fixing our Nation's healthcare system shouldn't be a partisan issue. That is why I have joined—bipartisan—with colleagues to introduce a bill that I de-

scribed a moment ago, which would lower healthcare premiums by 13 percent. That bill would stabilize the ACA's insurance marketplace through the creation of a permanent reinsurance fund. I have seen the policies work, as I described, with catastrophic hurricane insurance. There is nothing magic about my idea. It is just an obvious fix to the existing law, and ideas like that can bubble forth in a bipartisan way to make the existing law that we have sustainable.

What we ought to be doing is trying to look for ways to help people like that single mom Elaine and her daughter Megan. We should be working together to make the ACA work better. We shouldn't be plotting behind closed doors in the dead of night with a secret document—a secret document that we now know will make it worse.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CARPER. 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. CARPER. Mr. President, it is good to see you this afternoon.

I rise in support of the nomination of Kristine Svinicki to hold a third term as a member of the Nuclear Regulatory Commission, known as the NRC. Many Senators heard from our chairman on the Environment and Public Works Committee in support of this nominee last week, just prior to our cloture vote. I want to add my voice in support of her nomination as well.

Since joining the Environment and Public Works Committee, I have worked closely with my colleagues to strengthen what we call the "culture of safety" within the U.S. nuclear energy industry. In part, due to our collective efforts and the NRC leadership and the Commission's dedicated staff, the NRC continues to be the world's gold standard for nuclear regulatory agencies. However, as I say time and again, that does not mean we can become complacent when it comes to nuclear safety and our NRC oversight responsibilities, a perspective that I am certain is shared by every Member of this body.

Ensuring that the Nuclear Regulatory Commission continues to have experienced and dedicated leadership is one of the most important things that our committee, the Committee on Environment and Public Works, and the Senate can do to maintain a high level of safety and excellence in our Nation's nuclear facilities.

I am quite impressed with our NRC Commissioners, and I am encouraged with their ability to work cooperatively with each other. Each Commissioner, including our current chair, Kristine Svinicki—let me say her name again: Svinicki. People have a hard time saying her name. It is Svinicki.



She brings a unique set of skills to the table—something that has served the Commission and our country well.

I continue to have ongoing discussions with our friend, the chairman of the committee, Senator JOHN BARRASSO, about the strong interest I and our minority members of the committee have with ensuring parity, as the Senate looks to confirm other nominees to the NRC. This is in order to ensure that we have a balance of Democratic and Republican members on the Commission for years to come. It continues to be a priority for me and our Democratic colleagues.

At this time, I support moving Chairman Svinicki through the confirmation process. I do so out of respect for her long service to the NRC and for the need to ensure certainty and predictability within the NRC and its leadership. I hope my colleagues will join me in supporting her nomination.

Mr. President, as to this particular nominee, not everybody on the committee or probably in the Senate will support the nomination of Kristine Svinicki. They could have held her up. No one has, and she has moved through our committee expeditiously. She, in my view, should have moved through expeditiously and will be coming before us for an up-or-down vote in a few minutes.

#### HEALTHCARE LEGISLATION

Mr. President, I want to suggest, as we approach our business later this week with respect to healthcare legislation, that maybe the way we have handled this nomination might be a little bit of a model for the way we can actually work together.

We need to. People in this country say to me all the time and people in my State say to me all the time: Just work together. Get something done.

I know the Presiding Officer and the Senator from West Virginia, who has just entered the Chamber, want to work that way, too, and so do I. What I think we ought to be doing on healthcare in this body is to look at the ACA and study it up and down. God knows we had enough hearings, roundtables, opportunities to debate it, vote for it, and amend it—over 80, I think, or maybe over 400 amendments, all told, and 80-some days of working on it in 2009.

Rather than have legislation that just Democrats or just Republicans vote to put on the table and to try to push through here on Thursday, my hope is that we will hit the pause button. My hope is that we will hit the pause button, and we will focus—Democrats and Republicans—on trying to figure out what in the Affordable Care Act needs to be fixed and fix it, and figure out what needs to be maintained and preserved and preserve it. That is what I think we should do.

Lo and behold, if we were to do those things, I think we would end up with a better healthcare system with better healthcare coverage and maybe actually make true of the word of the Pres-

idential nominee, Donald Trump, who said he favored healthcare legislation that would actually cover everybody and get better results for less money. That is not a bad goal for us to shoot for. What I have laid out here just very briefly is this: Figure out what needs to be fixed in the Affordable Care Act and fix it, figure out what needs to be preserved and preserve it, and do it not just as Democrats or Republicans, but do it together. I think if we would do that, in the words of Mark Twain, we would confound our enemies and amaze our friends.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

All time has expired.

The question is, Will the Senate advise and consent to the Svinicki nomination?

Mr. MANCHIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Arizona (Mr. FLAKE), the Senator from Georgia (Mr. ISAKSON), and the Senator from Alabama (Mr. STRANGE).

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 88, nays 9, as follows:

[Rollcall Vote No. 154 Ex.]

#### YEAS—88

Alexander	Fischer	Paul
Baldwin	Franken	Perdue
Barrasso	Gardner	Peters
Bennet	Graham	Portman
Blumenthal	Grassley	Reed
Blunt	Hassan	Risch
Boozman	Hatch	Roberts
Brown	Heinrich	Rounds
Burr	Heitkamp	Rubio
Cantwell	Hirono	Sasse
Capito	Hoeven	Schatz
Cardin	Inhofe	Schumer
Carper	Johnson	Scott
Casey	Kaine	Shaheen
Cassidy	Kennedy	Shelby
Cochran	King	Stabenow
Collins	Klobuchar	Sullivan
Coons	Lankford	Tester
Corker	Leahy	Thune
Cornyn	Lee	Tillis
Cotton	Manchin	Toomey
Crapo	McCain	Udall
Cruz	McCaskill	Van Hollen
Daines	McConnell	Warner
Donnelly	Menendez	Whitehouse
Duckworth	Moran	Wicker
Durbin	Murkowski	Wyden
Enzi	Murphy	Young
Ernst	Murray	
Feinstein	Nelson	

#### NAYS—9

Booker	Harris	Merkley
Cortez Masto	Heller	Sanders
Gillibrand	Markey	Warren

NOT VOTING—3

Flake Isakson Strange

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider with respect to the Svinicki nomination be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### LEGISLATIVE SESSION

#### MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business for debate only and with Senators permitted to speak therein.

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

The Senator from Hawaii.

#### HEALTHCARE LEGISLATION

Ms. HIRONO. Mr. President, we are all one diagnosis away from having a serious illness. Lots of us believe that getting a serious illness is something that happens to other people. I was one of them.

My moment of reckoning came 2 months ago. During a routine physical, my doctor told me I have kidney cancer. It is a moment everyone dreads. Thankfully, I had health insurance. I was able to sit down with my doctors and decide how I would fight my cancer, not how I would pay for treatment.

No one should have to worry about whether they can afford the healthcare that one day might save their life. Healthcare is personal, and it is a right, not a privilege reserved only for those who can afford it. It is why we are fighting so hard against TrumpCare.

Thirteen of our male colleagues spent weeks sequestered away, literally plotting how to deny millions of people in our country the healthcare they deserve. They spent these weeks figuring out how to squeeze as much as they could out of the poorest, sickest, and oldest members of our society so they could give the richest people in our country a huge tax cut. This is not a healthcare bill. This is a tax cut for the rich bill.

Last week, the majority whip looked the American people in the eye from his desk and accused us of denouncing TrumpCare before we had a chance to read it. Well, read it we did, and it is as bad as we thought.

The Congressional Budget Office is estimating that 22 million people will lose their insurance under TrumpCare. Its draconian cuts to Medicaid would have a devastating impact on our seniors—our kupuna, as we refer to them

in Hawaii—who depend on the program for long-term nursing care. It imposes an age tax on people 50 to 64 that allows insurance companies to charge them five times more for insurance. It fulfills the Republican Party's cherished goal of defunding Planned Parenthood. It undermines protections for Americans living with serious and chronic diseases who could face the reimposition of yearly and lifetime caps on their care.

For millions of people in our country, TrumpCare is not some abstract proposal that has no relevance to their lives. Last week, Senator MURRAY, Senator VAN HOLLEN, and I joined three advocates—Ian, Marques, and Jill—who told us their stories about how TrumpCare would impact them.

Ian grew up in Fond du Lac, WI. During his sophomore year in high school, Ian discovered he had bone cancer after suffering an injury playing football. He has been cancer-free for 6 years and is now pursuing a career in medical research, in large part, because of his experience in fighting this cancer. Although Ian has been cancer-free for some time now, he is very concerned about what TrumpCare could mean for him if his disease comes back. He has a preexisting condition.

Marques lives in Richmond, VA. He was diagnosed with multiple sclerosis when he was only 27 years old. He has three young daughters and faces a lifetime of extensive treatment for his disease. Because of the Affordable Care Act and the guarantee of coverage it affords every American, Marques did what he never thought he would be able to do with MS, he started his own business.

Jill is from Hillard, OH. Her daughter Alison was born with cystic fibrosis. Alison endured a lot at a very young age. When she was only 7, Alison had part of her lung removed because of the damage her disease caused. Because she has health insurance, which makes paying for expensive CF drugs more affordable, Alison is a happy teenager planning eagerly for her future. Jill made clear what would happen if TrumpCare passes: Alison's CF medication would become prohibitively expensive. Under TrumpCare, Jill would have to make decisions about which drugs she could afford for Alison, not which would work best to fight her disease.

Annual or lifetime limits on healthcare coverage will mean constant worry about paying for the life-saving care that Ian, Marques, Jill, and their families need—not starting a business, not living like a normal teenager or young adult with dreams for the future. They will spend practically every waking moment just worrying about how they are going to pay for the care they need to live.

TrumpCare would be a disaster for the American people, and we are going to fight against it tooth and nail, but I also want to be clear about what we are fighting for. We are fighting for universal healthcare that is a right,

and not a privilege, for every American.

Tomorrow, I am going in for surgery to remove the lesion I have on my rib, but I am going to be back as quickly as I can to keep up the fight against this mean, ugly bill. The stakes are too high to stay silent. We need everyone in this fight because we are all in it together.

Millions of people across the country are mobilizing against TrumpCare because healthcare is personal. I am encouraged that so many people have been calling all of us and making their voices heard. The majority leader and Donald Trump can try to jam this bill down our throats, but we aren't going to let them succeed, and we are going to hold them accountable.

The fight continues.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

#### WISHING THE SENATOR FROM HAWAII WELL

Mr. SCHUMER. Mr. President, I just want to salute, on behalf of all of us in the Senate, our great, great Senator from Hawaii. Her courage, her strength, her conviction to help people who need help is just inspiring—that is the only word I could think of, “inspiring”—to every one of us.

We love you, MAZIE. We wish you well, and we can't wait for you to come back and rejoin the fight doubly invigorated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I extend to my colleague from Hawaii every blessing for her successful health treatment. I know the thoughts and prayers of every Member of the Senate are with her tomorrow and beyond as she undertakes that healing path.

#### HEALTHCARE LEGISLATION

Mr. MERKLEY. Mr. President, I appreciate the comments of the Senator from Hawaii tonight. They are certainly very relevant to the issue of healthcare here in America because each of us hopes that if a loved one gets ill, they will have the peace of mind that they know they will be able to get the healthcare they need and they will not go bankrupt in the process. Yet here we are tonight debating a bill titled “Better Care Act.”

Better Care, has ever there been a bill in the history of the United States of America so more perversely named than this Better Care Act which strips care from 22 million Americans?

I was very struck by one equation of this bill; that is, that it provides to the richest 400 Americans \$33 billion over a 10-year period. That is enough to pay for healthcare under Medicaid for 700,000 individuals—700,000 individuals. It rips the healthcare away from them to give \$33 billion to the richest 400

families. That is obscene. That is certainly not better care.

It is hard for me to imagine that a single Member of this body would vote to proceed to this bill, but here we are. Until we get agreement that we are not going to proceed, we have to continue to carry on this fight.

We know that 15 million people, CBO estimates, will lose healthcare in the next 12 months. That is even worse than the House bill. Last week, I came to this floor to call the Senate draft mean and meaner. The House bill was mean. The Senate's is meaner. Now we have the CBO estimate that says, yes, it is worse. One million more people would lose healthcare in a short period of time.

Furthermore, the rate at which standard Medicaid is compressed—Medicaid, as it existed before ObamaCare, that rate has increased to further diminish healthcare, having nothing to do with ObamaCare, just to add to the cruelty of this bill. So millions lose, but we deliver billions of dollars to the richest Americans.

In my home State of Oregon, just the elimination of the expansion of Medicaid, the Oregon health plan—that would eliminate 400,000 Oregonians off healthcare.

Imagine those individuals holding hands, 400,000 Oregonians, stretching from the Pacific Ocean to the State of Idaho. Anyone who has driven across Oregon would realize it is 400 miles across Oregon. If you are driving it, it is 7 hours of driving. For 7 hours, at 50 miles an hour, 60 miles an hour, you are passing a stream of people who would lose their healthcare just from the elimination of the expansion of Medicaid.

My colleagues across the aisle have crafted this so as to put it beyond the next Presidential election, beyond the 2018 election and beyond the 2020 election. Why? They are so terrified of the impact of this on the election they decided to postpone it until after 2018 and 2020, as if that makes it acceptable to rip healthcare from millions of people. That type of cynical, cynical act, purely political, is not going to be viewed well by the American public.

If you are so ashamed of this bill, if someone is so ashamed that they want to postpone the effects beyond the next Presidential election 3½ years from now, then maybe you should be so ashamed as not to vote to move to the bill here in the short term.

One of our colleagues across the aisle noted today: I can't imagine—not quite the exact word-for-word, but it is close. I can't imagine that anyone in America would have a chance to review this bill and truly understand it in time to proceed to it this week, including myself.

Well, that is certainly true. Has there ever been a case where a bill profoundly affecting so many has not had the benefit of committee deliberation here in the Senate? Are we a legislative body or are we a dictatorship where everything is done behind closed doors

and then rammed through? That is not the American way, and that is not the constitutional vision for how the Senate should work. There is supposed to be time to consult healthcare experts and time to go home to consult our constituents and find out how they feel.

If one is so terrified of this bill that you are afraid of your constituents, then you shouldn't vote to proceed to the bill. If one is so terrified you don't want to consult the experts, you shouldn't proceed to this bill. If you are so terrified that the reaction from the public will be so strong that it will put you in an awkward spot, then you shouldn't proceed to this bill—because you have the responsibility to consult with your folks back home, a responsibility to consult with healthcare experts, to understand every nuance of this bill.

One of those facts is going to have a devastating impact on those who would go to nursing homes. Folks who are under Medicaid and in a nursing home have given up their entire income and assets before they can get Medicaid support.

I was in Klamath Falls the weekend before this last weekend, went to a nursing home, and they said: Senator, almost 100 percent of the folks here on long-term care are paid for by Medicaid. I thought they were going to say 60 percent or two-thirds, because that is the national statistic. No, in rural Oregon, in Klamath Falls, almost 100 percent.

Then we had the CEO of the Oregon Health Association reach out and address this issue of how it is going to affect seniors. Here are his exact words:

I was on a call early today looking at some projections of how hard Oregon and Medicaid-funded long-term care service would be hit. If this bill passes, it literally could force the closure of the majority of nursing facilities in Oregon by 2025.

One thing I can't get out of my mind. At another nursing home I went to is a woman named Deborah. I explained I was coming by to talk to people because I wanted to understand better the impact of this bill on long-term care.

She said: Senator, I am paid for by Medicaid. If Medicaid disappears, I am on the street, and that is a problem because I can't walk.

That is exactly what Deborah said. And, of course, it is a problem, not only because she can't walk but because she needs extensive care, which is why she is in long-term care to begin with.

The anxiety was palpable among the nursing home residents, among the long-term care residents, because they have no backup plan, because they had to spend down their assets before they qualified for Medicare. Don't think of this just as ripping healthcare away from millions of working families, millions of struggling families, millions of children, but also from our seniors who are in long-term care, who need exten-

sive care, and who have given up their assets in order to qualify for Medicaid. They used those assets to pay for it as long as they could, and now they are on Medicaid. We are prepared to take those folks, many of them in wheelchairs—like Deborah, unable to walk—and throw them into the street and say: too bad.

The President called the House bill mean and indicated he wanted a bill with more heart. This is not a bill with more heart. We should not move to proceed to this bill.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I thank my colleague from Oregon for his words.

I rise today to give voice to the concerns I am hearing from so many people in my State and across the country about this repeal bill.

First, I want to recognize my colleague from Hawaii, Senator HIRONO, who spoke earlier tonight about her personal battle with kidney cancer, as she is an example to all of us of determination and grit when the going gets tough. She not only is going to the hospital for surgery tomorrow—which isn't an easy surgery—but she decided she wanted to spend the night before she went into the hospital here because she is so passionate about this issue.

I know she is going to fight this disease and win and come out stronger than ever. I have been so moved by how she has taken on her personal fight against cancer at the same time that she has kept this fight going in the Senate. She is doing it not just for herself or for her State but for people all over the country.

As Senator HIRONO has said, her experience shows how quickly a routine visit to the doctor can turn into a serious diagnosis—a diagnosis that becomes a preexisting condition.

Everyone who faces a serious illness, no matter who they are, should be able to focus all of their energy on getting better, not on how they are going to pay their medical bills. Unfortunately, the bill we are considering doesn't allow everyone to do that.

As the nonpartisan Congressional Budget Office noted earlier today, this bill could mean the return of annual or lifetime limits on what insurance would cover for people with expensive conditions like cancer or Alzheimer's, and some key healthcare benefits might be excluded from insurance coverage altogether.

It is no surprise that the Minnesota Hospital Association has said that this proposal "creates a lot of chaos."

I was just at Northfield Hospital this weekend. It is a college town, but it is in the middle of a very rural part of our State, with a lot of farms surrounding it. In fact, they call the town "Cows, Colleges, and Contentment." In that town and in that hospital, there wasn't a lot of contentment during my visit.

The CEO of the hospital told me that he was worried that this bill could

drive more of his patients to bankruptcy. I met with a number of people who were on the board and work at the hospital, and they were all very concerned about what the bill would mean.

This did not mean that they didn't want to see changes to the Affordable Care Act. They do. They see the issues with premiums in our State. That is why our Republican legislature worked with our Democratic Governor to pass a bill for reinsurance, to try to use something to leverage the risk for the people in the exchange. We could do something similar on the Federal level, and we should, but that is not what this bill is about.

The head of another hospital in my State said: "They are shortening up the money, but they're not giving us the ability to manage the care."

A Minnesota seniors organization said that this bill "feels like we're pulling the rug out from underneath families and seniors." That is why AARP strongly opposes the bill as well.

According to the CBO report that we got today, this bill would cause 22 million people to lose their coverage over the next 10 years—22 million people. On Friday, my Republican colleague Senator HELLER said that he "cannot support a piece of legislation that takes insurance away from tens of millions of Americans." I agree.

I hope our Republican colleagues will come to the negotiating table in a bipartisan way. I hope this administration will not sabotage the bill that we have now and will work with States like mine that want a waiver to be able to do the kind of cost sharing and the reinsurance that I just described. During that time, we can work together to actually make healthcare in America better and more affordable.

We need to think about the real and devastating impacts on people's lives that this piece of legislation would have because that is what this debate is about. It is not about all of us going back and forth and citing facts and figures. In the end, it is about how this will affect people.

It is about the lives of people like the mom in Minnesota who has a child with Down syndrome. She told me how she has seen Medicaid help parents of kids with disabilities avoid bankruptcy and how it helps school districts pay for the therapy children like hers need. She said that this bill is "unconscionable"—that is her word—because of what it would do to adults and kids who have disabilities.

We have more than half a million children in Minnesota who rely on Medicaid and the Children's Health Insurance Program. This includes kids like the students of a retired teacher from Northwestern Minnesota, right across from the North Dakota border. The teacher wrote in, saying that the bill is "cruel and mean," especially for the families of special needs students.

A lot of us have talked about how the President called the House bill mean and how we hoped to avoid a bill like

this in the Senate. In fact, this last weekend, he did admit that he had called the House bill mean after he had celebrated its passage. That is behind us.

The President is the one who is known for speaking his mind and speaking directly. He didn't need a poll or a focus group or an accountant to look at the House bill. He just called it what it was—mean.

In Minnesota, people don't mince words either, and that is why that teacher told me exactly what the impact of this Senate bill would be. In fact, today the Congressional Budget Office—the nonpartisan Congressional Budget Office—confirmed it earlier today with its estimate that millions of people, 22 million people, would lose their Medicaid coverage because of the bill.

Our debate today is about the lives of people like the retiree with Parkinson's in Minneapolis, who told me she is "scared and worried." She is not just worried about the cuts to Medicaid but also about depleting the Medicare trust fund to pay for tax cuts for the very wealthy. As she told me, the future of these vital programs that so many Americans depend on is on the line.

This healthcare bill is also about the people who are worried about taking care of their baby boomer parents at the same time that they are caring for their children. One woman told me about her mom, who died 2 years ago at 95 after suffering from dementia for more than 20 years. She had worked her whole life, but as she got older, she couldn't afford the nursing care she needed so much. Luckily, she was able to rely on Medicaid to pay for it.

More than half—54 percent—of nursing facility residents in Minnesota rely on Medicaid. I think when this House bill first came out, people thought, well, Medicaid—what does that have to do with my life? Then they started talking to their parents, their grandparents or they started talking to their neighbors, and that is when they realized, whoa, over 50 percent of people who go into assisted living and nursing homes end up relying on Medicaid.

This woman's daughter told me she is worried that this bill's cuts would put those vital services for seniors at risk for so many other parents and their kids. And even for older people who don't use Medicare or Medicaid, this bill could put health coverage out of reach. That is because it has an age tax for seniors, allowing older people to be charged five times as much as younger people for insurance. As AARP has said, that is just not right.

These are the concerns I have heard from seniors and their families in Minnesota. They are shared by people across the country, especially by people in our rural areas, where they tend to have a little older population. One reason for that is because the Senate bill, actually more than the House bill when it comes to Medicaid, makes even deeper cuts over the long term that

will hurt seniors and rural hospitals along with children, people with disabilities, and people suffering from opioid addiction.

We actually have a strong bipartisan group working on the opioid addiction problem. Four of us—two Democrats, two Republicans—were the chief authors of the bill that passed last year, which set the framework for the Nation. We then put billions of dollars into treatment last year, and we shouldn't blow it up now by passing a bill that, because of the Medicaid cuts, would—in my State, one-third of the people who get opioid addiction treatment get it from Medicaid. Actually, it would be moving ourselves backward.

I know my colleagues Senator COLLINS and Senator MURKOWSKI have expressed real concerns about these kinds of Medicaid cuts in their States of Maine and Alaska, which also have big rural populations.

In my State, Medicaid covers one-fifth of our total rural population, about 20 percent of our rural population. These cuts could cause the rural hospitals that serve this population to close. This doesn't just threaten healthcare coverage; it threatens the entire local economy. That is a big deal for rural hospitals, which often have operating margins of less than 1 percent. These rural hospitals are on the frontlines of the opioid epidemic that is hitting communities across the country.

In my State, deaths from prescription drugs now claim more lives than homicides. They claim more lives than car crashes. While there is more work to do to combat the epidemic, I want to recognize our progress. Yes, we passed the blueprint bill, which I just mentioned, with the help of Senators PORTMAN, WHITEHOUSE, and Ayotte. Unfortunately, we are moving ourselves backward.

Medicaid expansion has helped 1.3 million people receive treatment for mental and substance abuse across the country. I know this bill's cuts to these important services for people struggling with addiction have real concerns in States like West Virginia and States like Ohio.

The problems with this bill, of course, go beyond Medicaid cuts, as a mom from Belgrade, MN, told me when she wrote about her daughter who died way too young from cancer. She asked me to oppose this bill in honor of her daughter and the thousands of other children diagnosed with cancer each year. She is worried that the waivers in this legislation would undercut protections for people with preexisting conditions, threatening to make health insurance unaffordable for families like hers who have children or children with cancer.

One man from Minneapolis told me that what this does is "downright scary." Those were his words. He is scared because he is self-employed. He has a preexisting condition, and he gets his insurance on the individual market.

He is worried that under this bill, his costs—which are already high—would skyrocket.

I am the first to say that we need to fix the individual market. In fact, I started out by talking about the fact that we have done some work in our State, and I would like to bring that out nationally. This bill is not the way to do it because—as the CBO said earlier today—it would actually cut assistance and increase deductibles for many people on the individual market. Based on CBO's projections, the Joint Economic Committee estimates that average premiums in Minnesota would go up substantially next year, even more than they have gone up already.

People across the country are making their voices heard about these types of problems. According to the Kaiser Family Foundation poll that came out just last week, only 30 percent of Americans had a favorable view of the House bill, and these concerns go across party lines. Only about half of Republicans—56 percent—supported the House bill.

I know this bill has some differences from the House version, but as Speaker RYAN said last week, the two are very similar. I hope that hearing from Americans on both sides of the aisle prompts my colleagues to start working together to make our system better in a bipartisan way.

Here are some ideas. I would love to include, if we worked on a bipartisan basis together, not only the work that needs to be done on the individual market, but on the exchanges, on the rates, and for small businesses. But I would also like to work on prescription drugs. I have a bill that would harness the negotiating power of 41 million seniors on Medicare to bring drug prices down. We have a number of Senators on the bill. Right now, Medicare is absolutely banned from negotiating with 41 million seniors. That is just wrong. Our seniors should be able to use their market power to negotiate.

I would also love to see more competition in this market. There are several ways we can do it. One is by bringing in less expensive drugs from other countries when we have drug shortages now in this country. Senator COLLINS and I worked on this, and the bill passed this Senate and got signed into law. Now the Secretary of Human Services can actually bring in drugs that are safe from other countries when we have a drug shortage. We refined some of the language where the rules already allowed the Secretary to do that. They could do the same thing right now, but we can make it even more clear if this Congress got behind it.

Senator MCCAIN and I have a bill to bring in less expensive drugs from Canada, which is very similar to the American market. We have a provision in the bill so they would be safe. Many people in my State are doing this now. We once had bus rides of seniors going up there to get less expensive drugs. We could do it with other countries, as

well, as long as they were certified as safe. For one of the ways you could do it, Senator LEE and I have a bill that looks at this. Again, this a bipartisan bill. If you have less competition in the market and you have less competitors, that would trigger the ability to bring in more drugs. You could do it based on the price. If it goes up high and the Secretary or someone else that we could put in that place finds that it is not because of input costs, you could allow this competition to come in from other countries. It would be a trigger. I would bet you right now that if you did that, it would create incentives on American drug companies not to jack up the prices like they have been doing.

The top 10 selling drugs in America have gone up over 100 percent. Things like insulin are up three times. Things like naloxone, which we rely on for overdoses from opiates, have gone up astronomically. It feels like when these drug companies get a monopoly in their lap, they go for it. That is what is happening.

A second way to bring in competition is by encouraging more generics. Senator GRASSLEY and I have a bill to stop something called “pay for delay.” This is unbelievable to me, when I describe this to people—that big pharmaceutical companies are actually paying generic companies to keep their products off the market. The nonpartisan Congressional Budget Office has found that this would save something like \$3 billion over a number of years if we passed our bill. That is for the government and taxpayers, but you could save an equal amount of money for consumers who are paying for this in premiums. How could you ever explain that pharmaceuticals are actually paying generics to keep their products off the market? That is a vote I would like this Senate to take. I would like to challenge anyone to explain why they would vote against that.

We also have another bill called the CREATES Act, with Senators GRASSLEY, LEAHY, LEE, and me, which makes it easier to get generics to market by sampling and other things.

These are just a few of the examples of bills that I think would be very good if we would consider them, but so far, we have done nothing. We banned seniors from negotiating. There is nothing in the House or the Senate repeal bills that does anything about these pharma issues. Again, that is one reason alone to be concerned about these bills.

I was at that baseball game a few weeks ago and saw firsthand that incredible bipartisan spirit, and at the women’s softball game, as well. At the men’s baseball game, the players played together, and, at the end of the game, when one team won—the Democratic team—they took their trophy and they gave it to the Republican team, and they asked them to put it in Representative SCALISE’s office. That is what we need to see more of—not just two teams but one team. Cer-

tainly, on an issue as complex as healthcare, we just can’t be playing in our separate ballparks. This is the time to come together. We have changes that we must make to the Affordable Care Act. I said that the day it passed—that it was a beginning and not an end.

I always thought it was unfortunate that it was more of a Democratic bill than it was a bipartisan bill. So we have an opportunity now to fix that, to make fixes to the bill, and to work together. But this bill is not the answer—this bill that we were not allowed to take part in, where the doors were closed, not only to Democratic Senators but to Americans themselves.

So I hope, as we go forward, that our colleagues on the other side will work with us on a truly bipartisan bill that would make some of the changes we need to bring down healthcare costs, instead of moving forward with this bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, I would like to thank my friend and colleague Senator HIRONO for her words and her willingness to share how this bill could impact the millions of Americans with preexisting conditions. I, along with everyone else in this Chamber, wish her the best and a speedy recovery so she can continue to fight for the people of Hawaii and the people of the United States.

After weeks of secret meetings, Senate Republicans released their healthcare legislation last week. In many ways, it is even worse than expected. It is no wonder that the Senate Republicans kept this legislative malpractice hidden behind closed doors. For working families and the elderly, for the disabled and for those suffering from opioid addiction, this legislation is a death sentence. This bill takes a machete to Medicaid. It abandons people with preexisting conditions. It punishes Grandma and Grandpa, who live in a nursing home, and 25,000 seniors in Massachusetts’ nursing homes who are on Medicaid.

It causes the single greatest rollback of civil rights for people with disabilities in a generation, by taking away the funding for those with disabilities. It creates an age tax for those over the age of 50. It shreds a critical healthcare program for the disabled, working families, and children just to bestow billions in tax breaks for the wealthiest in our country.

This is an amazing number. The richest 400 billionaires in the United States will get a tax break of more than \$33 billion, which is roughly equivalent to the cuts from ending Medicaid expansion in four States. That is more than 700,000 people in just those four States who could be kicked off of their health insurance coverage to benefit just 400 billionaires in America who do not have to worry about their healthcare or their family’s welfare. But for those

who are going to lose the coverage—people with cancer, people with Alzheimer’s, people who need opioid addiction treatment, people with diabetes—they will have their healthcare coverage slashed so that 400 billionaires can get a tax break, which they don’t need and they don’t deserve. That is at the heart of this Republican healthcare bill. It is what it is all about. This legislation is of the rich, by the rich, and for the rich.

It is a “wealth care” bill for the upper 1 percent in our country, and it says to everyone else: Your healthcare is going to suffer in order to take care of that 1 percent with their tax breaks. It is a more than \$500 billion tax break to corporations and individuals making \$200,000 or more. It is no wonder that President Trump has kept his tax returns secret, because he knew he was about to get a massive tax break through this legislation from slashing healthcare for people with cancer, diabetes, Alzheimer’s, heart disease, and substance use disorders. This selfish Senate Republican legislation will increase premiums and out-of-pocket costs, while decreasing the quality of health insurance coverage for most Americans.

This bill would result in many Americans—especially those over the age of 50—paying thousands more in premiums for skimpy health plans. It will put insurance companies back in charge of our healthcare by allowing them to waive coverage of the essential health benefits like emergency care, prescription drugs, maternity care, or mental health treatment.

That means that someone with a pre-existing condition, like a cancer survivor or a child with asthma, might have insurance but not actually be covered for the treatment they need, because under this bill, the anxiety of suffering from an illness or the constant fear of relapse will once again be exacerbated by financial insecurity.

Yet some of the most damaging provisions of this legislation are the brutal cuts to Medicaid, which already serves more than 70 million Americans, including, very importantly, two-thirds of all seniors in nursing homes in America, who are on Medicaid. Let me say that again: Two-thirds of all seniors in America are on Medicaid. Half of all seniors over the age of 85 have Alzheimer’s, and 15 million baby boomers are going to have Alzheimer’s. They are going to need some help. People have a hard time paying \$60,000, \$80,000, \$100,000 a year for a nursing home bed. What are the Republicans planning on doing over the next 15 years? Slashing that funding in Medicaid for seniors in our country who will need that help just to stay in a nursing home, or else they are going to have to go home to their families who will be responsible for providing the care for them.

The Senate Republicans doubled down and opted for even steeper cuts in their bill than in the House version. In

3 years, the Senate bill will start the process of kicking millions off of their Medicaid coverage by ending Medicaid expansion in States around the country. It will mean 22 million Americans are kicked off of coverage.

Then, as if that wasn't enough, starting in 2025, the plan will institute even more drastic Medicaid cuts that every year become a deeper cut than the year before, and it will literally mean death by a billion cuts for millions of Americans who will lose their healthcare coverage, especially those suffering from substance use disorders. Medicaid covers about one-third of Americans with an opioid use disorder and pays for nearly half of the medication-assisted treatments in Massachusetts. Taking away this treatment would be a death sentence for thousands of Americans.

A vision without funding is a hallucination. The Republicans are saying: We will find the will to take care of these people with opioid treatments. Well, you can't will your way to dealing with an opioid crisis. It is a disease. You need funding. You need treatment. And right now, there are millions of Americans who don't have the treatment they need. Medicaid is the way in which it will be provided, but the Republicans are just going to slash it, and the consequences are going to be catastrophic.

Now, here is what the Republicans are saying: To make up for the cuts to Medicaid, the Senate Republican healthcare legislation creates an opioid fund of \$2 billion for 2018. Compare that to the \$91 billion in funding for opioid use disorder treatment that would be provided by the Affordable Care Act over the next 10 years. A \$2 billion opioid fund is pocket change for a crisis that took 2,000 lives just last year in Massachusetts and 33,000 lives across the country. And if people were dying from opioid addiction at the rate they are dying in Massachusetts, that would be a 100,000 people a year—two Vietnam wars a year dying from opioid addiction. They are going to slash the funding for treatment for these families. It will be a death sentence for these individuals if they do not have access to the funding.

So the formula of this bill is simple: First, increase the cost of care, so working families pay more. Second, decrease the quality of care for seniors and the sick. Finally, hand over the hundreds of billions of dollars in tax breaks to the wealthiest people in our country—billions in tax breaks to people who don't need them, who don't deserve them, paid for by people who can't afford it. It is healthcare heartlessness.

To add insult to injury, it will devastate the budgets of already strapped States, which may be forced to raise taxes or cut other benefits, such as education or housing assistance, to make up for the billions of dollars States will lose because of this bill.

It is cruel. It is inhumane. It is immoral. It is just plain wrong to cut

healthcare benefits for those who need them to give tax breaks to those who do not need them. That is the Republican plan.

The Republican leadership is trying to catch a political unicorn with this bill—to make moderate Republicans happy while satisfying the most conservative elements of the Republican Party. But there is no treatment for TrumpCare. It is dangerous for healthcare, and there is no reviving Medicaid if this bill passes.

This Republican proposal has never been about policy. It isn't about covering more people or decreasing costs of healthcare or making it more patient-centered. The Republican proposal has always been about slashing healthcare for ordinary Americans to give a massive tax break to the wealthy in our country. That is the Republican policy agenda, not patient-centered care, because this will hand back over the power to insurance companies in our country, not to patients.

If Republicans were really concerned about reducing the deficit, then every single dollar in this bill would go to reducing the deficit—the crocodile tears which they shed about the deficit. No, ladies and gentlemen, they are shoving this money straight to the biggest number of billionaire beneficiaries than any tax bill in our country's history. They are, in fact, the party of the wealthy. They are the party trying to make sure that those who are in charge of funding the Republican Party now receive their pay back in the form of tax cuts at the expense of the healthcare of the ordinary people in our country. That is selfish, that is unconscionable, and that is why the Democrats are going to fight this every step of the way this week in order to protect healthcare for every American.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, today's Congressional Budget Office analysis of the Trump-McConnell healthcare bill gives us 22 million reasons why this legislation should not see the light of day. What CBO tells us in truth is that this bill really has nothing to do with healthcare; rather, it is an enormous transfer of wealth from the sick, the elderly, the children, the disabled, and the poor into the pockets of the wealthiest people in this country.

According to CBO—and that report came out just a few hours ago—this bill would throw 22 million Americans off of health insurance, cut Medicaid by over \$770 billion, defund Planned Parenthood, and substantially increase premiums for older Americans. Under this bill, a 64-year-old with an income of \$56,000 could see his or her premiums increase from \$4,400 under current law to \$16,000—an increase of nearly 850 percent. How are older workers in this country going to deal with an 850-percent increase in their premiums? Meanwhile, the Trump-McConnell bill

would provide a \$231 billion tax break to the top 2 percent and hundreds of billions more in tax breaks to the big drug companies and insurance companies that are ripping off the American people every day.

At a time when the middle class of this country continues to shrink and when families all across America are struggling to make ends meet, to put food on the table, to pay their rent, to save a few bucks for retirement, we cannot take from working-class families and we cannot take from the sick and the elderly and the children in order to give even more to the very wealthiest people in this country—people who are at this moment doing phenomenally well.

Mr. President, this, in fact, is a barbaric and immoral piece of legislation. But let's be very clear. It is not just BERNIE SANDERS who opposes this bill. It is not just every Member in the Democratic caucus who opposes this bill. It is not just that the overwhelming majority of the American people oppose this legislation. According to a recent NBC/Wall Street Journal poll, only 16 percent of the American people thought this bill was a good idea. This bill is opposed by virtually every major healthcare organization in this country—the people on the frontlines, the people who today, yesterday, and tomorrow are dealing with healthcare issues, dealing with the sick, working in hospitals, working in community health centers. Almost without exception, every major healthcare organization in this country opposes this bill.

Maybe my Republican friends might want to get beyond the politics, get beyond Republicans and Democrats, and ask the people who really know about healthcare in America and ask yourself, how does it happen that virtually every major healthcare organization in this country opposes this legislation?

The AARP opposes this legislation—the largest senior group in America, which knows what high premiums for healthcare will do to their membership. The American Hospital Association knows a little bit about hospitals and what will happen to rural hospitals if this legislation is passed. The American Medical Association is a conservative organization. This is the doctors organization all over this country. This is not any progressive radical group; these are our doctors, the doctors we go to. They oppose this legislation because they know what will happen if there are massive cuts to Medicaid, if 22 million people are thrown off of health insurance. The American Academy of Family Physicians knows what this legislation will mean to the children of our country. 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, the American Nurses Association—every one of these

organizations opposes the Republican legislation; not BERNIE SANDERS but every major healthcare organization says do not go forward with this disastrous bill.

This is what the AARP, the largest senior group in America, said recently:

This new Senate bill was crafted in secrecy behind closed doors without a single hearing or open debate—and it shows. The Senate bill would hit millions of Americans with higher costs and result in less coverage for them.

AARP is adamantly opposed to the Age Tax, which would allow insurance companies to charge older Americans five times more for coverage than every one else while reducing tax credits that help make insurance more affordable.

I ask all of my Republican friends to think for a moment about the implications of this bill and what it will mean to your constituents when they lose the healthcare they currently have. Put yourself in their place. Today you have health insurance, but tomorrow, next year, you might not. What does that mean? Think about it.

What does it mean if you are an individual today—and, sadly, there are too many of them. If you are a person today suffering with cancer and you are fighting for your life—maybe you are on radiation treatment. Maybe you are on chemotherapy. You are scared to death. You don't have a lot of money. You have cancer. You are struggling. And now you are reading in the papers that this Republican bill may take your health insurance away from you? How do you think they feel? I suspect scared to death. It is the same with people who have heart disease, who have asthma, who have diabetes or any other life-threatening illness. What happens to those millions of people when they cannot afford to go to the doctor when they are sick, cannot afford to buy the medicine they desperately need?

Mr. President, I know this is a sensitive issue, but I am going to raise it, and that is that the horrible and unspeakable truth is that if this legislation were to pass, and I am going to do everything I can to see that it doesn't, but if it were to pass, many thousands of our fellow Americans every single year will die, and many more will suffer and become much sicker than they should. That is not, again, BERNIE SANDERS talking; that is exactly what a number of studies have shown. Study after study, including one from the American Journal of Public Health to the New England Journal of Medicine, to the Harvard School of Public Health have told us. Again, this is not BERNIE SANDERS engaging in a rhetorical debate; this is what scientists and doctors who have studied the issue are telling us.

In fact, just this afternoon, a few hours ago, the Annals of Internal Medicine, a prestigious medical journal, published an article from researchers at the City University of New York School of Urban Public Health at Hunter College and Harvard Medical

School entitled: "The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?" That is the title of the article appearing today.

According to a summary of this article, "Insurance decreases the odds of dying among adults by at least 3 percent and as much as 29 percent and 'being uninsured substantially raises the risk of dying.'"

The coauthor of this article, Dr. David Himmelstein, commented:

According to the CBO, the Senate Republicans' plan would strip coverage from 22 million Americans. The best estimate based on scientific studies is that about 29,000 Americans would die each year as a result.

I know no Republican wants to see anybody die—none of us do—but that is the reality we are dealing with, and you cannot ignore it. If somebody has cancer, if somebody has heart disease and you take away their health insurance, I don't need studies from Harvard University to tell me and to tell you what you know to be the case. This is the United States of America, and we can do better than that.

Mr. President, I ask unanimous consent that the article that appeared today in the "Annals of Internal Medicine" be printed in the RECORD.

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

[From Annals of Internal Medicine, June 27, 2017]

THE RELATIONSHIP OF HEALTH INSURANCE AND MORTALITY: IS LACK OF INSURANCE DEADLY?

(By Steffie Woolhandler, MD, MPH, and David U. Himmelstein, MD)

(About 28 million Americans are currently uninsured, and millions more could lose coverage under policy reforms proposed in Congress. At the same time, a growing number of policy leaders have called for going beyond the Affordable Care Act to a single-payer national health insurance system that would cover every American. These policy debates lend particular salience to studies evaluating the health effects of insurance coverage. In 2002, an Institute of Medicine review concluded that lack of insurance increases mortality, but several relevant studies have appeared since that time. This article summarizes current evidence concerning the relationship of insurance and mortality. The evidence strengthens confidence in the Institute of Medicine's conclusion that health insurance saves lives: The odds of dying among the insured relative to the uninsured is 0.71 to 0.97.)

This article was published at Annals.org on 27 June 2017.

At present, about 28 million Americans are uninsured. Repeal of the Affordable Care Act would probably increase this number, while enactment of proposed single-payer legislation would reduce it. The public spotlight on how policy changes affect the number of uninsured reflects a widespread assumption that insurance improves health.

A landmark 2002 Institute of Medicine (IOM) report on the effects of insurance coverage on the health status of nonelderly adults buttressed this assumption. The IOM committee responsible for the report found consistent evidence from 130 (mostly observational) studies that "the uninsured have poorer health and shortened lives" and that gaining coverage would decrease their all-cause mortality.

The IOM committee also reviewed evidence on the effects of health insurance in specific circumstances and medical conditions. It concluded that uninsured patients, even when acutely ill or seriously injured, cannot always obtain needed care and that coverage improves the uptake of essential preventive services and chronic disease management. The report found that uninsured patients with cancer presented with more advanced disease and experienced worse outcomes, including mortality; that uninsured patients with diabetes, cardiovascular disease, end-stage renal disease, HIV infection, and mental illness (the five other conditions reviewed in depth) had worse outcomes than did insured patients; and that uninsured inpatients received less and worse-quality care and had higher mortality both during their hospital stays and after discharge.

At the time of the IOM report, only one adequately controlled observational study had examined the effect of coverage on all-cause mortality. In this review, we summarize key evidence on this issue (Table 1), focusing on studies that have appeared since the IOM report and other previous reviews. Although not reviewed in detail here, more recent studies generally support the earlier reviews' conclusions that insurance coverage improves mortality in several specific conditions (such as trauma and breast cancer), augments the use of recommended care, and improves several measures of health status.

METHODS

We searched PubMed and Google Scholar on May 19, 2017, for English-language articles by using the following terms: "[uninsured] or (health insurance) or (un-insurance) or (insurance)] and [(mortality) or (life expectancy) or (death rates)]." After identifying relevant articles, we searched their bibliographies and used Google Scholar's "cited by" feature to identify additional relevant articles. We limited our scope to articles reporting data on the United States, quasi-experimental studies of insurance expansions in other wealthy nations, and recent cross-national studies. We contacted the authors of 4 studies to clarify their published reports on mortality outcomes.

We excluded most observational studies that compared uninsured persons with those insured by Medicaid, Medicare, or the Department of Veterans Affairs because pre-existing disability or illness can make an individual eligible for these programs. Hence, relative to those who are uninsured, publicly insured Americans have, on average, worse baseline health, thereby confounding comparisons. Conversely, comparisons of the uninsured to persons with private insurance (which is often obtained through employment) may be confounded by a "healthy worker" effect: that is, that persons may lose coverage because they are ill and cannot maintain employment. Nonetheless, most analysts of the relationship between uninsurance and mortality have viewed the privately insured as the best available comparator, with statistical controls for employment, income, health status, and other potential confounders.

Finally, we focus primarily on nonelderly adults because most studies have been limited to this group, and this group is likely to experience large gains or losses of coverage from health reforms. Since the advent of Medicare in 1966, almost all elderly Americans have been covered, precluding studies of uninsured seniors. Although Medicare's implementation may not have accelerated the secular decline in seniors' mortality, the relevance of this experience, which predates many modern-day therapies, is unclear.

Children have also been excluded from most recent analyses of the relationship of

insurance to mortality. Deaths in this population beyond the neonatal period are so rare that studies would need to evaluate a huge number of uninsured children to reach firm conclusions, and high coverage rates make assembling such a cohort difficult. The few studies addressing the effect of insurance on child survival have found that coverage lowers mortality and few policy leaders contest the importance of covering children.

RANDOMIZED, CONTROLLED TRIALS

Only one well-conducted randomized, controlled trial (RCT)—the Oregon Health Insurance Experiment (OHIE)—has assessed the effect of uninsurance on health outcomes. In 2008, the state of Oregon opened a limited number of Medicaid slots to poor, able-bodied, uninsured adults aged 19 to 64 years. The state held a lottery among persons on a Medicaid waiting list, with winners allowed to apply for a slot. The OHIE researchers took advantage of this natural experiment to assess the effect of winning the lottery on the 74,922 lottery participants.

Many lottery winners did not enroll in Medicaid, and 14.1% of lottery losers obtained Medicaid through other routes (some also got private coverage). Hence, the difference in the “dose” of Medicaid coverage was modest, an absolute difference of about

25%; to adjust for this, the OHIE researchers multiplied outcome differences by about 4.

At 1 year of follow-up, the death rate among lottery losers was 0.8%, and the winners’ death rate was 0.032% lower, a “dose-adjusted” difference of 0.13 percentage points annually. This difference was not statistically significant, an unsurprising finding given the OHIE’s low power to detect mortality effects because of the cohort’s low mortality rate, the low dose of insurance, and the short follow-up.

The findings on other health measures, obtained from in-person interviews and brief examinations on a subsample of 12,229 individuals in the Portland area, help inform the mortality results. Most physical health measures were similar among lottery winners and losers in the subsample. However, winners had better self-rated health, were more likely to have diabetes diagnosed and treated with medication, and were much less likely to screen positive for depression. Medicaid coverage was associated with a non-significant decrease of 0.52 (95% CI, 2.97 to -1.93) mm Hg in systolic blood pressure and 0.81 (95% CI, 2.65 to -1.04) mm Hg in diastolic blood pressure. In addition to the low dose of insurance, these wide CIs reflect the lack of baseline blood pressure data; this precludes analyses that take advantage of paired meas-

ures on each individual, which would reduce the variance of estimates.

In sum, the OHIE yields a (nonsignificant) point estimate that Medicaid coverage reduced mortality by 0.13 percentage points, equivalent to a (nonsignificant) odds ratio of 0.84.

Two older RCTs are also relevant to the effect of insurance and access to care on mortality, although neither directly compared insured and uninsured persons. In the RAND Health Insurance Experiment, random assignment to full (first-dollar) coverage reduced diastolic blood pressure by an average of 0.8 mm Hg ( $P < 0.05$ ) relative to persons randomly assigned to plans that required cost sharing, an effect size similar to the blood pressure findings in the OHIE. Unlike the OHIE, the RAND Health Insurance Experiment obtained baseline blood pressure readings, allowing researchers to determine that for participants with hypertension at baseline, full coverage reduced diastolic blood pressure by 1.9 mm Hg, mostly because of better hypertension detection; the effect was larger among low-income (3.5 mm Hg) than high-income (1.1 mm Hg) participants.

The Hypertension Detection and Follow-up Program also suggests that removing financial barriers to primary care in populations with high rates of uninsurance may reduce

TABLE 1.—SUMMARY OF STUDIES ON RELATIONSHIP BETWEEN INSURANCE COVERAGE AND ALL-CAUSE MORTALITY

Study, Year (Reference)	Participants	Information on Baseline Health	Estimated Mortality Effect of Coverage vs. Uninsured	Comments
<b>RCTs</b>				
Oregon Health Insurance Experiment, 2013, 2011, 2012	74,922 nondisabled adults on waiting list for Medicaid.	Retrospective survey of a subsample; no baseline blood pressure or other measurements.	OR, 0.84 (NS)	Study was underpowered because of crossovers between insured and uninsured groups, low mortality rate, short follow-up. Coverage was associated with nonsignificantly lower (0.91 mm Hg) average diastolic blood pressure
<b>Quasi-experimental studies, population-based</b>				
Sommers et al., 2012, 2017	Nonelderly adults in states expanding Medicaid (Arizona, New York, Maine) and comparison states.	None at individual level; compared trends in death rates in expansion with those in neighboring states.	RR of death expansion/nonexpansion states, 0.939 ( $P = 0.001$ ).	Study examined Medicaid expansions that preceded the ACA’s expansions
Sommers et al., 2014	Nonelderly adults in Massachusetts and comparison counties.	None at individual level; compared trends in death rates in Massachusetts with those in matched control counties.	RR for death in Massachusetts counties/matched counties, 0.971 ( $P = 0.003$ ).	The 2006 reform expanded Medicaid and implemented subsidized coverage for low-income persons
Hanratty, 1996	Newborns in Canadian provinces expanding coverage at different times.	None at individual level; compared infant mortality trends pre- vs. postreform.	RR for death, 0.95 or 0.96 ( $P < 0.05$ for both).	Estimates varied slightly depending on how time trends were modeled
<b>Quasi-experimental studies, clinic cohorts</b>				
Lurie et al., 1984, 1986	186 clinic patients terminated from Medicaid vs. 109 who remained eligible.	Clinic-based data	OR at 1 y, 0.23 (NS)	Large effect probably reflects very high baseline risk. Among terminated patients with hypertension, average diastolic blood pressure increased 10 mm Hg at 6 mo vs. decrease of 5 mm Hg among controls ( $P = 0.003$ )
Fihn and Wicher, 1988	157 patients terminated from outpatient VA care vs. 74 controls.	Clinic-based data	OR not calculable from published data; per authors, “at least 6% of terminated patients died”	Marked deterioration in blood pressure control among terminated patients
<b>Quasi-experimental studies using longitudinal data from the Health and Retirement Study.</b>				
Several cohorts followed for varying time periods from age 45 y.	Repeated questionnaires linked to Medicare records and National Death Index; no examination or laboratory data.	Conflicting results; some found lower deaths among insured, and others were null.	Studies compared mortality before age 65 y and relative changes in death rates after acquisition of Medicare eligibility. Different analytic strategies yielded different conclusions	
<b>Population-based cohort follow-up studies.</b>				
Sorlie et al., 1994	CPS respondents 1982-1985	None other than being employed	HR for employed white women, 0.83 (NS); HR for employed white men, 0.77 ( $P = 0.05$ ).	No data on smoking, health status or other non-demographic predictors of mortality at baseline
Franks et al, 1993	NHANES respondents 1971-1975	Surveys, physical examinations, and lab test results.	HR, 0.8 ( $P = 0.05$ )	Controls for baseline health status included physician-assessed morbidity
Kronic, 2009	NHIS respondents 1986-2000	Questionnaires only	HR, 0.91 ( $P < 0.05$ ; without control for self-rated health) and 0.97 (NS; including self-rated health).	Control for self-rated health may bias findings because this variable is probably confounded by coverage
Wilper et al 2009	NHANES respondents 1988-1994	Surveys and physician-rated health after a physical examination.	HR, 0.71 ( $P < 0.05$ )	Controls for baseline health status included physician-assessed health status

mortality. That population-based RCT carried out in the 1970s screened almost all residents of 14 communities, with oversampling of predominantly black and poor locations. Persons with hypertension were randomly assigned to free stepped care in special clinics or referral to usual care. Although the clinics’ staff treated only hypertension-related problems, they provided informal advice and “friendly referrals” for other medical issues. Strikingly, all-cause mortality was reduced by 17% in the intervention group, with similar reductions in deaths due to cardiovascular and noncardiovascular conditions.

Finally, a flawed RCT carried out by the Social Security Administration starting in 2006 bears brief mention. That study ran-

domly assigned people who were receiving Social Security disability income and were in the waiting period for Medicare coverage to receive immediate or delayed coverage. Unfortunately, randomization apparently failed, with many more patients with cancer assigned to the immediate coverage than to the control group, precluding reliable interpretation of the mortality results. Interestingly, persons receiving immediate coverage had rapid and significant improvements in most measures of self-reported health.

MORTALITY FOLLOW-UP OF POPULATION-BASED HEALTH SURVEYS

Several routinely collected federal surveys that include information about health insurance coverage have been linked to the Na-

tional Death Index, allowing researchers to compare the mortality rates over several years of respondents with and without coverage at the time of the initial survey. One weakness of these studies is their lack of information about the subsequent acquisition or loss of coverage, which many people cycle into and out of over time. This dilutes coverage differences and may lead to underestimation of the effects of insurance coverage.

Sorlie and colleagues analyzed mortality among respondents to the 1982-1985 Current Population Survey, with follow-up through 1987. In analyses limited to employed persons, the relative risk for death associated with being uninsured was 1.3 for white men and 1.2 for white women (neither overall figures nor those for minorities were reported).



The study's lack of data on important determinants of health, such as smoking, and its reliance on employment status as the only proxy for baseline health status weaken confidence in its conclusions.

Kronick used data from the 1986–2000 National Health Interview Surveys, with mortality follow-up through 2002. The mortality hazard ratio for uninsured versus insured individuals was 1.10 (95% CI, 1.03 to 1.19) after adjustment for demographic variables, smoking, and body mass index. The hazard ratio fell to 1.03 (95% CI, 0.95 to 1.12) after additional adjustment for baseline health, defined by using self-reported disability and self-rated health. Although the self-rated health scale is known to be a valid predictor of mortality, it may introduce inaccuracies in comparisons of uninsured versus insured persons. Recent data indicate that gaining coverage improves self-rated health, before improvements in objective measures of physical health are detectable (or plausible). This suggests that uninsurance may cause people to underrate their health, perhaps because of anxiety or the inability to gain reassurance about minor symptoms. Analyses, such as Kronick's, that rely on self-rated health for risk adjustment therefore may inadvertently compare relatively sick insured persons to relatively healthy uninsured persons, obscuring outcome differences caused by coverage. Studies that include more objective measures of baseline health should be less subject to any such bias.

#### MORTALITY FOLLOW-UP OF POPULATION-BASED HEALTH EXAMINATION SURVEYS

Two studies have analyzed the effect of uninsurance on mortality using data from the National Health and Nutrition Examination Survey (NHANES), which obtains data from physical examination and laboratory tests among participants.

Franks and colleagues analyzed the 1971–1975 NHANES, with mortality follow-up through 1987. They compared mortality of uninsured and privately insured adults older than age 25 years, adjusted for demographic characteristics, self-rated health, smoking, obesity, leisure time exercise, and alcohol consumption. In addition, their models controlled for evidence of morbidity determined by laboratory testing and medical examinations performed by NHANES staff. By 1987, 9.6% of the insured and 18.4% of the uninsured had died. After adjustment for baseline characteristics and health status, the hazard ratio for uninsurance was 1.25 (95% CI, 1.00 to 1.55).

Wilper and colleagues' study (which we co-authored) used data from the 1988–1994 NHANES, with mortality follow-up through 2000. The study assessed mortality among uninsured and privately insured persons age 17 to 64 years, controlling for demographic characteristics, smoking, alcohol consumption, body mass index, leisure time activity, self-rated health, and physician-rated health after the NHANES physician completed the medical examination. The study also included sensitivity analyses adjusting for the number of hospitalizations and physician visits within the past year, limitations in work or activities, job or housework changes due to health problems, and number of self-reported chronic diseases, which yielded results similar to those of the main model. In

the main model, being uninsured was associated with a mortality hazard ratio of 1.40 (95% CI, 1.06 to 1.84).

#### QUASI-EXPERIMENTAL STUDIES OF STATE AND PROVINCIAL COVERAGE EXPANSIONS

In two similar studies, Sommers and colleagues compared mortality trends in states that expanded coverage to low-income residents (before implementation of the Affordable Care Act) with trends in similar states without coverage expansions.

Their analysis of Medicaid expansions in Maine, New York, and Arizona during the early 2000s found that adult mortality rates fell faster in those states than in neighboring ones (a relative reduction of 6.1%, or 19.6 deaths per 100,000), coincident with a decline in the uninsurance rate of 3.2 percentage points. Mortality reductions were largest among nonwhites, adults age 35 to 64 years, and poorer counties. Sommers and colleagues' subsequent reanalysis using data that allowed better matching to control counties yielded a slightly lower estimate of the mortality effect. As the authors note, the large mortality effect from a relatively modest coverage expansion may reflect the fact that Medicaid enrollment often occurred "at the point of care for patients with acute illnesses," leading to the selective enrollment of those most likely to benefit from coverage.

A study of the effect of Massachusetts' 2006 coverage expansion compared mortality trends in Massachusetts counties with those in propensity score-matched counties in other states. Mortality decreased by 2.9% in Massachusetts relative to the comparison counties, a difference of 8.2 deaths per 100,000 adults, with larger declines in poorer counties and those with lower coverage rates before the expansion.

#### OTHER QUASI-EXPERIMENTAL STUDIES

Several researchers have used data from the Health and Retirement Study (HRS)—a longitudinal study that has followed cohorts enrolled at age 51 years or older—to assess the effect of insurance coverage on mortality. The HRS periodically surveys respondents and their families and has been linked to Medicare and National Death Index data.

McWilliams and colleagues found significantly higher mortality rates among uninsured compared with insured HRS respondents, even after propensity score adjustment for multiple predictors of insurance coverage. Baker and colleagues found that respondents who were uninsured (compared with those who had private insurance) had higher long-term but not short-term mortality. After adjustment for multiple baseline characteristics, including instrumental variables associated with coverage (such as a spouse's union membership), Hadley and Waidmann found a strong positive association between insurance coverage and survival before age 65 years. Black and colleagues suggested, on the basis of a "battery of causal inference methods," that others overestimated the survival benefits of insurance and that uninsured HRS respondents had only slightly higher (adjusted) mortality than those with private coverage. Finally, studies have reached conflicting conclusions as to whether the health of previously unin-

sured persons improves (relative to those who were previously insured) after they reach age 65 years and become eligible for Medicare. Overall, the preponderance of evidence from the HRS suggests that being uninsured is associated with some increase in mortality.

Some studies using other data sources suggest that death rates drop at age 65 years, coincident with the acquisition of Medicare eligibility, whereas others do not.

Finally, several studies have assessed the relationship between insurance coverage and hypertension control, a likely mediator of any relationship between coverage and all-cause mortality. Lurie and colleagues followed a cohort of 186 patients who lost Medicaid coverage because of a statewide policy change and a control group of 109 patients who remained eligible. Among those who lost coverage, 5 died within 6 months (compared with none in the control group;  $P = .16$ ), and the average diastolic blood pressure of those with hypertension increased by 10 mm Hg (compared with a 5-mm Hg decrease in controls;  $P = 0.003$ ). At 1 year, 7 patients who had lost Medicaid and 1 control had died; blood pressure differences were slightly less marked than seen at 6 months. A similar study of patients terminated from Veterans Affairs outpatient care because of a budget shortfall found marked deterioration in hypertension control among the terminated patients relative to controls who maintained access. These clinic-based findings accord with cross-sectional population-based analyses of data from NHANES, which have found worse blood pressure control among uninsured than insured patients with hypertension.

#### EVIDENCE FROM OTHER NATIONS AND FROM CROSS-NATIONAL STUDIES

The United States lags behind most other wealthy nations in life expectancy and is the only one with substantial numbers of uninsured residents. Although many factors confound cross-national comparisons, a recent study suggests that worse access to good-quality health care contributes to our nation's higher mortality from medically preventable causes (so-called amenable mortality). Similarly, a recent review of studies from many nations concluded that "broader health coverage generally leads to better access to necessary care and improved population health".

Quasi-experimental studies assessing newly implemented universal coverage in wealthy nations have reached similar conclusions. For instance, Taiwan's rollout of a single-payer system in 1995 was associated with an accelerated decline in amenable mortality, particularly in townships where coverage gains were larger. In Canada, a study exploiting the different dates on which provinces implemented universal coverage estimated that coverage expansion reduced infant mortality by about 5% ( $P < 0.03$ ).

Finally, a recent study of cystic fibrosis cohorts also suggests that coverage improves mortality. Such patients live, on average, 10 years longer in Canada than in the United States. Among U.S. patients, those without known coverage have the shortest survival; among the privately insured, life expectancy is similar to that among patients in Canada.

TABLE 2.—WHY THE CAUSAL RELATIONSHIP OF HEALTH INSURANCE TO MORTALITY IS HARD TO STUDY

Deaths, especially from causes amenable to medical treatment, are rare among nonelderly adults, who account for most of the uninsured.

Because insurance might prevent death by slowing the decline in health over several years, short-term studies may underestimate its effects.

Many people cycle in and out of insurance diluting differences between groups.

Randomly assigning participants to no coverage is unethical in most circumstances.

Observational studies must address reverse causality. Illness sometimes causes people to acquire public insurance by qualifying them for Medicaid, Medicare, or Department of Veterans Affairs disability coverage. Conversely, illness may cause job loss and resultant loss of private coverage.

In cohort studies, adequate control for baseline health status is difficult, particularly in uninsured patients, whose lack of access lowers self-rated health and also causes less awareness of important risk factors, such as hypertension or hyperlipidemia.

TABLE 2.—WHY THE CAUSAL RELATIONSHIP OF HEALTH INSURANCE TO MORTALITY IS HARD TO STUDY—Continued

Quasi-experimental studies, which exploit factors associated with coverage (such as policy changes), rest on unverifiable assumptions (e.g., that without a coverage expansion, mortality trends in states expanding coverage would parallel those in comparator state).

## DISCUSSION

The evidence accumulated since the publication of the IOM's report in 2002 supports and strengthens its conclusion that health insurance reduces mortality. Several newer observational and quasi-experimental studies have found that uninsurance shortens survival, and a few with null results used confounded or questionable adjustments for baseline health. The results of the only recent RCT, although far from definitive, are consistent with the positive findings from cohort and quasi-experimental analyses.

Several factors complicate efforts to determine whether uninsurance increases mortality (Table 2). Randomly assigning people to uninsurance is usually unethical, and quasi-experimental analyses rest on unverifiable assumptions. Deaths are rare and mortality effects may be delayed, mandating large studies with long follow-up. Many people cycle into and out of coverage, diluting the effects of insurance. And statistical adjustments for baseline health usually rely on participants' self-reports, which may be influenced by coverage. Hence, such adjustments may under- or overadjust for differences between insured and uninsured persons.

Inferences about mechanisms through which insurance affects mortality are subject to even greater uncertainty. In some circumstances, coverage might raise mortality by increasing access to dangerous drugs (such as oral opioids) or procedures (such as morcellation hysterectomy). On the other hand, coverage clearly reduces mortality in several serious conditions, although few are common enough to have a detectable effect on population-level mortality. The exception is hypertension, which is prevalent among the uninsured and seems a likely contributor to their higher death rates. Although uncontrolled hyperlipidemia is also more common among the uninsured, the OHIE—the only RCT performed in the statin era—found no effect of coverage on cholesterol levels.

Finally, our focus on mortality should not obscure other well-established benefits of health insurance: improved self-rated health, financial protection, and reduced likelihood of depression. Insurance is the gateway to medical care, whose aim is not just saving lives but also relieving human suffering.

Overall, the case for coverage is strong. Even skeptics who suggest that insurance doesn't improve outcomes seem to vote differently with their feet. As one prominent economist recently asked, "How many of the people who write such things . . . choose to just not bother getting their healthcare?"

## KEY SUMMARY POINTS

In several specific conditions, the uninsured have worse survival, and the lack of coverage is associated with lower use of recommended preventive services.

The Oregon Health Insurance Experiment, the only available randomized, controlled trial that has assessed the health effects of insurance, suggests that insurance may cause a clinically important decrease in mortality, but wide CIs preclude firm conclusions.

The 2 National Health and Nutrition Examination Study analyses that include physicians' assessments of baseline health show substantial mortality improvements associated with coverage. A cohort study that used only self-reported baseline health measures for risk adjustment found a nonsignificant coverage effect.

Most, but not all, analyses of data from the longitudinal Health and Retirement

Study have found that coverage in the near-elderly slowed health decline and decreased mortality.

Two difference-in-difference studies in the United States and 1 in Canada compared mortality trends in matched locations with and without coverage expansions. All 3 found large reductions in mortality associated with increased coverage.

A mounting body of evidence indicates that lack of health insurance decreases survival, and it seems unlikely that definitive randomized, controlled trials can be done. Hence, policy debate must rely on the best evidence from observational and quasi-experimental studies.

Mr. SANDERS. Mr. President, this issue is really not just about healthcare. This is a profound moral debate defining who we are as a people today and whom we want to be as a people in the future.

A great nation is not simply one judged by how many millionaires and billionaires we have and by how many tax breaks we can give to billionaires. A great nation is judged by how we treat the weakest and the most vulnerable amongst us—those people who don't have fundraising dinners, those people who don't contribute hundreds of thousands of dollars into the political process. A great nation is judged by how we treat the children, the elderly, the sick, the poor, the people who have disabilities. This is what a great nation is. This legislation is not worthy of a great nation. This legislation must be defeated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to the floor to join my colleagues. We can see there are numerous colleagues on this side of the aisle who are speaking, just as my colleague from Vermont just did with great passion or my colleague from Massachusetts did with great passion and as I am sure my colleague from Minnesota will. We have all been home for the weekend talking to our constituents. We are all back here now with the CBO news, and we are here because we are very concerned about the next steps the Senate might take in this healthcare debate.

When I was at home, I heard some unbelievably positive stories about healthcare. I was at a hospital in our State, Virginia Mason, which has been one of the leaders in reducing healthcare costs by utilizing new efficiencies. They have improved the return time of getting lab results to patients by 85 percent; they have increased productivity in some areas by 90 percent; they have reduced liability insurance premiums by 76 percent. They have innovated. They have innovated. They have innovated. They talked about the direction healthcare should go, and not once did they mention cutting or capping Medicaid as a solution.

I also talked to a community health center which, under the Affordable Care Act, was actually able to expand in a community. They literally cut in half the uninsured, and they are delivering great adult dental access to thousands of people in a county that didn't have good access to dental care. They are making great progress.

I talked to a veteran who served our country, who literally got out and is now going to school but without the help of Medicaid would not have been able to cover her healthcare expenses.

I met a woman on the street who told me her husband had lost his job. She never thought they would be on Medicaid, but when he lost his job, they went on Medicaid, and they depended on that to provide healthcare for themselves and their children.

I met a gentleman who also said he, too, lost his job, and after that came down with a serious, life-threatening illness, and it was only Medicaid that saved him.

So what do we know today that is different than last Friday? We now have some CBO numbers. We know the numbers. We know the numbers: that 22 more million Americans, as a result of this bill, if it is passed, would be uninsured; 15 million of them on Medicaid; and \$72 billion in Medicaid cuts. We know we thought it was heartless. Now we see the numbers that say cutting that many people off of Medicaid is, in my opinion, as my colleagues have also said, not something we should be pursuing as a nation. It leaves us to ask about not just the impact of this on individuals, as I just mentioned—because I believe there is a much better way to go with innovation—but what it also does for the individual market. A lot of this debate started because people thought the individual market hadn't seen some of the benefits of the employer-sponsored system. Well, why not talk about the individual market?

If 7 percent of the way people access health insurance, the individual market, was having a problem, why not talk about ideas to improve the individual market? Instead, we have a bill from the House and the Senate that beats up on the Medicaid population as if they are the culprit. If you want to improve Medicaid and delivery services and help decrease costs, let's do that. There are so many innovative ideas, but just cutting people off Medicaid to solve the individual market problem doesn't even make sense to me.

We now have, as of last Friday, too, the Center on Budget Policy and Priorities' assessment, talking about how this would raise individual premiums in the individual market. They gave some examples. For example, in West Virginia and Nevada, a 60-year-old with an income of \$36,000 would pay respectively, \$5,000 and \$4,000 more than what

they are paying now. In Alaska, a 60-year-old making \$45,000 would pay \$5,777 more than what they are paying now for premiums. So the notion that this bill is driving down costs is just a fallacy.

We have heard from Republican and Democratic Governors talking about this. They sent us a letter saying the first thing we should do is focus on improving our Nation's private health insurance system. Where did the Governors ask that you come and beat up on Medicaid? They didn't say that. They didn't say: Please beat up on Medicaid, have a big party covering people on Medicaid as a partner with us for 65 years and then leave us stuck with the bill. They didn't say that. They say:

Medicaid provisions included in this bill are problematic. Instead, we recommend Congress address factors we can all agree need fixing.

That is a pretty clear message, I believe, from Republican Governors who are saying this is not the way to fix healthcare.

Also, last week, a nonpartisan study by the George Washington University found that the House-passed bill would have a huge economic impact on our country. States' economies would shrink by \$93 billion, compared to what they would be without the bill. Business output would be cut \$148 billion. The study notes that the bill, combined with normal economic cycles "could contribute to a period of economic and medical hardship in the U.S."

That report also talks about job loss throughout the country, saying that individual states would see more than \$1 billion in lost gross State product, just because of the number of people who wouldn't be covered, the number of healthcare providers who would no longer be there, the loss of healthcare infrastructure and then the impact on the healthcare system overall for uncompensated care. These are costs we can't afford.

As my colleague Senator SANDERS mentioned, there are all these healthcare organizations that have now come out saying they don't support this Senate-drafted bill. The Academy of Family Physicians knows about caring for the Medicaid population. They are seeing so many patients, and they know what this challenge is. The American Psychological Association doesn't support this bill. Other healthcare associations, such as the Catholic Health Association, do not support this bill. I have a long list.

Mr. President, I ask unanimous consent to have printed in the RECORD the list of healthcare-related organizations and others that don't support this legislation.

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

ORGANIZATIONS OPPOSED TO SENATE HEALTH CARE BILL

Alliance for Retired Persons, America's Essential Hospitals, American Academy of

Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Association of People with Disabilities (AAPD), American Association of Retired Persons (AARP), American Cancer Society Cancer Action Network (ACS CAN), American Civil Liberties Union (ACLU), American College of Physicians (ACP), American Congress of Obstetricians and Gynecologists (ACOG), American Diabetes Association, American Federation of State, Country and Municipal Employees (AFSCME), American Federation of Teachers (AFT), American Health Care Association (AHCA), American Heart Association (AHA), American Hospital Association (AHA), American Lung Association, American Muslim Health Professionals, American Nurses Association (ANA), American Osteopathic Association, American Psychiatric Association (APA).

American Psychological Association, American Public Health Association (APHA), Association of American Medical Colleges (AAMC), Big Cities Health Coalition, Bread for the World, California Public Interest Research Group (CPIRG), Catholic Health Association (CHA), Cato Institute, Center for American Progress, Center on Budget and Policy Priorities (CBPP), Center for Law and Social Policy (CLASP), Center for Reproductive Rights, Children's Hospital Association (CHA), The Chronic Illness & Disability Partnership, Coalition on Human Needs (CHN), Commission on Social Action of Reform Judaism, Community Catalyst, Consumers Union, Cystic Fibrosis Foundation, Ecumenical Poverty Initiative.

Environmental Organizations, Families USA, Federation of American Hospitals (FAH), First Focus, Friends Committee on National Legislation, Hispanic Federation, Human Rights Campaign (HRC), Indivisible, Leadership Conference on Civil and Human Rights, Lutheran Services in America, Medicare Rights Center, MomsRising, MoveOn.org, NARAL Pro Choice America, National Advocacy Center of the Sisters of the Good Shepherd, National Alliance on Mental Illness (NAMI), National Breast Cancer Coalition, National Center for Lesbian Rights, National Center for Transgender Equality, National Committee to Preserve Social Security & Medicare (NCPSSM).

National Council on Aging (NCOA), National Council on Behavioral Health, National Council of Jewish Women (NCJW), Planned Parenthood, Presbyterian Church (U.S.A.), Service Employees International Union (SEIU), Trust for America's Health (TFAH), National Multiple Sclerosis Society, National Organization for Rare Disorders, National Partnership for Women and Families, National Physicians Alliance, NETWORK Lobby for Catholic Social Justice, Pacific Institute for Community Organization (PICO) National Network, Physicians for Reproductive Health, Society of St. Vincent DePaul, Tennessee Justice Center, The Arc, Third Way, United Church of Christ Justice & Witness Ministries, U.S. Conference of Catholic Bishops, U.S. Public Interest Research Group (US PIRG), Young Invincibles.

Ms. CANTWELL. Mr. President, I hope my colleagues understand that there are those here who are very willing to talk about how we can improve our healthcare system, but we are not going to make poor Americans the scapegoat of our healthcare challenges.

A gentleman named Joe Baker, president of the Medicare Rights Center, I think, said it best. He said:

You or someone you love is going to need Medicaid. You may not need the nursing home care . . . but you may rely on community-based services, like home care, that will

allow you to stay in your home and out of a nursing facility. Medicaid is the lifeline that covers many of the benefits that Medicare does not provide.

Now why did I read that? Why did I pick a guy who is the head of a Medicare organization? Because he knows what his individual organization participants need in a healthcare delivery system. Everybody knows—everybody knows the people of America are living longer and as they age they need more healthcare. To our colleagues who want to reduce those costs, we are ready to come and talk about how we are going to reduce those costs.

I have talked about how I authored a community-based "rebalancing" program—the kind of rebalancing that helped our State save more than \$2 billion. If we did that in every State, we would be saving billions of dollars, but the notion that we are going to proceed in the next 24 hours or so on a motion, after we have a CBO report that says this would have a devastating impact on millions of people with Medicaid, is not the right way to go.

Taking this out on the poor people of America who need Medicaid will make it worse for us as well. It will raise our rates, return the costs to where they were, and not help us solve this problem for the future. I hope our colleagues will understand that so many people are raising so many concerns about this. Yes, it is about economics, but there are also personal stories of people, such as our colleague from Hawaii who said: You never know. You never know when an individual situation is going to affect you, and you want to make sure there is healthcare to help you get through that crisis.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Thank you, Mr. President.

I rise to talk about the effort to repeal and replace the Affordable Care Act. Before I begin, I thank Senator HIRONO for sharing her story and for leading us all here in the discussion tonight.

I thank the Presiding Officer who has been listening, and I appreciate that. I really do.

In recent days, we have finally gotten to see the plan that 13 Republican Senators have been working on in secret and behind closed doors. I really thought the Senate bill would be better. I thought it would be better than the House version that was passed. Even Senator BURR said of the House bill that it was "dead on arrival" in the Senate, but, unfortunately, the Senate plan is just as bad.

The nonpartisan Congressional Budget Office announced just today that, under the Senate plan, 22 million more Americans would be uninsured. That has consequences. Perhaps worst of all—and partly because this causes the reduction in the number of Americans who would be covered—the bill ends the Medicaid expansion and cuts the

funding for the Medicaid Program by nearly \$800 billion—a program that has been a vital part of our social fabric since 1965.

This bill—and I do not like to say this—is mean. The President said that of the House bill. I do not like to characterize something that way, but it is mean and would have far-reaching effects for millions of Americans across the country.

This past weekend, I hosted a healthcare forum in Burnsville, MN. It is a suburb that is south of Minneapolis, of the Twin Cities. It was on the importance of Medicaid and how the Republican plan's devastating cuts would affect Minnesotans. Over 230 people showed up to share their stories about how Medicaid changed their lives, and it was very moving.

I think it is really important to tell this in terms of people, not in terms of numbers, although the numbers are pretty stark. Brandon and his mom spoke, Brandon and Sheri. They are both from Burnsville.

Brandon was born 15 weeks premature. He weighed just 1 pound 13½ ounces. He was so small that his parents' wedding rings could slide on his arm. He was also born with cerebral palsy and hydrocephalus, which is a condition that causes fluid to collect in Brandon's brain, which results in brain damage.

Brandon, who is now 17, got up with a walker at the event. He told me that he was taken immediately to the Mayo Clinic in Rochester. He was born in the Twin Cities, but Mayo said that his case was too complicated to handle, so they sent him back to the Twin Cities, to Gillette, which is a children's hospital. It is a great children's hospital, a great hospital. Within 24 hours of his birth, the hospital told Brandon's parents that his costs were already over \$1 million—a terrifying addendum to what must have been a harrowing, harrowing experience.

Over the years, Brandon has needed 38 surgeries—surgery to reduce the fluid in his brain. He has a shunt. He has had surgeries to straighten out his legs. He has had eye surgeries and more. He has also needed extensive physical therapy, occupational therapy, speech therapy, and across his lifetime, he has needed other interventions to help him do basic tasks, like eat and now walk. He could not turn over. He could not do the things that babies do, that we parents and grandparents relish in every day.

But guess what. He is thriving. In fact, he just passed his first college course at Dakota County Technical College. He proudly told me and the rest of us that he received an A-minus, and he hopes someday to get a job at Gillette, the Gillette Children's Specialty Healthcare, which is the very place that provided him with the unique and high-quality care that he has needed over the years. All of this has been possible because Brandon and his family were able to get health insurance through Medicaid.

Sheri, Brandon's mom, said: "If we didn't have Medicaid, Brandon probably wouldn't be here"—meaning at our forum—"and he wouldn't be doing as well as he's doing."

Brandon similarly noted:

Kids with special needs are referred to as "special needs," and I like to think I'm pretty special. I also like to think our needs are also special depending on the kind of care we need and that's what Medicaid provides.

I really believe that all of us here tonight must do all we can to protect these kids and protect their families and everyone who relies on Medicaid, and I sincerely believe that means we have to defeat this bill.

My colleague Senator HIRONO stated last week: "We are all one diagnosis away from a serious illness." That is the case. Do you know what else? We are also just one accident away from a life-changing injury.

Another Minnesotan, Deborah, shared her story with my office. She described for me a car crash and the subsequent traumatic brain injury that she survived in 2012.

She explained:

It was just another day. I was on my way to work. I lost control of my SUV after sliding on a patch of ice and slammed into a concrete median.

Her whole life changed at that moment. She had to relearn basic tasks—reading, walking, talking, and eating—but all of it was possible because of the home- and community-based services she was able to receive through Medicaid.

She said:

Without the services funded by Medicaid, my goal of returning to paid employment would be impossible. I honestly worry that proposed changes to the Medicaid program could significantly diminish my overall health outcomes and even leave me facing long-term homelessness.

As my colleagues and people at home who are watching this debate well know, this week could prove to be an extremely consequential week in the history of this country. The decisions we make—the 100 of us—over the next few days could literally mean life or death for many Americans. Lives are on the line.

Tomorrow, I will give a speech that is more about the data, and we have heard about some of that, but there is a study in the *New England Journal of Medicine* that came out this week that reads that Medicaid—having the insurance—improves people's lives and that—this is not precise—for every 300 to 800 who will lose healthcare, who would lose Medicaid, there will be a premature death.

This is a study that is going to be summarized in the *New Yorker*, in an article by Atul Gawande, that the effect of having insurance is not about dramatic emergencies. This is especially about things like diabetes and heart illness and cancer—the day-to-day. It is about having access. Because you have insurance for care, it improves the health of people, and it ex-

tends mortality. This is real stuff. What we are doing is really serious.

I strongly urge my Republican colleagues to talk with their constituents about the bill that was drafted. Again, it was behind closed doors, and many of my Republican colleagues did not see it until last week. I urge them to talk to their constituents about the consequences this bill would have for seniors, for children, and parents who have Medicaid coverage.

Talk to the people who would see their healthcare costs rise. Talk to the families who may lose their health insurance. People are afraid.

I am a cochair of the World Health Caucus. I go all around my State. I talk to roundtables at rural hospitals and nursing homes. These are the parts of my State that voted for Donald Trump. During the campaign, Donald Trump said that he would not cut Medicaid. These are people who are scared, whose elderly parents stay home because Medicaid pays for their home healthcare, and they are afraid because that will go away. Both she and her husband work—this was a woman in Herman, MN—and they do not know what they will do.

Please, listen to your constituents. You need to do the right thing and vote no on this bill for their sake—for the sake of your constituents.

I yield the floor.

#### 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 cover letter 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 was ordered to 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. 17-12, concerning the Air Force's proposed Letter(s) of Offer and Acceptance to the Government of Australia for defense articles and services estimated to cost \$1.3 billion. After this letter is delivered to your office, we plan

to issue a news release to notify the public of this proposed sale.

Sincerely,

J.W. RIXEY,  
Vice Admiral, USN, Director.

TRANSMITTAL NO. 17-12

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: Government of Australia.

(ii) Total Estimated Value:  
Major Defense Equipment\* \$0.04 billion.  
Other \$1.26 billion.  
Total \$1.30 billion.

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

The Government of Australia requested the sale of up to five (5) Gulfstream G-550 aircraft modified to integrate Airborne Intelligence, Surveillance, Reconnaissance, and Electronic Warfare (AISREW) mission systems, Global Positioning System (GPS) capability, secure communications, aircraft defensive systems, and whole life costs of airborne and ground segments.

This proposed sale includes up to five (5) AN/AAQ-24 (V)N Large Aircraft Infrared Countermeasures (LAIRCM) systems, and additional sub-component spares. Each prime LAIRCM system will consist of: one (1) Guardian Laser Terminal Assemblies (GLTA), five (5) Infrared Missile Warning Sensors, (IRMWS), one (1) LAIRCM System Processor Replacements (LSPR), one (1) Control Indicator Unit Replacement (CIUR), one (1) Smart Card Assembly (SCA), one (1) High Capacity Card (HCC), and one (1) User Data Memory (UDM) card. Also included are: MX-20 HD Electro-Optical and Infrared systems, Osprey 50 AESA Radars, AISREW equipment, secure communications equipment, and Identification Friend or Foe (IFF) Systems. These systems will be installed on up to five (5) G-550 aircraft.

Major Defense Equipment (MDR):

Eight (8) GLTA AN/AAQ-24 (V)N (5 installed and 3 spares).

Twenty-nine (29) IRMWS (25 installed and 4 spares).

Six (6) LSPR AN/AAQ-24 (V)N (5 installed and 1 spare).

Six (6) Embedded/GPS/INS (EGI) with GPS Security Devices, Airborne (5 installed and 1 spare).

Seven (7) Multifunctional Information Distribution Systems—Joint Tactical Radio System (MIDS JTRS) (5 installed and 2 spares).

Non-MDE includes: Also included in this sale are up to five (5) G-550 Aircraft, CIURs, SCAs, HCCs and UDM cards, AN/ALE-47 Countermeasure Dispenser Sets (CMDS), MX-20HD Electro-Optical and Infra-Red systems, Osprey 50 AESA Radars, AISREW ISR equipment, Secure Communications equipment, Identification Friend or Foe Systems, aircraft modification and integration, ground systems for data processing and crew training, ground support equipment, publications and technical data, U.S. Government and contractor engineering, technical and logistics support services, flight test and certification, and other related elements of logistical and program support.

(iv) Military Department: Air Force (QCS).

(v) Prior Related Cases if any: AT-D-SAA & AT-D-GCA.

(vi) Sales Commission, Fee, etc. Paid, Offered, or Agreed to be Paid: None.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Annex Attached.

(viii) Date Report Delivered to Congress: June 23, 2017.

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

POLICY JUSTIFICATION

Australia—Gulfstream-G550 Aircraft with Airborne Intelligence, Surveillance, Reconnaissance, and Electronic Warfare (AISREW) Mission Systems

The Government of Australia requested the possible sale of up to five (5) Gulfstream G-550 aircraft modified to integrate Airborne Intelligence, Surveillance, Reconnaissance, and Electronic Warfare (AISREW) mission systems, Global Positioning System (GPS) capability, secure communications, aircraft defensive systems; spares, including whole life costs of airborne and ground segments; aircraft modification and integration; ground systems for data processing and crew training; ground support equipment; publications and technical data; U.S. Government and contractor engineering, technical and logistics support services; flight test and certification; and other related elements of logistical and program support. The total estimated program cost is \$1.3 billion.

This sale will contribute to the foreign policy and national security of the United States by helping to improve the security of a major contributor to political stability, security, and economic development in the Western Pacific. Australia is an important Major non-NATO Ally and partner that contributes significantly to peacekeeping and humanitarian operations around the world. It is vital to the U.S. national interest to assist our ally in developing and maintaining a strong and ready self-defense capability.

The proposed sale supports and complements the ongoing efforts of Australia to modernize its Electronic Warfare capability and increases interoperability between the U.S. Air Force and the Royal Australian Air Force (RAAF). Australia will have no difficulty absorbing this equipment into its armed forces.

The proposed sale of this equipment does not alter the basic military balance in the region.

The prime contractors will be L3 of Greenville, TX. There are no known offset agreements proposed in connection with this potential sale.

Implementation of this proposed sale may require the assignment of up to six (6) U.S. contractor representatives to Australia.

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

TRANSMITTAL NO. 17-12

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

Annex Item No. vii

(vii) Sensitivity of Technology:

1. This sale will involve the release of sensitive technology to Australia. Sensitive and/or classified (up to SECRET) elements of the proposed sale include the AN/AAQ-24 (V)N Large Aircraft Infrared Countermeasures (LAIRCM) systems, Embedded/GPS/INS (EGI) with security devices, Airborne, Multifunctional Information Distribution Systems—Joint Tactical Radio System (MIDS JTRS), AN/ALE-47 Countermeasure Dispenser Set (CMDS), MX-20HD Electro-Optical and Infra-Red systems, Osprey 50 AESA Radars, and Airborne Intelligence, Surveillance, Reconnaissance and Electronic (AISREW) mission system.

2. The AN/AAQ-24 (V)N LAIRCM is a self-contained, directed energy countermeasures system designed to protect aircraft from infrared (IR)-guided surface-to-air missiles. The system features digital technology and micro-miniature solid state electronics. The system operates in all conditions, detecting

incoming missiles and jamming infrared-seeker equipped missiles with aimed bursts of laser energy. The LAIRCM system consists of multiple Infrared Missile Warning System (IRMWS) Sensors, Guardian Laser Turret Assembly (GLTA), LAIRCM System Processor Replacement (LSPR), Control Indicator Unit Replacement (CIUR), and a classified High Capacity Card (HCC), and User Data Memory (UDM) card. The HCC is loaded into the CIUR prior to flight. When the classified HCC is not in use, it is removed from the CIUR and placed in onboard secure storage. LAIRCM Line Replaceable Unit (LRU) hardware is classified SECRET when the HCC is inserted into the CIUR. LAIRCM system software, including Operational Flight Program is classified SECRET. Technical data and documentation to be provided are UNCLASSIFIED.

The set of IRMWS Sensor units are mounted on the aircraft exterior to provide omnidirectional protection. The IRMWS Sensor warns of threat missile approach by detecting radiation associated with the rocket motor. The IRMWS is a small, lightweight, passive, electro-optic, threat warning device used to detect surface-to-air missiles fired at helicopters and low-flying fixed-wing aircraft and automatically provides countermeasures, as well as audio and visual warning messages to the aircrew. The basic system consists of multiple IRMWS Sensor units, one (1) GLTA, LSPR and CIUR. The set of IRMWS units (each A-330 MRTT has five (5)) mounted on the aircraft exterior to provide omni-directional protection. Hardware is UNCLASSIFIED. Software is SECRET. Technical data and documentation to be provided are UNCLASSIFIED.

3. Multifunctional Information Distribution System—Joint Tactical Radio System (MIDS JTRS) is an advanced Link-16 command, control, communications, and intelligence (C3I) system incorporating high-capacity, jam-resistant, digital communication links for exchange of near real-time tactical information, including both data and voice, among air, ground, and sea elements. The MIDS JTRS terminal hardware, publications, performance specifications, operational capability, parameters, vulnerabilities to countermeasures, and software documentation are classified CONFIDENTIAL. The classified information to be provided consists of that which is necessary for the operation, maintenance, and repair (through intermediate level) of the data link terminal, installed systems, and related software.

4. The AN/ALE-47 Countermeasure Dispenser Set (CMDS) provides an integrated threat-adaptive, computer controlled capability for dispensing chaff, flares, and active radio frequency expendables. The AN/ALE-47 system enhances aircraft survivability in sophisticated threat environments.

The threats countered by the CMDS include radar-directed anti-aircraft artillery (AAA), radar command-guided missiles, radar homing guided missiles, and infrared (IR) guided missiles. The system is internally mounted and may be operated as a stand-alone system or may be integrated with other on-board Electronic Warfare (EW) and avionics systems. The AN/ALE-47 uses threat data received over the aircraft interfaces to assess the threat situation and determine a response. Expendable routines tailored to the immediate aircraft and threat environment may be dispensed using one of four operational modes. Hardware is UNCLASSIFIED. Software is SECRET. Technical data and documentation to be provided is UNCLASSIFIED.

5. The Embedded GPS-INS (EGI) LN-200 is a sensor that combines GPS and inertial sensor inputs to provide accurate location information for navigation and targeting. The

EGI LN-200 is UNCLASSIFIED. The GPS crypto-variable keys needed for the highest GPS accuracy are classified up to SECRET.

6. Wescam MX-20HD is a gyro-stabilized, multi-spectral, multi-field of view Electro-Optical/Infrared (EO/IR) system. The systems provide surveillance laser illumination and laser designation through use of an externally mounted turret sensor unit and internally mounted master control. Sensor video imagery is displayed in the aircraft real time and may be recorded for subsequent ground analysis. Hardware is UNCLASSIFIED. Technical data and documentation to be provided is UNCLASSIFIED.

7. The Osprey family of surveillance radars provides second generation Active Electronically Scanned Array (AFSA) surveillance capability as the primary sensor on airborne assets. The Osprey radars are at a high technology readiness level and are in production for fixed and rotary wing applications. This Osprey configuration employs a side-looking radar. Osprey radars provide a genuine multi-domain capability, with high performance sea surveillance, notably against "difficult targets, land surveillance with wide swath, very high resolution ground mapping small and low speed ground target indication, high performance air to air surveillance, tracking and intercept.

8. The AISREW mission system provides near-real-time information to tactical forces, combatant commanders and national-level authorities across the spectrum of conflict. The mission system can forward gathered information in a variety of formats via secured communications systems. Most hardware used in this AISREW system is generic and commercially available. However, if any of the specialized hardware or publications are lost, the information could provide insight into many critical U.S. capabilities. Information gained could be used to develop countermeasures as well as offensive and defensive counter-tactics.

9. If a technologically advanced adversary were to obtain knowledge of the specific hardware and software elements, the information could be used to develop countermeasures or equivalent system which might reduce system effectiveness or be used in the development of a system with similar or advanced capabilities.

10. A determination has been made that Australia can provide substantially the same degree of protection for the sensitive technology being released as the U.S. Government. This sale is necessary in furtherance of the U.S. foreign policy and national security objectives outlined in the Policy Justification.

11. All defense articles and services listed in this transmittal have been authorized for release and export to Australia.

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. 17-33, concerning the Air Force's proposed Letter(s) of Offer and Acceptance to the Government of India for defense articles and services estimated to cost \$366.2 million. After this letter is delivered to your office, we plan to issue a news release to notify the public of this proposed sale.

Sincerely,

J. W. RIXEY,  
Vice Admiral, USN, Director.

TRANSMITTAL NO. 17-33

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 India.

(ii) Total Estimated Value:  
Major Defense Equipment\* \$285.0 million.  
Other \$ 81.2 million.  
Total \$366.2 million.

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

Major Defense Equipment (MDE):  
One (1) C-17 Transport Aircraft.  
Four (4) Engines, Turbofan F-117-PW-100.

Non-MDE includes: Also included in the proposed sale are one (1) AN/AAR-47 Missile Warning System, one (1) AN/ALE-47 Countermeasures Dispensing System (CMDS), one (1) AN/APX-119 Identification Friend or Foe (IFF) Transponder, precision navigation equipment, spare and repair parts, maintenance, support and test equipment, publications and technical documentation, warranty, quality assurance, ferry support, U.S. Government and contractor engineering, logistics and technical support services, and other related elements of logistics and program support.

(iv) Military Department: Air Force (X7-D-SAE).

(v) Prior Related Cases, if any: IN-D-SAC—\$4.12B, 29 Jun 2011.

(vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Attached Annex.

(viii) Date Report Delivered to Congress: June 26, 2017.

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

#### POLICY JUSTIFICATION

Government of India—C-17 Transport Aircraft

The Government of India has requested the possible sale of one (1) C-17 transport aircraft with four (4) Turbofan F-117-PW-100 engines. The sale would also include one (1) AN/AAR-47 Missile Warning System, one (1) AN/ALE-47 Countermeasures Dispensing System (CMDS), one (1) AN/APX-119 Identification Friend or Foe (IFF) Transponder, precision navigation equipment, spare and repair parts, maintenance, support and test equipment, publications and technical documentation, warranty, Quality Assurance, ferry support, U.S. Government and contractor engineering, logistics and technical support services, and other related elements of logistics and program support. The estimated cost is \$366.2 million.

This proposed sale will contribute to the foreign policy and national security of the United States by helping to strengthen the U.S.-India relationship and to improve the security of an important partner which has been, and continues to be, an important force for economic progress and stability in South Asia.

The proposed sale will improve India's capability to meet current and future strategic airlift requirements. India lies in a region prone to natural disasters and will use the additional capability for Humanitarian Assistance and Disaster Relief (HA/DR). In addition, through this purchase India will be able to provide more rapid strategic combat airlift capabilities for its armed forces. India currently operates C-17 aircraft and will have no difficulty absorbing this aircraft into its armed forces.

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

The principal contractor will be the Boeing Company, Chicago, IL. The purchaser typi-

cally 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 representatives to India.

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

TRANSMITTAL NO. 17-33

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

Annex Item No. vii

(vii) Sensitivity of Technology

1. The Boeing C-17A Globemaster III military airlift aircraft is the most flexible cargo aircraft to enter the U.S. Air Force fleet. The C-17 is capable of strategic delivery of up to 170,900 pounds of personnel and/or equipment to main operating bases or forward operating locations. The aircraft is also capable short field landings with a full cargo load. The aircraft can perform tactical airlift and airdrop missions as well as transport litter and ambulatory patients during aeromedical evacuation when required. A fully integrated electronic cockpit and advanced cargo delivery system allow a crew of three: pilot, co-pilot, and loadmaster, to operate the aircraft on any type of mission.

2. The AN/AAR-47 is a small, lightweight, passive, electro-optic, threat warning device used to detect surface-to-air missiles fired at helicopters and low-flying fixed-wing aircraft and automatically provide countermeasures, as well as audio and visual-sector warning messages to the aircrew. The basic system consists of multiple Optical Sensor Converter (OSC) units, a Computer Processor (CP) and a Control Indicator (CI). The set of OSC units, which normally consists of four, is mounted on the aircraft exterior to provide omni-directional protection. The OSC detects the rocket plume of missiles and sends appropriate signals to the CP for processing. The CP analyzes the data from each OSC and automatically deploys the appropriate countermeasures. The CP also contains comprehensive Built-in-Test (BIT) circuitry. The CI displays the incoming direction of the threat, so that the pilot can take appropriate action. Hardware is UNCLASSIFIED. Software is SECRET. Technical data and documentation to be provided are UNCLASSIFIED.

3. The AN/ALE-47 Countermeasures Dispensing System (CMDS) is an integrated, threat-adaptive, software-programmable dispensing system capable of dispensing chaff, flares, and active radio frequency expendables. The threats countered by the CMDS include radar-directed anti-aircraft artillery (AAA), radar command-guided missiles, radar homing guided missiles, and infrared (IR) guided missiles. The system is internally mounted and may be operated as a standalone system or may be integrated with other on-board electronic warfare and avionics systems. The AN/ALE-47 uses threat data received over the aircraft interfaces to assess the threat situation and to determine a response. Expendable decoys tailored to the immediate aircraft and threat environment may be dispensed using one of four operational modes. The hardware, technical data, and documentation to be provided are UNCLASSIFIED.

4. The AN/APX-119 Identification Friend or Foe (IFF) Digital Transponder is an identification system designed for command and control. It enables military and civilian air traffic control interrogation systems to identify aircraft. The hardware, technical data, and documentation to be provided are UNCLASSIFIED.

5. If a technologically advanced adversary were to obtain knowledge of the specific hardware and software elements, the information could be used to develop countermeasures or equivalent systems which might reduce weapon system effectiveness or be used in the development of a system with similar or advanced capabilities.

6. A determination has been made that the Government of India 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 objectives outlined in the Policy Justification.

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

#### ADDITIONAL STATEMENTS

##### TRIBUTE TO DR. DEBORAH ZYCH

• Mr. COONS. Mr. President, I wish to honor the remarkable service of the Polytech School District superintendent, Dr. Deborah Zych, and to recognize her commitment and service to the district. Throughout her career, Debbie has been an outstanding leader and innovative thinker, serving in many positions throughout Delaware's school districts. Her hard work, perseverance, and dedication will truly be missed by students, parents, and Delawareans up and down our State.

Since 2011, Debbie has played an active and integral role within the Delaware Department of Education, the New Castle County School District, and the Polytech School District, serving as a teacher, administrator, director of curriculum, assistant superintendent, and superintendent. Throughout her time in Polytech School District, Debbie has been a major leader, instrumental in guiding POLYTECH through facility enhancements, the expansion of educational opportunities for students, as well as a marked growth in student certifications. She also played a significant role in establishing a more visible link between Polytech's highly recognized high school and adult education programs. I join the many Delawareans who have had the opportunity to work alongside Debbie, and we are truly grateful for all she has done to improve the lives of Delaware's youth and adults.

In addition to ensuring that Kent County students got quality educations, I got to know Debbie through a lot of the work she and her staff did with manufacturers in Delaware and with their impressive apprenticeship programs they ran. She came down to a Democratic Steering and Outreach Committee meeting we hosted on workforce training, and last year, she hosted an event I helped organize on National Manufacturing Day. Debbie and her staff recognized that what manufacturers in Delaware needed was for the training to be done on the shop floor rather than in the school, and they have made dozens of companies

stronger as a result. Under Debbie's leadership, Polytech School District also expanded the number of English language learners in Delaware.

Beginning her career in Maryland, Debbie has always been an advocate for students, teachers, and the local community. She was committed to ensuring that each student—no matter their age—was equipped with the tools and skills necessary to go out into the world and take advantage of each opportunity that came their way.

We cannot simply attribute Debbie's long service in Delaware's school systems to her hard work and advocacy, but also to her genuine passion for seeing each student and program participant excel. Her forward-thinking ability and insight into the value of incorporating all district resources has undoubtedly laid the foundation for helping all students succeed.

Debbie's work has been nothing short of incredible, and I am sincerely grateful for all that she has done on behalf of the students and families across our State. It is my privilege to offer my sincerest congratulations on a job well done and wish her much success in her future endeavors at the University of Delaware where she will continue to serve Delaware in the UD Professional Development Center for Educators.●

##### REMEMBERING DAVID COLEMAN, JR.

• Mr. YOUNG. Mr. President, the great State of Indiana is proud of and ever thankful to those who defended our Nation's freedom, especially through military service. Today I wish to recognize the service and life of a member of the Greatest Generation, David Coleman, Jr., a veteran of World War II.

Mr. Coleman, born June 12, 1924, served in both the U.S. Army and the U.S. Air Force from 1943 to 1946 and then again from 1953 to 1960. During his military career, he earned the National Defense Service Medal, the Good Conduct Medal, the World War II Victory Medal, and the EAME Theater Ribbon. As a veteran myself, I am proud to know of fellow Hoosier veterans such as Mr. Coleman. Mr. Coleman called Indiana home for 60 years, 56 of them with his beloved wife, the late Dorothy Coleman, by his side. Like many Hoosiers, Mr. Coleman enjoyed America's favorite pastime, baseball, and was an avid fan of the Indianapolis Indians. Mr. Coleman also had a strong Hoosier work ethic, working at both Bryant Heating & Cooling and Goodyear Tire Company until retirement.

Mr. Coleman loved his family, his God, and his country, and for these things, he will be remembered. Mr. Coleman passed away on June 18, 2017, just a few days after his 93rd birthday. My thoughts and prayers go out to the family he left behind, including his children, grandchildren, and great-grandchildren. They should know that Mr. Coleman was an exemplary patriot, and I am proud to call him a fellow Hoosier.●

#### 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.

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

#### MESSAGE FROM THE HOUSE

At 4:03 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1654. An act to authorize the Secretary of the Interior to coordinate Federal and State permitting processes related to the construction of new surface water storage projects on lands under the jurisdiction of the Secretary of the Interior and the Secretary of Agriculture and to designate the Bureau of Reclamation as the lead agency for permit processing, and for other purposes.

H.R. 2353. An act to reauthorize the Carl D. Perkins Career and Technical Education Act of 2006.

H.R. 2842. An act to provide for the conduct of demonstration projects to test the effectiveness of subsidized employment for TANF recipients.

#### ENROLLED BILL SIGNED

The President pro tempore (Mr. HATCH) announced that on today, June 26, 2017, he has signed the following enrolled bill, which was previously signed by the Speaker of the House:

H.R. 1238. An act to amend the Homeland Security Act of 2002 to make the Assistant Secretary of Homeland Security for Health Affairs responsible for coordinating the efforts of the Department of Homeland Security related to food, agriculture, and veterinary defense against terrorism, and for other purposes.

#### MESSAGE FROM THE HOUSE RECEIVED DURING ADJOURNMENT

#### ENROLLED BILL SIGNED

Under the order of the Senate of January 3, 2017, the Secretary of the Senate, on June 23, 2017, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker had signed the following enrolled bill:

H.R. 1238. An act to amend the Homeland Security Act of 2002 to make the Assistant Secretary of Homeland Security for Health Affairs responsible for coordinating the efforts of the Department of Homeland Security related to food, agriculture, and veterinary defense against terrorism, and for other purposes.

## MEASURES REFERRED

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

H.R. 1654. An act to authorize the Secretary of the Interior to coordinate Federal and State permitting processes related to the construction of new surface water storage projects on lands under the jurisdiction of the Secretary of the Interior and the Secretary of Agriculture and to designate the Bureau of Reclamation as the lead agency for permit processing, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 2353. An act to reauthorize the Carl D. Perkins Career and Technical Education Act of 2006; to the Committee on Health, Education, Labor, and Pensions.

H.R. 2842. An act to provide for the conduct of demonstration projects to test the effectiveness of subsidized employment for TANF recipients; to the Committee on Finance.

## REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Ms. MURKOWSKI, from the Committee on Energy and Natural Resources, with an amendment in the nature of a substitute and an amendment to the title:

S. 713. A bill to establish the Mountains to Sound Greenway National Heritage Area in the State of Washington (Rept. No. 115-118).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, without amendment:

S. 459. A bill to designate the area between the intersections of Wisconsin Avenue, Northwest and Davis Street, Northwest and Wisconsin Avenue, Northwest and Edmunds Street, Northwest in Washington, District of Columbia, as "Boris Nemtsov Plaza", and for other purposes (Rept. No. 115-119).

## INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mrs. ERNST (for herself, Mr. RUBIO, and Mr. PERDUE):

S. 1427. A bill to provide States with the option of applying for and receiving temporary waivers for the States to experiment with new approaches that integrate Federal programs in order to provide more coordinated and holistic solutions to families in need, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. RISCH (for himself, Mr. PETERS, Mr. KENNEDY, Ms. DUCKWORTH, and Mrs. SHAHEEN):

S. 1428. A bill to amend section 21 of the Small Business Act to require cyber certification for small business development center counselors, and for other purposes; to the Committee on Small Business and Entrepreneurship.

By Mr. CARDIN (for himself and Mrs. CAPITO):

S. 1429. A bill to amend the Federal Water Pollution Control Act to reauthorize the Chesapeake Bay Program; to the Committee on Environment and Public Works.

By Mr. CARDIN (for himself, Mr. CARPER, Mr. WARNER, Mr. COONS, Mr. KAINÉ, and Mr. VAN HOLLEN):

S. 1430. A bill to amend the Chesapeake Bay Initiative Act of 1998 to reauthorize the

Chesapeake Bay Gateways and Watertrails Network; to the Committee on Environment and Public Works.

By Mr. INHOFE (for himself, Mr. KING, and Mr. ROUNDS):

S. 1431. A bill to provide liability protection for volunteer pilots who fly for the public benefit, and for other purposes; to the Committee on the Judiciary.

By Mr. INHOFE (for himself and Mr. MORAN):

S. 1432. A bill to prevent the Federal Aviation Administration's Aircraft Registry Office from closing during a Government shutdown; to the Committee on Commerce, Science, and Transportation.

By Ms. HIRONO (for herself, Ms. MURKOWSKI, and Ms. CANTWELL):

S. 1433. A bill to approve the 2010 Compact Review Agreement with Palau, and for other purposes; to the Committee on Energy and Natural Resources.

By Mrs. GILLIBRAND (for herself and Mr. COTTON):

S. 1434. A bill to enhance the military childcare programs and activities of the Department of Defense, and for other purposes; to the Committee on Armed Services.

By Mr. COTTON:

S. 1435. A bill to provide an amnesty period during which veterans and their family members can register certain firearms in the National Firearm Registration and Transfer Record, and for other purposes; to the Committee on the Judiciary.

By Mr. CRAPO (for himself and Mr. CARDIN):

S. 1436. A bill to conserve fish and aquatic communities in the United States through partnerships that foster fish habitat conservation, improve the quality of life for the people of the United States, enhance fish and wildlife-dependent recreation, and for other purposes; to the Committee on Environment and Public Works.

By Mrs. GILLIBRAND (for herself, Mr. BLUMENTHAL, Mr. CARDIN, Ms. KLOBUCHAR, Mr. MARKEY, Mr. COONS, Mr. VAN HOLLEN, Mr. WYDEN, Mr. BROWN, Ms. DUCKWORTH, Mr. WHITEHOUSE, and Mr. SANDERS):

S. 1437. A bill to modernize voter registration, promote access to voting for individuals with disabilities, protect the ability of individuals to exercise the right to vote in elections for Federal office, and for other purposes; to the Committee on Rules and Administration.

By Mr. BLUNT (for himself and Mrs. MCCASKILL):

S. 1438. A bill to redesignate the Jefferson National Expansion Memorial in the State of Missouri as the "Gateway Arch National Park"; to the Committee on Energy and Natural Resources.

By Ms. WARREN:

S. 1439. A bill to require the Secretary of Defense to include gambling disorder in health assessments for members of the Armed Forces and related research efforts of the Department of Defense; to the Committee on Armed Services.

By Ms. WARREN:

S. 1440. A bill to ensure the safety of workers of contractors that serve and supply the Armed Forces and the accountable use of taxpayer dollars; to the Committee on Armed Services.

By Mr. SANDERS (for himself, Ms. WARREN, and Ms. HARRIS):

S. 1441. A bill to provide funding for Federally Qualified Health Centers, the National Health Service Corps, Teaching Health Centers, and the Nurse Practitioner Residency Training program; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SULLIVAN:

S. 1442. A bill to establish United States policy for the Arctic region for the next 10

years, and for other purposes; to the Committee on Commerce, Science, and Transportation.

## SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Ms. BALDWIN (for herself, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. CORTEZ MASTO, Mr. DURBIN, Mr. FRANKEN, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINÉ, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mrs. SHAHEEN, Mr. VAN HOLLEN, Ms. WARREN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. SCHUMER, Mrs. FEINSTEIN, Mr. SANDERS, and Mr. WARNER):

S. Res. 202. A resolution expressing support for the designation of June 26, 2017, as "LGBT Equality Day"; to the Committee on the Judiciary.

By Ms. HEITKAMP (for herself, Mr. HELLER, Mr. TESTER, Mr. TILLIS, Ms. BALDWIN, Mr. GRASSLEY, Mr. BROWN, Mr. SULLIVAN, Mr. MURPHY, Mr. KENNEDY, Ms. HIRONO, Mr. HOEVEN, Mr. LEAHY, Mr. ROBERTS, Mr. BLUMENTHAL, Mr. DAINES, Ms. STABENOW, Mr. CRAPO, Mr. HEINRICH, Ms. COLLINS, Mr. DONNELLY, Mr. DURBIN, Mr. NELSON, Mr. MARKEY, Mr. CASEY, Mr. PETERS, Mr. WARNER, Ms. HASSAN, Mr. COONS, Ms. CORTEZ MASTO, Mr. BENNET, Mr. CARDIN, Mr. FRANKEN, and Mrs. FEINSTEIN):

S. Res. 203. A resolution designating the month of June 2017, as "National Post-Traumatic Stress Awareness Month" and June 27, 2017, as "National Post-Traumatic Stress Awareness Day"; to the Committee on the Judiciary.

## ADDITIONAL COSPONSORS

S. 16

At the request of Mr. PAUL, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 16, a bill to require a full audit of the Board of Governors of the Federal Reserve System and the Federal reserve banks by the Comptroller General of the United States, and for other purposes.

S. 445

At the request of Ms. COLLINS, the names of the Senator from Arkansas (Mr. BOOZMAN) and the Senator from New Mexico (Mr. HEINRICH) were added as cosponsors of S. 445, a bill to amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program.

S. 480

At the request of Mr. PORTMAN, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 480, a bill to reauthorize the Multinational Species Conservation Funds Semipostal Stamp.

S. 540

At the request of Mr. THUNE, the name of the Senator from Vermont



(Mr. LEAHY) was added as a cosponsor of S. 540, a bill to limit the authority of States to tax certain income of employees for employment duties performed in other States.

S. 654

At the request of Mr. TOOMEY, the name of the Senator from Ohio (Mr. PORTMAN) was added as a cosponsor of S. 654, a bill to revise section 48 of title 18, United States Code, and for other purposes.

S. 720

At the request of Mr. CARDIN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 720, a bill to amend the Export Administration Act of 1979 to include in the prohibitions on boycotts against allies of the United States boycotts fostered by international governmental organizations against Israel and to direct the Export-Import Bank of the United States to oppose boycotts against Israel, and for other purposes.

S. 765

At the request of Mr. PERDUE, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 765, a bill to amend title 18, United States Code, to provide for penalties for the sale of any Purple Heart awarded to a member of the Armed Forces.

S. 816

At the request of Mr. CASEY, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 816, a bill to amend the Internal Revenue Code of 1986 to allow rollovers from 529 programs to ABLE accounts.

S. 822

At the request of Mr. INHOFE, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 822, a bill to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, and for other purposes.

S. 1109

At the request of Mr. MERKLEY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1109, a bill to amend title VIII of the Public Health Service Act to extend advanced education nursing grants to support clinical nurse specialist programs, and for other purposes.

S. 1146

At the request of Mrs. SHAHEEN, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. 1146, a bill to enhance the ability of the Office of the National Ombudsman to assist small businesses in meeting regulatory requirements and develop outreach initiatives to promote awareness of the services the Office of the National Ombudsman provides, and for other purposes.

S. 1238

At the request of Ms. COLLINS, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor

of S. 1238, a bill to amend the Internal Revenue Code of 1986 to increase and make permanent the exclusion for benefits provided to volunteer firefighters and emergency medical responders.

S. 1286

At the request of Ms. KLOBUCHAR, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1286, a bill to lift the trade embargo on Cuba.

S. 1311

At the request of Mr. CORNYN, the names of the Senator from Nevada (Ms. CORTEZ MASTO) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 1311, a bill to provide assistance in abolishing human trafficking in the United States.

S. 1312

At the request of Mr. GRASSLEY, the names of the Senator from Vermont (Mr. LEAHY) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. 1312, a bill to prioritize the fight against human trafficking in the United States.

S. 1330

At the request of Mr. ROUNDS, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1330, a bill to amend title 38, United States Code, to authorize a dependent to transfer entitlement to Post-9/11 Education Assistance in cases in which the dependent received the transfer of such entitlement to assistance from an individual who subsequently died, and for other purposes.

S. 1350

At the request of Mr. ALEXANDER, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 1350, a bill to amend the National Labor Relations Act with respect to the timing of elections and pre-election hearings and the identification of pre-election issues, and to require that lists of employees eligible to vote in organizing elections be provided to the National Labor Relations Board.

S. 1354

At the request of Mr. CARPER, the names of the Senator from Delaware (Mr. COONS) and the Senator from North Dakota (Ms. HEITKAMP) were added as cosponsors of S. 1354, a bill to establish an Individual Market Reinsurance fund to provide funding for State individual market stabilization reinsurance programs.

S. 1361

At the request of Mr. CRAPO, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 1361, a bill to amend title XVIII of the Social Security Act to allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac, intensive cardiac, and pulmonary rehabilitation programs.

S. 1393

At the request of Mr. CORNYN, the name of the Senator from South Dakota (Mr. THUNE) was added as a co-

sponsor of S. 1393, a bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses.

S. 1414

At the request of Mr. WICKER, the name of the Senator from Wisconsin (Ms. BALDWIN) 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.J. RES. 5

At the request of Mr. CARDIN, the names of the Senator from Michigan (Mr. PETERS) and the Senator from Hawaii (Mr. SCHATZ) were added as cosponsors of S.J. Res. 5, a joint resolution removing the deadline for the ratification of the equal rights amendment.

S.J. RES. 6

At the request of Mr. MENENDEZ, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S.J. Res. 6, a joint resolution proposing an amendment to the Constitution of the United States relative to equal rights for men and women.

S.J. RES. 16

At the request of Mr. WYDEN, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S.J. Res. 16, a joint resolution approving the discontinuation of the process for consideration and automatic implementation of the annual proposal of the Independent Medicare Advisory Board under section 1899A of the Social Security Act.

S. CON. RES. 12

At the request of Mr. GRASSLEY, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. Con. Res. 12, a concurrent resolution expressing the sense of Congress that those who served in the bays, harbors, and territorial seas of the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, should be presumed to have served in the Republic of Vietnam for all purposes under the Agent Orange Act of 1991.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 202—EX-  
PRESSING SUPPORT FOR THE  
DESIGNATION OF JUNE 26, 2017,  
AS "LGBT EQUALITY DAY"

Ms. BALDWIN (for herself, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. CORTEZ MASTO, Mr. DURBIN, Mr. FRANKEN, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mrs. SHAHEEN, Mr. VAN HOLLEN, Ms. WARREN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. SCHUMER, Mrs. FEINSTEIN, Mr. SANDERS, and Mr. WARNER) submitted the following

resolution; which was referred to the Committee on the Judiciary:

## S. RES. 202

Whereas the United States recognizes that all people should be treated equally;

Whereas Members of the 115th Congress support the rights and freedoms of individuals who are lesbian, gay, bisexual, and transgender (in this preamble referred to as “LGBT”);

Whereas, on June 26, 2003, the Supreme Court of the United States ruled in *Lawrence v. Texas*, 539 U.S. 558, that States could no longer criminalize the private conduct in which same-sex couples engage;

Whereas, on June 26, 2013, the Supreme Court of the United States ruled in *United States v. Windsor*, 133 S. Ct. 2675, that section 3 of the Defense of Marriage Act (Public Law 104-199; 110 Stat. 2419) was unconstitutional and the Federal Government could no longer restrict married same-sex couples from receiving Federal benefits and protections;

Whereas, on June 26, 2015, the Supreme Court of the United States ruled in *Obergefell v. Hodges*, 135 S. Ct. 2584, that same-sex couples have a constitutional right to marry and States could no longer discriminate against same-sex couples when recognizing or licensing a marriage;

Whereas decisions handed down by the Supreme Court of the United States on June 26 in 2003, 2013, and 2015 ended marriage discrimination and the criminalization of same-sex private intimate conduct under the law;

Whereas LGBT people and their allies have worked together for more than 60 years to make progress toward achieving full equality for all people in the United States, regardless of sexual orientation or gender identity;

Whereas LGBT people in the United States continue to face many barriers that cannot be solved through courtroom litigation alone;

Whereas transgender people and LGBT people of color are disproportionately and uniquely burdened by such barriers, including violence, discrimination, poverty, and societal isolation;

Whereas, although victories at the Supreme Court of the United States have affirmed the dignity and equality of millions of same-sex couples, statutory reforms are needed to ensure that LGBT people in the United States are free from discrimination and have equal access to the American dream; and

Whereas June 26, 2017, would be an appropriate date to designate as “LGBT Equality Day”: Now, therefore, be it

*Resolved*, That the Senate—

(1) supports equal rights and protections for all people, regardless of actual or perceived sexual orientation or gender identity;

(2) supports the designation of June 26, 2017, as “LGBT Equality Day”;

(3) encourages the celebration of “LGBT Equality Day” to—

(A) commemorate the significance of decisions handed down by the Supreme Court of the United States on June 26 in 2003, 2013, and 2015; and

(B) continue educating all people about the forms of discrimination, harassment, and intolerance that lesbian, gay, bisexual, and transgender people continue to face; and

(4) acknowledges the need for further legislation to ensure that people in the United States are free from all forms of discrimination on the basis of actual or perceived sexual orientation or gender identity, including in employment, housing, public accommodations, education, Federal funding, credit, and jury service.

SENATE RESOLUTION 203—DESIGNATING THE MONTH OF JUNE 2017, AS “NATIONAL POST-TRAUMATIC STRESS AWARENESS MONTH” AND JUNE 27, 2017, AS “NATIONAL POST-TRAUMATIC STRESS AWARENESS DAY”

Ms. HEITKAMP (for herself, Mr. HELLER, Mr. TESTER, Mr. TILLIS, Ms. BALDWIN, Mr. GRASSLEY, Mr. BROWN, Mr. SULLIVAN, Mr. MURPHY, Mr. KENNEDY, Ms. HIRONO, Mr. HOEVEN, Mr. LEAHY, Mr. ROBERTS, Mr. BLUMENTHAL, Mr. DAINES, Ms. STABENOW, Mr. CRAPO, Mr. HEINRICH, Ms. COLLINS, Mr. DONNELLY, Mr. DURBIN, Mr. NELSON, Mr. MARKEY, Mr. CASEY, Mr. PETERS, Mr. WARNER, Ms. HASSAN, Mr. COONS, Ms. CORTEZ MASTO, Mr. BENNET, Mr. CARDIN, Mr. FRANKEN, and Mrs. FEINSTEIN) submitted the following resolution; which was referred to the Committee on the Judiciary:

## S. RES. 203

Whereas the brave men and women of the Armed Forces, who proudly serve the United States, risk their lives to protect the freedom of the people of the United States and deserve the investment of every possible resource to ensure their lasting physical, mental, and emotional well-being;

Whereas more than 2,000,000 members of the Armed Forces have deployed overseas since the events of September 11, 2001, and have served in places such as Afghanistan and Iraq;

Whereas the Armed Forces have sustained a historically high operational tempo since September 11, 2001, with many members of the Armed Forces deploying overseas multiple times, placing those members at high risk of experiencing combat stress;

Whereas, when left untreated, exposure to traumatic combat stress can lead to post-traumatic stress, sometimes referred to as post-traumatic stress disorder (in this preamble referred to as “PTSD”) or post-traumatic stress injury;

Whereas men and women of the Armed Forces and veterans who served before September 11, 2001, remain at risk for post-traumatic stress;

Whereas the Secretary of Veterans Affairs reports that about 11-20 percent of veterans who served in Operation Iraqi Freedom or Operation Enduring Freedom have PTSD in a given year, about 12 percent of Gulf War veterans have PTSD in a given year, and about 30 percent of Vietnam veterans have had PTSD in their lifetime;

Whereas many combat stress injuries remain unreported, undiagnosed, and untreated due to a lack of awareness about post-traumatic stress and the persistent stigma associated with mental health conditions;

Whereas exposure to military trauma can lead to post-traumatic stress;

Whereas post-traumatic stress significantly increases the risk of anxiety, depression, suicide, homelessness, and drug- and alcohol-related disorders and deaths, especially if left untreated;

Whereas public perceptions of post-traumatic stress or other mental health conditions create unique challenges for veterans seeking employment;

Whereas the Department of Defense and the Department of Veterans Affairs, as well as the larger medical community, both private and public, have made significant advances in the identification, prevention, diagnosis, and treatment of post-traumatic

stress and the symptoms of post-traumatic stress, but many challenges remain;

Whereas increased understanding of post-traumatic stress can help eliminate the stigma attached to the issue;

Whereas additional efforts are needed to find further ways to eliminate the stigma associated with post-traumatic stress, including—

(1) an examination of how post-traumatic stress is discussed in the United States; and

(2) a recognition that post-traumatic stress is a common injury that is treatable and repairable;

Whereas post-traumatic stress can result from any number of stressors other than combat, including rape, sexual assault, battery, torture, confinement, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters, and affects approximately 8,000,000 adults in the United States annually;

Whereas the diagnosis now known as PTSD was first defined by the American Psychiatric Association in 1980 to commonly and more accurately understand and treat veterans who had endured severe traumatic combat stress;

Whereas combat stress had previously been viewed as a mental illness and the word “disorder” carries a stigma that perpetuates this misconception; and

Whereas the designation of a National Post-Traumatic Stress Awareness Month and a National Post-Traumatic Stress Awareness Day will raise public awareness about issues related to post-traumatic stress, reduce the associated stigma, and help ensure that those individuals suffering from the invisible wounds of war receive proper treatment: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates June 2017, as “National Post-Traumatic Stress Awareness Month” and June 27, 2017, as “National Post-Traumatic Stress Awareness Day”;

(2) supports the efforts of the Secretary of Veterans Affairs and the Secretary of Defense, as well as the entire medical community, to educate members of the Armed Forces, veterans, the families of members of the Armed Forces and veterans, and the public about the causes, symptoms, and treatment of post-traumatic stress;

(3) welcomes the efforts of the National Center for PTSD of the Department of Veterans Affairs and local Vet Centers (as defined in section 1712A(h) of title 38, United States Code) to provide assistance to veterans who are suffering from the effects of post-traumatic stress;

(4) encourages commanders of the Armed Forces to support appropriate treatment of men and women of the Armed Forces who suffer from post-traumatic stress; and

(5) respectfully requests that the Secretary of the Senate transmit a copy of this resolution to the Secretary of Veterans Affairs and the Secretary of Defense.

## PRIVILEGES OF THE FLOOR

Mr. CASEY. Mr. President, I ask unanimous consent that Christopher Frieze, a congressional fellow on my staff, be granted floor privileges for the duration of the debate on the Better Care Reconciliation Act.

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

The PRESIDING OFFICER. The Senator from North Carolina.

ORDERS FOR TUESDAY, JUNE 27,  
2017

Mr. TILLIS. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m., Tuesday, June 27; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate be in a period of morning business for debate only, with Senators permitted to speak therein.

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

#### ORDER FOR ADJOURNMENT

Mr. TILLIS. 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 our Democratic colleagues.

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

The Senator from Connecticut.

#### HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, I am proud to be on the floor today, proud to stand with my colleagues, and I hope that at the end of this week, I will be proud of all of my colleagues when we vote to defeat this measure, or at least to delay it, because we owe the American people the right to be heard.

Our responsibility as elected representatives is at the very least to listen. I have been listening over the last week but really over the last year to constituents of mine in the State of Connecticut and over the last week at two emergency field hearings that I conducted because no hearings were held by the Senate and no markups and no votes in committee. What we saw here in Washington was complete secrecy, a bill produced behind closed doors, only seeing the light of day for the first time last Thursday.

Our Republican colleagues have gone from total secrecy to total chaos. The reason for the chaos is the facts that were most dramatically revealed today—just hours ago—when the Congressional Budget Office told us, not surprisingly, that 22 million Americans would be thrown to the wolves as a result of this measure—thrown to the wolves of no healthcare coverage—and eventually 49 million Americans would be without healthcare insurance by 2026.

Next year alone, 15 million more people will be uninsured under the Republican plan, TrumpCare 2.0. Low-income Americans would be unable to afford any plan at all, and anybody who does would be paying higher costs for fewer services of lesser quality. Americans will pay a higher share of their income

and receive less as a result. A 64-year-old making almost \$57,000 will go from paying \$6,800 under the Affordable Care Act to \$20,500 under the proposal before this body. This jump in cost is absolutely staggering.

It will destroy the financial well-being of middle-class Americans who also, when they need nursing home care, after they have exhausted their savings, will be thrown to the wolves. I visited one such facility just last Friday, where two-thirds of its 60 beds will be unaffordable when those middle-class families find their savings will no longer cover it.

These facts are the reason for the Republican chaos. One of our former colleagues, my mentor, Senator Daniel Patrick Moynihan, famously said: "Everybody is entitled to his own opinion, but not to his own facts." The administration's statement that the CBO is not to be blindly trusted—nobody has to trust the CBO blindly. Those facts are driven by reality. Their report speaks truth to power and to the American people, and the American people get it.

None of us can look our constituents in the eye, look ourselves in the mirror, look inside ourselves, in our hearts, and justify a vote for this bill. The American people are angry, many of them because we are even considering it. It is not an anger that is kind of a shrug of the shoulders; it is a deep, vocal, vehement, vitriolic anger. I have seen it and heard it at those hearings, where I listened to people coming forward and talking about this bill, recognizing it for what it is. It is not a healthcare bill; it is a massive tax cut for the wealthy.

Just Friday afternoon, one of the folks who attended the hearing came to the microphone and said: Don't call it a healthcare bill; it is a wealth care bill. In fact, she is absolutely right. This bill cuts hundreds of millions of dollars in taxes for the richest so that they will do better, but it also cuts \$800 billion in Medicaid spending and investment to provide for that kind of tax cut. It is not a healthcare bill; it is a wealth care bill. And for most Americans, it is a catastrophic, cruel, and costly insult to their intelligence, their health, and our American values. It is a sham and a charade, making possible those cuts for the rich—tax cuts for them—at the expense of our most vulnerable citizens. And it has been the result of a profoundly undemocratic process—secrecy and speed.

Despite the best efforts of our Republican colleagues to keep Americans in the dark about what this proposal would do, I have seen growing awareness, again, not only at these hearings but as I walk through the airport, as I march in parades—twice over this weekend—as I attend public gatherings. Whether it is Boys State, sponsored by the American Legion for 16- and 17-year-olds, or nursing facilities for elderly citizens, there is a growing awareness that this bill is bad—profoundly bad—for the American people.

The people I have heard from have prescriptions to fill, appointments to make, lives to live, but they have come to these hearings on very short notice in Hartford and in New Haven, literally filling rooms so that there was standing room only.

I challenge my colleagues to hold the same kinds of hearings, to delay this vote so that they can go home at the end of this week and hold hearings in their State and listen to their constituents about what they have to say and what the consequences will be.

Nearly 1 in 10 veterans has Medicaid coverage, meaning that a staggering 1.75 million veterans, including 18,000 veterans in Connecticut, would be impacted by these reckless cuts. Let me repeat that number for all of us who rejoiced in the recent Accountability and Whistleblowers Act. Some 1.75 million veterans—18,000 of them in Connecticut—will be harmed by this reckless and needless insult and injury.

Put simply, this bill would make it hard for veterans with mental health disorders like post-traumatic stress disorder to get care. Nearly a quarter of all veterans receive care for mental health disorders outside the VA system, meaning they rely on protections that guarantee their access to affordable care. Under this proposal, those protections would be severely threatened, and the veterans who need that care would see that care at risk.

Here we are talking about a choice program that enables veterans to seek care outside the VA system, privately, and we are endangering care for millions of Americans—veterans—who need and seek it by using Medicaid.

If my colleagues listen to their constituents, they will hear from many of the people who have come to my townhalls, like Christine Girassi. Christine has two beautiful 4-year-old twins named McKenzie and Cameron. McKenzie was born with Prader-Willi syndrome, a rare genetic disorder that her mom described as "including low muscle tone, seizures, temperature instability, sleep apnea, infertility, OCD, intellectual disabilities, and developmental delay."

In the first few weeks of her life, McKenzie was in the hospital for 57 days, accounting for \$2 million in costs. Their family was spending \$30,000 a year to help their daughter thrive. So when Christine learned that her daughter had received a waiver to become a Medicaid beneficiary, she was overjoyed.

Christine told me:

When we received McKenzie's diagnosis, we were told that she wouldn't do a lot of things, and at only 4 years old she's already defying the odds. I have no doubt in my mind that if we are able to continue down our current path of the proper therapies and doctors, McKenzie will be able to have her fruitful life. I am terrified if the rug comes out beneath her that she will become just another statistic.

Another statistic? There are enough statistics in that CBO report. We will hear a plethora of statistics on the

floor, but a picture is worth a thousand words and many more than a thousand statistics, and no one—no one should be consigned to being a statistic.

This family is one of the many faces and pictures and stories of Medicaid. They deserve to be heard. If we gut this program, if we strip away the important services it provides, we know all too well what will happen to McKenzie and her family as statistics. Like her mother said, Medicaid has been the path to success for them, and that rug will be pulled from that family, from beneath McKenzie.

At the hearing on Friday in New Haven, I heard from Kent O'Brien, who told me about the eight prescription medications he takes—four for psychiatric reasons and four for medical reasons.

Of course, mental health parity has been one of the crusades of my life. When I was State attorney general, I worked with Senator Ted Kennedy and Congressman Patrick Kennedy to help advocate for that bill. As a Senator, I advocated for the regulations that were necessary for its enforcement, and we finally got it done.

I want to quote what Kent said directly. He told me:

Hi, everybody, how are you today? I'm going to keep this brief, because I know the senators are on a very strict time constraint and I respect that. So I'm just going to talk very quickly about my prescription medications; there are eight of them. Four of them are for psychiatric reasons and four are medical. And if I lose my Medicare and Medicaid, I will be unable to pay for them obviously, which in turn I will end up in the hospital.

Kent went on:

Now, for the Republicans who are seeing this in Washington, can you please listen to me carefully?

I am speaking to an empty Chamber. Let nobody make any mistake that Republicans are hanging on Kent's words as I speak now, but every one of them should go to the RECORD. Every one of them should be listening in their offices. Every one of them should go to the RECORD.

Kent goes on:

If I lose that medication, I will end up in the hospital, and it's going to cost the state and the federal government much more money than it would be to simply let me go to the pharmacy and pick up my medication.

If there were ever a message that Washington should hear, it is from Kent O'Brien, who closed by simply saying:

So I'm just going to close up with that, and don't hurt the American people. Help them!

If you met Kent, you would wonder how he was capable of that eloquence. He is an ordinary American, someone who looks like all the rest of us. He has said to this body what it means to hear: "Don't hurt the American people." He couldn't be more right. This proposal would cost our Nation so much, not just financially—Kent had it right—but morally. It will lead to a weakening of what makes our country strong and great in the first place: our

ability to care about our neighbor, to fight for what is right, and to listen to the people who represent here in the Senate.

First, do no harm. That is what the ethos of the medical profession is. It ought to be our mantra as well. It ought to be what my colleagues, if nothing else, heed as we reach this decision to listen to people who sent us here and hear their stories. Listen to the anxieties and fears and value of America. They will tell you all you need to know about this bill. Kent told me. As he said, the cost will be staggering—not just in financial terms but in human terms.

This bill—written behind closed doors, away from the light of day, away from the realities of medical care in the United States of America, away from the voices and faces I have brought to the floor today, and which I will continue to bring to the floor—ignores the most important thing we can do this week. As Kent said, don't hurt the American people. As the doctors tell us: First, do no harm.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I wish to start by thanking my colleague from the State of Connecticut for bringing those powerful testimonies to the floor of the Senate. It is really important that all of us—all 100 of us—spend time back home in our States listening to people who are telling us those kinds of stories.

I have received over 2,500 calls in my office just since Thursday, all of them strongly opposed to this so-called healthcare proposal.

Some things improve with time. Some things improve with age, like red wine. Some things get stinkier and smellier the longer they sit out there, like rotten things. That is the case with the series of Republican so-called healthcare bills, TrumpCare 1, TrumpCare 2.0, and now, TrumpCare 3.0. They are all rotten to the core, and the more they sit out there, the stinkier they get, and the American people know it.

If you had any doubts, take a look at the most recent Congressional Budget Office report we got today. There is a pretty clear pattern between all of these Congressional Budget Office reports and the first bill we saw and the second bill and now on this latest version.

Here is the pattern. Tens of millions of Americans will lose access to affordable healthcare in the United States of America in order to provide tax breaks for powerful special interests and richer Americans. That is the pattern. In this most recent report, we are told by the nonpartisan professionals at the Congressional Budget Office that 22 million of our fellow Americans are going to lose access to affordable healthcare. For what? To give powerful special interests and wealthy Americans a tax break.

Insurance companies currently are not allowed to deduct the bonuses they pay to their CEOs. Now you are going to allow insurance companies to deduct the bonuses they pay to CEOs, and while tens of millions of Americans will lose access to affordable care, millionaires in America will get an average annual tax break of \$50,000 a year, every year.

So make no mistake. You can call this a healthcare bill, but it has nothing to do with healthcare and everything to do with wealth care and transferring wealth from more struggling vulnerable Americans to the very wealthy.

If this were about healthcare, why is it that we have all received in our offices long lists from patient advocacy organizations that are dead-set against this legislation? These are organizations that have been dedicated to trying to improve healthcare for people and patients in our country: the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, National Alliance on Mental Illness, National Breast Cancer Coalition, and National Multiple Sclerosis Society. The list goes on and on from organizations that have dedicated themselves to advancing patient health.

On the other side, I haven't seen a single—not one—patient advocacy group that has come out to support this so-called healthcare bill. How can that be? If this is good for the health of our fellow citizens, why is it we have a long list of organizations dedicated to that cause against it and not one for it?

How about healthcare providers, the folks who help provide the care to our constituents? They are all dead-set against it: the nurses, the doctors, the hospitals, the people who have that network of care.

I was just out on the Eastern Shore of Maryland, a rural part of our State. The National Rural Health Association is opposed to this bill. They know the people they serve are going to be badly hurt, and, by the way, it is also going to hurt the economies in those parts of our State, especially the rural parts of the States, because those hospitals depend heavily on many of the people who get help through the Affordable Care Act, whether through the exchanges or through expanded Medicaid. As those patients come in the door and no longer can pay for their care, those hospitals said they may have to close down operations and lay people off. It is a double whammy—bad for patients and bad for those who provide the care to our patients.

That is why AARP has been all out against this, because they know that for Americans between the ages of 50 and 64, before you get on Medicare, this is a total disaster. As they have said, there is an age tax. If you are older, you are going to pay a whole lot more under this Republican bill than you pay today.

Many people are just realizing now as they follow this debate that two out of three Americans who are in nursing homes today are supported by Medicaid payments. So millions of our fellow Americans who now get their care in nursing homes, where Medicaid is providing support for two out of three, are going to be put at risk and made vulnerable because of this legislation.

Remember, Donald Trump said he wasn't going to cut Medicaid. This cuts it by over \$750 billion. Make no mistake, on this issue, this Senate bill is a lot meaner than the House bill. We all know that President Trump out in the Rose Garden celebrated the passage of the House bill. But behind closed doors, what did he call it? Mean. This Senate bill, as time goes on, will cut Medicaid far more deeply than the House bill. As we look at this Congressional Budget Office report, it talks about how you get to the end of year 8 and 9 and 10, and you go beyond that. You are going to have very deep cuts, much more painful, much meaner than in the Senate bill.

We have heard a lot about pre-existing conditions. The reality is that the Senate bill is very devious in this regard. It is a great sleight of hand. On the one hand, it creates the impression that if you have preexisting conditions, you are going to be all right. But what it pretends to give with one hand, it takes away with the other. It makes those Americans as vulnerable as they were before the passage of the Affordable Care Act.

I am not talking about those who are directly benefitting, like those on expanded Medicaid or those in the exchanges. I am talking about those who are benefitting from the patient protections in the Affordable Care Act.

I just got a note the other day from Mark in my State of Maryland saying:

My son was diagnosed with Crohn's disease in 2008, at age 18. He was repeatedly denied insurance and was only able to cover part of the cost of care through the Maryland high-risk pool. Obamacare made it possible for him to be insured and care for this lifelong disease.

It was ObamaCare that "will literally save his life." We have many stories like this one from others who were denied access to care because of pre-existing conditions before the Affordable Care Act.

There is another major sleight of hand in this Senate Republican proposal, and that relates to premiums. I have been listening. We have been hearing a lot from our Republican Senate colleagues about how this is going to bring down the price of premiums. We all know that what Americans care about is what they are having to put out in total for their healthcare. There are premiums. How much is the deductible? Great, I got a lower premium, but my deductible is now \$10,000. There are copays.

Here is the dirty little secret if you dig into the Congressional Budget Office report, after listening to many of

our Republican colleagues talk about premiums. Now, you have to translate a little bit here because this is in the budgetese of the Congressional Budget Office. What they say on page 9 is this: Some people enrolled in nongroup insurance—in other words, in the individual market, the people who are currently in the Affordable Care Act exchanges—would experience substantial increases in what they would spend on healthcare even though benchmark premiums would decline on average in 2020 and years later.

So the translation is that in some cases the premium—that sticker price—may go down, but you are going to end up paying a whole lot more when it comes to your deductible and your copays.

It goes on to say that because nongroup insurance—in other words, the individual market—would pay for a smaller average share of benefits under this legislation, most people purchasing it would have higher out-of-pocket spending on healthcare than under current law. It goes on and on.

In other words, keep your eye on the ball, America, because when someone tells you your premiums are going to go down, watch what happens to all your other healthcare costs. The Congressional Budget Office, the non-partisan analysts, are telling you they are going up.

This brings me to my final point. I said at the beginning that some things get better with time and some things get stinkier and smellier. We know that the more the American people get a look at this latest Senate Republican proposal—TrumpCare 3.0—the less they are going to like it. The more they see it, the more they will hate it. Just like something that is rotten gets stinkier with time, this will get worse and worse with time. That is why it is so important that we not try to jam this through the Senate.

I understand the Republican leader. He knows this is rotten to its core, and he knows the more it sits out there, the more people are going to see what it is all about and the more they are going to hate it.

Let's have a full debate, and let's make sure all of us go back to our States over the Fourth of July—to the parades, the barbecues, and the picnics—and look our constituents in the eye and tell them that we are going to take healthcare away from tens of millions of Americans, that we are going to open up the discrimination once again to preexisting conditions. We are going to increase their overall healthcare costs, even though we tell them we are going to be reducing them. Let's look them in the eye and tell them what this bill is all about rather than trying to push it through in 24 or 48 hours or later this week.

Our constituents deserve to know the facts, and we need to make sure we vote to protect the interests of the United States of America, not just provide another round of tax breaks to

powerful special interests and millionaires.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, you might think that for the last 7 years, the major complaint people had about the Affordable Care Act was that it hurt rich people, because they seem to be the only people who stand to gain with this Republican Senate healthcare plan. They get a giant tax break. The rest of America, on the other hand, is in trouble.

With TrumpCare, healthcare will cost more, and 22 million people are going to lose their healthcare altogether. Some healthcare bill. To put this in perspective, imagine if everyone lost their healthcare in Hawaii, Maine, Nevada, Alaska, West Virginia, Ohio, Idaho, and Wyoming. That is what TrumpCare does. That is 22 million Americans. It also devastates one of the best healthcare programs this country has.

With this bill, Medicaid is going to lose nearly \$800 billion. If your only worry is that your investment income gets taxed at 3.8 percent every year, you can breathe a sigh of relief. Let me drill down on that because one of the most egregious tax breaks in this bill—and this is mostly a tax cut bill and not a healthcare bill—is the following: If you are making \$200,000 as an individual or \$250,000 as a couple, capital gains income is currently taxed at 3.8 percent. If you are making \$200,000 as an individual or \$250,000 as a couple and you have capital gains, not regular income, it is taxed at 3.8 percent. This bill zeros that tax out. This bill zeros that tax out. On top of that, it is retroactive. Think about the absurdity.

Here we are. I am looking at the Senator from Pennsylvania and how much he has advocated for children and especially for children with disabilities. I am looking at the Senator from Connecticut and the work he has done for people with chronic diseases and mental health challenges and the resources we need for that. And in the middle of a supposedly oriented toward healthcare piece of legislation, we are giving a retroactive capital gains tax cut to people who make over \$250,000 a year in combined income. It is absurd. It is not a healthcare bill.

If you have a loved one in a nursing home, if you are pregnant or thinking of having a baby, if your kid has a disability that requires costly care, if you work two jobs but your employer doesn't provide health insurance, then this bill does not take care of you. Instead of less taxes, you get less care, and you are going to pay more for it.

This is what happens when legislators don't have committee hearings or they refuse to meet with patients, doctors, nurses, advocates, their own constituents. There have been so few town-halls about healthcare. There have been so few real Senate debates about healthcare.

I have seen every single Democratic Member of the Senate come here and

talk about this piece of legislation. I have seen every single Republican Member of the Senate talk about legislation that they are proud of. I have seen very few people on the Republican side of the aisle come down and talk about this bill because they know it is not a good piece of legislation.

At this point, we are not even debating healthcare policy. It is not a question of what is the best way to get people to sign up for insurance or how we can lower premiums and deductibles or how we can improve the delivery system; it is a question of how many people are going to lose their healthcare so that insurance company CEOs can continue to make millions of dollars a year. That is literally what is in this bill. Those are the conversations we are having—nothing related to reforming the healthcare system or getting people more coverage for less but, rather, tax cuts for people who are involved in the healthcare industry.

How many grandparents are going to get kicked out of nursing homes? It is not a rhetorical question. My wife's grandmother was in a nursing home 2 months ago. It was a beautiful facility. They took great care of her. They had three beds, three nursing home beds. I think the normal reimbursement is about \$9,000 a month. They took wonderful care of my wife's grandmother. They won't exist. That nursing home and all the nursing homes like it won't exist if there is an \$800 billion cut to Medicaid. This is not a theoretical conversation. This isn't even a partisan conversation. Everybody has nursing home beds in all of their home States. Everybody at least ought to know some middle-class people who rely on Medicaid for nursing homes.

CBO gave us the answer today. Too many people are going to be locked out of the healthcare system if this bill goes forward, and all for giant tax cuts.

Look, our healthcare system is not perfect. Changes need to be made, but this bill is just not it. It has no clear guiding principle other than slashing Medicaid to pay for tax cuts. We have to start over.

I am looking at the Presiding Officer, who was a speaker of the house in North Carolina and understands how to do a bill on a bipartisan basis. I am thinking of the numerous Republicans who are capable of working on a bipartisan bill that can get 60 votes.

By the way, the politics would change because if we worked on a bill that could get 60 votes, we would be in a wonderful position—the Senate is set up to encourage us to work together—because if we abide by that 60-vote threshold and we come up with a bill together, we would own the American healthcare system together. We don't get to play this blame game about what is happening with premiums or what is happening with coverage numbers. We actually, on the level, collaborate.

When you think about a bill or an issue that used to be as partisan as

public education, we had LAMAR ALEXANDER and PATTY MURRAY come together. Heck, in the last Congress, we had JIM INHOFE and Barbara Boxer do a bill together. It is possible for us to do a bipartisan piece of legislation.

The decision was made to go with reconciliation, and that is backfiring because the problem with not involving Democrats is that there are Democrats across the country. The problem with not involving experts is that you end up with a product you can't defend.

What we really need to do is take a breath, take the Fourth of July weekend, and reconvene as a Congress—not as Democrats and Republicans but as Americans who understand that our healthcare system is not perfect, that it is in need of improvement, but this bill doesn't get it done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, I want to pick up where my colleague from Hawaii left off. There is a wonderful analogy that President Obama used after the 2016 election. As you could imagine, Democrats were pretty dejected the day after, and President Obama put it pretty simply. He said: Listen, just remember, these elections are intramural scrimmages. We put on temporary pinnies, Republicans and Democrats, but in the end, we all belong to the same team. We are all Americans.

Elections and legislative fights are temporary skirmishes before we recognize and realize our greater identity, which is that we have this commonality. Clearly, that is not what the American people see here. They think our primary identity is our partisan identity, and there is a lot of days in which we give them fodder for that belief.

It really is amazing, when it comes down to it, that when you think about the healthcare system, we do have the same goals in mind. There are actually lots of other issues on which we don't have the same goal. Republicans want to go left, and we want to go right. Republicans want to go right, and we want to go left. On healthcare, we actually all want to get to the same place: More people have access to health insurance, the cost of that insurance is less than it is today, and the quality of the care people get is better. It is funny because underneath that, it is just mechanics. It is not actually ideology. It is a decision as to which lever you press and which you don't.

I get that a lot of my Republican colleagues don't think we are sincere when we say: If you put this monstrosity of a bill aside, we will work with you to do something better. But it is sincere. We don't want to blow up Medicaid. We are not with you on that. We don't want to pass along big tax breaks, only going to the very wealthy. But we get that you want some more flexibility for States. We get that you want maybe an additional plan offered

on the exchanges that doesn't have all the bells and whistles the existing plans do. But you get that we want stability in the exchanges. We want some certainty in the markets going forward.

There is an important conversation to be had here. Our hope is that, with this CBO score, maybe it will be the straw that breaks the camel's back, that will cause our Republican colleagues to give up this nonsensical approach to healthcare reform and work with us.

I am going to repeat some of the ground that has already been covered here in the next few minutes, but I want to go over some of the highlights of this CBO report.

Senator SCHATZ previewed this, but it is hard to get your head wrapped around what it means for 22 million people to lose insurance.

This is an old chart from the CBO score on the House bill that held that under their approach, 23 million people would lose insurance. I X'd that out. We now have 22 million people who would lose insurance under the Senate approach. That is the entire combined population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, West Virginia, and South Dakota. All that happened between the House Bill and the Senate bill is that the people of Rhode Island got saved. I X'd out Rhode Island because Rhode Island has about 1 million people. About 1 million more people will have insurance under the Senate bill, but that is humanitarian catastrophe. That is a big deal, to have that many people lose insurance.

I know that is not what you set out to do. I know the Republicans didn't set out to do this, in part because I listened to Senator CORNYN come down and complain on the Senate floor relentlessly that the Affordable Care Act still left a whole bunch of people without insurance. In fact, he sent out a tweet today highlighting that the CBO does confirm that if current law continues, there will still be a lot of people without insurance. He left out the fact that the CBO says that under the Republican bill, 22 million more people will lose insurance, but that is a whole lot of people.

By the way, in the first year, CBO says 15 million people will lose insurance. Fifteen million people is the entire population of 13 States. That happens next year. Emergency rooms in this country cannot in 12 months absorb 15 million people losing insurance.

For all the folks who say that the ACA is in a death spiral, CBO says you are wrong. Very flatly, CBO says that if existing law remains, even without any improvements, the number of people without insurance effectively remains static. Yes, at the end, if you make no improvements, you will go from 26 million people not having insurance to 28 million people not having insurance.

CBO says—I had to change this because it used to be 51 million under the House bill. CBO now says 49 million people will lose insurance if you actually pass the bill the Senate is going to consider this week. The death spiral happens if we pass the Republican healthcare proposal. That is not a death spiral; that is stability. It is not an optimal result, 28 million people not having insurance, but it is far preferable to 49 million people not having insurance. I understand that Republicans will quibble with CBO and say that maybe they didn't get it exactly right. Even if they were 50 percent wrong, that is still over 10 million people losing insurance. By the way, just for good measure, CBO was right in their estimates of the percentage of Americans who would have insurance under the Affordable Care Act. Inside of their estimate—the details worked out differently—but they said that by 2016, 89 percent of Americans would have health insurance, up from 83 percent prior to the passage of the Affordable Care Act. Guess how many people have health insurance today: 89 percent of Americans, 89 to 90 percent of Americans.

We all agree that premiums should go down. If we are going to pass something, the result should be that premiums go down. Here is what CBO says: Premiums go up and not by a little bit. They go up by 20 percent in the first year. Admittedly, I am painting a partial picture here. That is 2018. After that, CBO says for certain populations in this country, premiums will go down, but it is largely for the young, the healthy, and the wealthy.

CBO says that you will have massive premium increases for older Americans. For lower income Americans who are in that age bracket of 50 to 64, premium increases will go up by at least two times, up to four times.

CBO also says that if you are lower income, you are not going to buy insurance because you can't afford it. It doesn't even matter what your premiums are because they will be so high, you can't afford them. Premiums go up for everybody off the bat—and for lots of vulnerable people after that.

So who gets hurt? Everybody, except for the folks who are getting tax cuts. If you are an insurance company, a drug company, or you are super rich—maybe that is an unfair term—people making \$200,000 or more a year get tax cuts, but most of the tax cuts go to the super rich. People making over \$1 million a year will do fine. If you are an insurance company, a drug company, or you are very wealthy, you get a great deal out of this piece of legislation, but pretty much everybody else gets very badly hurt.

Today, one of our Republican colleagues said this to a reporter—I won't give you a name. One of our Republican Senate colleagues, when he was asked about the Republican healthcare proposal, said: "I am not sure what it does. I just know it's better than

ObamaCare." That is about as perfect an encapsulation of the Republican positioning on this bill as I can imagine, because if you did know what it did—if my Republican colleagues did get deep into the CBO report, it doesn't solve a single problem in the American healthcare system. There are big problems, such as 26 million people still don't have insurance. This bill makes it worse.

People are paying too much for insurance, especially those folks who are making middle incomes who are just outside of qualifying for the Medicaid subsidies. This bill makes it worse. Almost every problem is made worse by this piece of legislation. I guess that is sort of what a lot of Americans wonder—if our Republican colleagues do know what is in this bill. "I am not sure what it does. I just know that it's better than ObamaCare."

This solves one problem for Republicans. It is a political problem. Republicans have said for the last 8 years that they are going to repeal the Affordable Care Act. My Republican friends promised it in every corner of this country, at every opportunity they had, and this does solve that political problem. If you pass this bill, you can successfully claim that you have repealed the Affordable Care Act, but that is the only problem it solves. It makes almost every other problem in this system worse.

The number of people without insurance goes up. Premiums, especially for the poor, the vulnerable, go up. There is nothing in this bill that addresses the cost of healthcare, of drugs, of devices, of procedures. There is nothing in this bill that talks about the quality of healthcare. Every problem—virtually every problem in the healthcare system gets worse.

I will just end by reiterating the offer that Senator SCHATZ made. I think you have a lot of people of very good will who want to work with Republicans and are sincere about it. I will be part of whatever group gets put together if this bill falls apart this week.

I held an emergency hearing in New Haven, CT, on Monday, just to try to explain to people what was in the Republican Senate proposal and to get people's feedback. It was hard to sit through. It was 2½ hours of some really scared folks.

I will be honest with the Presiding Officer. Most of the people who came had disabled kids. Most of the people who came had disabled kids who were on or relied on Medicaid, and they were just scared to death about what was going to happen to their children. But they also talked about the problems that still exist in the healthcare system—the fact that drugs are too expensive. Many of them pay too much for healthcare. They wanted those problems solved, and they wanted us to work with Republicans on it.

Senator SCHATZ was right. If we did it together, we would own it together. It would stop being a political football.

While that would be a secondary benefit to the actual good that would come from a bipartisan piece of legislation that actually addresses the issues in the underlying healthcare system, it would be a pretty remarkable good that is possible because we have the same goals in mind. We both want the same things. It is just, in the end, putting aside this bill that makes all of those problems worse and, instead, sitting down together and deciding which levers we want to push to make things better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise, as well, to talk tonight about the issue of healthcare. I thank my colleague from Connecticut for looking down the road to when, maybe, we can actually work together on this issue. We are in conflict this week, and that is not a place any of us want to be.

We are in conflict because of the elements of this bill. I will make two basic points in my remarks tonight, one about Medicaid and then one point about another provision in the bill that I think is particularly insulting.

A lot of our discussions start with policy and data, and that is important. That is obviously part of the debate about the bill and what is in it and what impact it will have on programs and people over a long period of time, but part of this debate, of course, is about the people we represent. I know the Presiding Officer understands this, and I am heartened that he is paying attention to our arguments because sometimes—I have done it myself—when you preside, sometimes you are doing something else. So we are grateful for his attention.

I have talked on this floor a couple of times over the last couple of weeks—even months—and I will not repeat the stories because they have been told a number of times, but Rowan Simpson is a young man whom I recently just met. His mom had sent me a letter. Rowan is on the autism spectrum, and his mom is very worried about his future because of the potential impact on Medicaid and the benefits he is getting today from Medicaid.

I just referred the other day—I guess it was Thursday on the floor—to a letter from a dad about his son Anthony, who has a number of challenges, one of them being that he is on the autism spectrum. I have another letter, as well, which I will not go through tonight, but it is from a mom in Northeastern Pennsylvania, who wrote to me about two of her children—principally, her son who has Type 1 diabetes and what the loss of Medicaid coverage will mean for that child, who, in this case, is just 4 years old.

Everyone in this Chamber in both parties has stories like this to tell—stories about people who are, because of a disability, totally dependent upon Medicaid. That is not unique to one State, and, of course, it is not unique to one party.

One of the more egregious and objectionable parts of this 140-plus page bill is the impact it will have on Medicaid—the Medicaid expansion, which many people now know represents probably on the order of 11 million people who got healthcare coverage since 2010 and got that coverage because Medicaid was expanded. But the bill also speaks to the Medicaid Program itself by the so-called per capita cap, capping the dollars the Federal Government would provide in the future with regard to the Federal-State partnership on Medicaid. These are big stakes when it comes to a program that has been with us for 50 years.

As everyone knows, Medicaid is principally about individuals with disabilities, and that is obviously those children I mentioned. It is about folks who need some help getting into a nursing home, senior citizens. Of course, it is about kids from low-income families who have no other healthcare, absent Medicaid. In our State, there happen to be 1.1 million kids on Medicaid who are from low-income families. The disability number in both children and adults is, by one estimate, more than 722,000 people. These are big stakes, even if it is just involving one of those individuals or hundreds or thousands. But as I will refer to later, some of the numbers are, of course, a lot higher than that. So those stories and those pleas for help from those families obviously do not just inform us, but they inspire us to keep working, to keep fighting. I will be fighting against this bill as long as it takes.

It is likely that we will have a vote this week. I am assuming we will, so we have only hours and a few days to fight and point out what we believe to be the defects. One of the things that is significant about this debate is that we have had people not just writing those stories and telling us their story but also telling us and giving us ideas about how to conduct the debate and how to fight and how to oppose it.

I have in my hand—I will describe it first before I offer a consent request. I have in my hand several pages that list almost 600 names from people in Pennsylvania who have written to me over the last number of weeks and months, actually. What they are urging me to do is to pursue a legislative strategy to protect their healthcare. Why are they doing that? It is not because they have nothing else to do. They are worried. These people are really worried. They are worried about those kids like Rowan and Anthony, whom I just mentioned, and a 4-year-old with Type 1 diabetes or a whole long list of other disabilities a lot of kids have. They are worried about their parents, who may not be able to get the long-term care they need if Medicaid is capped and cut and decimated. They are worried about their friends and their families. They are, in a word, as worried as anyone has ever been about the healthcare of those they love and the healthcare of those they care about. That is why

they have been writing and going to meetings and making phone calls and engaging in such a robust way, all these weeks and months.

Mr. President, I ask unanimous consent that this list of almost 600 names from Pennsylvanians be printed in the RECORD.

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

Ashley De Padua, Carol Ribner, Lisa Brown, Adam Huard, Julie Strauss, Amy Reynolds, Dianne Spatafore, Pamela Nolan, Karin Fox, Claire Witzleben, Wendy Albertson, Laura Rose, John Mack Jr., Elizabeth Failor, Lisa Bargielski, Peg Welch, Jason Carnahan, Robert Perry, Morgan Vinokurovi, Melissa Byrne.

Patricia DeWald, Kristin Kondriik, Michael Crane, Diane Smith-Hoban, Diane Sayre, Benjamin Andrew, Janice Diehl, Robert Bahn, John Bair, Angela McClain, David Cassidy, Dara Bortman, Judi Reiss, Nicholas Marritz, Amber Blaylock, Tina Nightlinger, Lisa Bradshaw, Kimber Schladweiler, Michael Dwyer, Vashti Bandy.

Christine Russell, Mary Farrington, Ralph Mcdermott, Anna Cunningham, Linette Schreiber, Barbara Powell, Shelley Francies, Joyce Fentross, Shannon Bearman, Jocie Dye, Ina Martin, Mary-jo Tucker, Bracken Babula, David Mosenkin, Martha Franklin, Nathaniel Missildine, Kristin Nielsen, Maria Duca, Erica Bartlett, Irina Pogrebivsky.

Stephanie Romano, David Hinchey, Diane Holland, Tracy Krider, Michelle Nutini, Anne Martin, Tracey Miles, Alexis Lieberman, Dorothy Posh, Thomas Hennessey, Cynthia Mould, Jennifer Kunkle, Ann Calamia, Jennifer Zoga, Barbara Turk, Raymond Hopkins, Carol Proud, Alex Hesten, Kimberly Jones, Richard Pavonarius.

Robert Huff, Klvdya Vasylenko, Mike Kass, Bernadette Flinchbaugh, Jo Johnson, Carolyn L. Johnson, Abby Godfrey, Mark Herr, Jeri Sebastian, Lisa Hartjen, Anne Smith, Melissa Nurczynski, Christine Crooke, Ellen Garbuny, Harry Richards, Ruth Hetrick, Carolyn Rahe, Stephanie Moats, Sally McAfee, Abigail Gertner.

Stacey Smith, Davinica Nemptzow, TC DeAngelis, Shelley Schwartz, Lisa Keppeler, Katie B, Joseph Willard, Maryam Deloffre, Kathie Brown, Ellen Catanese, Cynthia Donahue, Porter Hedge, Gretchen Bond, Mary Dallas, Fae Ehsan, Kathy Goldberg, Jennifer Jarret, Dan Potter, David Dutkowski, Rich DeAngelis.

Patricia Kay, Sharon Doros, Stephanie Doyle, Lynn Loomis, Elizabeth Adams, Kathryn Petz, Agatha Andrews, Alex Lombardi, Erin Gautsche, Marie Turnbull, Carol Sinclair, Robert Turnbull, Elisa Bermudez, Marie Vincent, Florian Schwarz, Daniel Pencoske, Ina Shea, Beth Collins, Meenakshi Bewtra, Jillian Bosmann.

Mari Greipp, Michael DiEva, Andrea Epstein, Fredrica Friedman, Starla Crandall, Stanley G., Cindy Fogarty, Ron Ashworth, Trudy Watt, Kristen King, Kathleen Sheehan, Ryan Brown, Kevin Collins, Kelly Collister, Amby Ward, Joseph Melchiorre, Catherine Abrams, Michael Bourg, Ed Gragert, Hien Lu.

Jo Johnson, Cody McFarland, Maggie Deptola, Sandra Blair, Zoe Soslow, Yoko Takahashi, Anna Dralios, William Dingfelder, Shawna Knipper, Cheryl Brandt, Larissa Mogano, Linda Bishop, Lital Levy, Laurie Pollack, Judith Navratil, Natalie Duvall, Richard Owens, Elaine Giarusso, David Thomas, Leslie Collier.

Nicole Seefeldt, Jonathan Lipman, Ellen Gallagher, MaryAnn Black, David Hughes, Michael Niemeyer, Pegene Watts, Kelly

Sack, Glynnis Arnold, Ruth Lawson, Michelle LeMenager, Iris Valanti, Danielle Callahan, Frederick Ward, Martha Haines, Audrey Marsh, Lynn Campbell, Kristen Cochran, Judith Brennan, Michael McCabe, Joshua Miner, Jaime Bassman, Rachel Murphy, Elena Knickman, Nelson Vecchione, Daniel Laurison, Karen Osilka, Roger Knisely, Theresa Baraldi, Holly Best, Thomas Baraldi, Patricia Walsh, Michelle Herr, Karen Heenan, James Paul Johnson, Alexander Kimball, Sigal Ben, Leah Durand, Ingrid Gustafsson, Mary Jo Maggio.

Ken Hardis, Lisa DeAngelis, Mary Jo Harris, Alice Ung, Lance Flowers, Deborah Hoelper, Joel Cardis, Georgine Dongillig, Renee Donahey, Anna Payne, Hallie Kushner, Linda Cortese, Mark Vecchione, Natalie Garner, Rachel Marx, Janet Cavallo, Adrienne Gunter, Heather Turnage, Kenneth Reisman, Flora McGettigan.

Tricia Connell, Nicole Conley, GiGi Malinchak, Ellen Toplin, Eileen Brumbaugh, Theodore Fallon, Elizabeth Dooley, Stacy Klein, Deena Thornton, Barbara Stephan, Cheryl Dungee, Louisa Alexander, Brett Krasnov, Mary Gallant, Kathy Gardian, Irene Lin, Colleen Dunn, Liane Norman, Susan Yerck, Ann Telford.

Leslie Elder, Sheri Utain, Christine Hooper, Teri Vanore, Paula Baxter, Mordecai-Marl Mac Low, Nicolette Byer, Donna Vito, Michele Forbes, Rebecca Kane, Katherine Fein, Sue Meyers, Deb Yohman, Sherri Suppa, Jim Greipp, Jeffrey Bussmann, Rachel Smith, Eileen Reed, Louise Beer, Mary Reichart.

Tesia Barone, Nicole Gilchrist, Richard Greenstein, Amy Levengood, Judith Max, James Walton, Mary Widing, En B, Mary Jo Harris, E. E. Zachai, Tammy Harkness, Timothy McCormick, J Pensiero, Betty Fisher, Cindy Shannon, Elisabeth Whyte, Carmela Daniels, Amy Felton, Judith Gold, Jack Guida.

Sarah Gaffen, Linda Bullock, Pamela Woldow, Katherine Kurtz, Lisa Harrison, Esther Wyss-Flamm, Catherine Roundy, Jim Barlow, James Schreiber, Dave Carlton, Andrew Famiglietti, Maria Catrambone Rosen, Breanna Jay, Bethany Altieri, Alicia Olivant Fisher, Chris Braak, Jessica Atchison, Elizabeth Dennis, Elizabeth Cates, Elizabeth Reilly.

James Berry, Marita Scheibe, Sheila Thomas, Randy Sarnor, Alyson D'Alessandro, Suann Snavelt, Chantal McKelton, Theresa Glennon, Josie Byzek, Marlene Katz, Deborah Grill, John Moffa, Anne Coles, Liane Norman, Chanda Lawrence, Norma Kline, Colleen Kessler, Maria Catrambone Rosen, Laurence Coles, Kate Wallis.

Carol Harris-Shapiro, Briana Latta, Melanie B, Charlotte Ridge, Nathan Krisanda, Meredith Sonnen, Margaret Walter, Hallam Carrie, Leslie Richards, Jenny Anne Horst-Martz, Karen Roberson, Richard Vanore, Susan Devenny, Rhana Cassidy, Maria Golden, Kathy O'Brien, Vanessa Baker, Robert Brucicman, Sarah Smith, Yuliya Benina.

John Ascenzi, Melanie Cichy, Paul Gottlieb, Shannon Browne, Jen Britton, Erin Dunke, Debi Seltzer, Anna Edling, Brianna Wronko, Francis Palombaro, Katie Morrison, Jennifer Hombach, Jessica Lennick, Ellen Toplin, Charlene Kurland, Joanne Mahoney, Sherry Greenawalt, Abigail Hyde, Sara Sierschula, Amy Leddy.

Emmy S, Renee Broxk, Kimberly Winnick, Melissa Reed, Lisa Jaremka, Karen Shelly-Genther, Melissa Welshko-Williams, Naomi Pliskow, Joan Susski, Rachael Pinsley, Lindsay Friedman, Shari Johnson, Melanie B, Keith Adams, Lynn Martin, Anastasia Frandsen, Brooke Petry, Tamara Davis, Martha Posnet, Phoebe Wood.



Lindee Fitting, Isabelle Mahoney, Tamar Granor, Nancy Berman, Karen Jensen, Katie Haurer, Beth Collins, Catherine Budd, Miriam Phillips, Christine Bradley, Michelle Gorski, Chris Gorski, Sophie Taylor, Catherine Borges, Mary Alice Clevenger, Nick Ingram, Brenda Scholtz, Melissa Miller, Jeanne Burd, Nad Rosenberg.

Joanna Kempner, Maria Boyd, David Shen, Sara Sobel, Jessica White, Jennifer Pennington, Margot Keith, Catherine Sunnen, Naida Reed, Ashley Morgan, Beth Brindle, Amy Friedlander, Millicent Wilson, Richard Baron, Max Ray-Riek, Ruth Cary, Sandy Heisey, Sharon Furlong, Laura Tilger, Donkey Dover.

Lynn Jones, Kaytee Ray-Riek, Janice Test, Mary Terp, Faith Cotter, Sarah Campbell-Szymanski, Frank Wallace, Judie Howrylak, Minna Ltumey, Erin Hetrick, Melinda Kohn, Jenny Stephens, Susan Gambler, Olivia Landis, Terry Hirst-Hermans, Jill Hall, Roseanne Mulherin, Susan Miller, Julie Platt, Lori Spangler.

Hiro McNulty, Greg Carey, Amanda Fogarty, Sissy Gault, Mona Callahan, Meryl Mintzer Puller, John Hoetzel, Stacey Kallem, Thomas Paquette, Karen Clark, Paige Wolf, Patricia Scanlon, Ellen Reese, Rosalind Bloom, Gary Stein, Eric Berue, Jenn Hrehocik, Tamara Myers, Mara Kaplan, Amanda Cranney.

Deborah Miller, Debra Nathans, Paul Stockhausen, Johanna Hollway, Leah Holstein, Susan Robbins, Roger Latham, Alison Yazer, Melissa Marshall, Mary Lynn Colabrese, Harry McLaughlin, Samantha Payne, Elizabeth Hawkins, Julie Krug, Lisa Heinz, Shoshana Kaplan, Corrine Richter, Lee Baer, Eve Glazier, JoEllen Bitzer.

Judith Cardamone, Hilary Schenker, Faye Clawson, Caren Leonard, Carol Feldhaus, Judith Moyer, Sharyn Feldman, Jessica Martucci, Mike Kutik, Marylou Streznewski, Ann Baker, Abby Martucci, Dennis Cusin, Marie Norman, Debra Brokenshire, Martha Cornell, Maria Swarts, Sherell Chambers, Suzan Hirsch, Alison Wojtkowiak.

Patricia Carbone, Marcella Glass, Benjamin Mills, Peg Welch, Rita Shah, Marcia Gever, Karen Phoenix, Tabitha Felton, Carolyn Stillwell, Katherine Parys, Roxanne O'Toole, Harold Love, Nicole Jaffe, Steven Weitzman, Meredith Brown, Lauren Lewis, Sarah Wheeler, Maria Lauro, Jason Magidson Lorette Lefebvre.

Denise Marcolina, Eric Krewson, Joseph Bosh, Joan Stein, Kami Schaal, Melissa Nerino, Dorothy McFadden, Heather muntean, Donna Devonish, Gloria Rohlf, Terry McIntyre, Kaitlin Marks-Dubbs, Frederick Page, Douglas Graham, Sarah McKay, Zack Greenstein, Janice Nathan, Michel Wilcox, L Roulston, Laura Wukovitz.

Andrew Wilson, Amy Moulton, Christina VanSant, Donna Bullard, Nancy Entwisle, Tessa Lamont-Siegel, Ben Cocchiaro, Yasmeen Ali Khan, Rachel Amdur, Amalia Shaltiel, Sara Stetler, Bruce McDowell, Pat Hanahoe-Dosch, Mara Rockliff, Tristan English, Ryan Bross, Lynn Rubenson, Elizabeth Cheney, Regina Vicoli, Vicki Hewitt.

Kelli Servello, Charles Ang, Kierstyn Piotrowski Zolfo, Leah Bailis, Tom Petersen, Pamela Magidson, Kathleen Morrison, Genevieve Coutroubis, Susan Rubinstein, Ruth Ann Davidson, Frances Winsor, Janis Rainer, Margaret Grubbs, Anna Kuhnreich, Melissa Melan, Wendy Forman, Kristina Witter, Joan Kwortnik.

Mr. CASEY. Mr. President, I will make two final points about Medicaid and then juxtapose Medicaid with another part of the bill. If you look at the bill—it is about 140, I guess, 142 pages—more than 60 pages deal with Medicaid. So this is principally a bill about Med-

icaid. There are some other issues, obviously, addressed on the exchanges and the fundamentals of healthcare. But it is mostly about Medicaid and tax cuts, unfortunately; and that is particularly objectionable to me that you have a small group of very wealthy people who are going to make out in ways we can't even imagine, like a big bonanza for the superrich.

Now, let me just talk about the Medicaid part of it first, and then I will refer to a chart. I am holding in my hand the Congressional Budget Office report from today, which came out. It, of course, is a document produced by the Congressional Budget Office as well as the Joint Committee on Taxation so it is a joint effort.

On the CBO—so-called CBO Congressional Budget Office report, recently—a couple weeks ago now—on page 17 of that document, there was an assessment made of the number of people who would lose Medicaid as a result of the House bill, and that number was 14 million Americans would lose Medicaid over the decade up until 2026.

Well, unfortunately, as of 4 p.m. or something this afternoon—I guess about 4 p.m., 4:30—we got the Congressional Budget Office assessment of the Senate bill, the Senate bill that was unveiled last week. Not on page 17 of this report but actually on page 16, here is what the Congressional Budget Office and the Joint Committee on Taxation says about enrollment in Medicaid. I am quoting from the bottom of page 16:

Enrollment in Medicaid would be lower throughout the coming decade, with 15 million fewer Medicaid enrollees by 2026 than projected under current law in CBO's March 2016 baseline.

Then, they refer to a figure in the report.

So the House bill CBO assessment says 14 million will lose Medicaid coverage. The Senate bill, analyzed by CBO, which is supposed to be a more moderate bill, a better bill in the eyes of some Republican Members of the House and the Senate, that was supposed to be better, but here is what we know now: 15 million people will lose Medicaid. That alone should cause any Senator to be very concerned about the impact of this legislation. That alone should, I hope, require some people to use an old expression: Examine your conscience about what will happen if you vote for this legislation.

Let's say someone says: Do you know what? I can put that into context, and I think actually that will not happen or I have another explanation or whatever justification or rationale you use for voting for a bill that will result in 15 million people losing Medicaid coverage. People are very vulnerable. Let's just say you can analyze that a different way and come to a different conclusion. We will see how people deal with that number this week when they go home and when they have to talk about this legislation over time.

Here is where it gets a lot worse. This is a chart that is rather simple. Even

though it has a lot of data on it, it is rather simple. Here is what it says at the top. First of all, this isn't my chart; it is the Center on Budget and Policy Priorities' chart. You can go to cbpp.org to see it.

This is based upon the House bill, but I just told you that the Medicaid enrollment number is 1 million higher—or that the number losing Medicaid is 1 million higher under the Senate bill, and the tax cuts that are in the Senate bill are almost identical. You can just go down and count them. The House and Senate bill are virtually identical on tax cuts.

Here is what the headline is: Tax cuts for the top 400 roughly equal to Federal spending cuts from ending Medicaid expansion.

Now, remember, I said before that Medicaid expansion is one problem I see. The per capita cap is another. This chart just deals with one of the Medicaid problems—Medicaid expansion—so ending Medicaid expansion in Nevada, West Virginia, Arkansas, and Alaska, just four States, right? Alaska, they project, will lose \$2 billion worth of Medicaid over the decade, Arkansas would lose \$7 billion, West Virginia would lose \$12 billion, and Nevada would lose \$12 billion. That adds up to \$33 billion Federal Medicaid cuts from ending Medicaid expansion. So \$33 billion dollars just for States. By the way, these are not really high-population States. There is no California, New York, Texas or big States like that. So \$33 billion lost in Medicaid in just those four States.

What does this orange bar graph show? The same number, \$33 billion tax cut for the 400 highest income households in the country. It is the same number. So 400 households get a tax cut of \$33 billion, not in some other bill down the road, not in some other year, not in a budget bill or a tax bill. They get this massive tax cut in what is called a healthcare bill. At the same time, it is equivalent to the total Medicaid lost in just four States.

It gets worse if you add more States. Guess what. If you add up about 30 States in a different chart, it is about the same as all the tax cuts together, but here we are just talking about four States and 400 families.

I hope I am not offending anyone if they are in those top 400 households who are making either billions or, by one estimate, the average might be \$300 million. I know it has been difficult to make ends meet. You have been struggling and trying to pay the mortgage and the light bill when you are one of the top 400 richest households in the country.

But this chart, when you juxtapose this chart—and especially the orange part, the tax cut for 400 families, the giveaway to families who don't need it. Frankly, they don't even want this tax cut. I haven't found one person who came up to me in the last couple of years and said: You know what, I wish my taxes didn't go up. I wish those

taxes didn't go up while you were trying to help people on Medicaid. Not a single person said that.

Most people who will get this tax cut would rather that we make sure we take care of those children I mentioned with the disability or those families who need the protection of Medicaid.

When you put this chart next to the policy and those 60-plus pages of the decimation of Medicaid, there are a lot of words we could use that we are not allowed to use on this floor, but one of the words we should use is "obscene." That is an obscenity. When you match these cuts for 400 families next to the cuts to Medicaid, that is obscene, obnoxious, and bad policy.

If there was ever a reason to take this 142-page bill and throw it in the trash, throw it in a garbage pail as fast as we can, it would be this chart because that is not what the American people are asking for. They actually think some people in the Senate are actually working on a healthcare bill. That is what they believe. A lot of people don't know about this yet, but they are going to know. They are going to know by the end of the week, at least, if not sooner, that the 400 richest households in the country are getting that much money—\$33 billion. Maybe in the Senate bill it is only \$32 billion or \$31 billion, so we will stand corrected if it goes down, but that is really an abomination. That is an insult to the American people. People should be ashamed this is part of that bill.

I get it. We can have a debate about Medicaid. I get that, but when you are taking Medicaid dollars and transferring to wealthy people, no one should support that kind of a policy, but that is what we have. That is what we are up against.

If there was ever a reason to fight to the ends of the Earth against a piece of legislation, it is this. We are going to continue to fight this. We are going to continue to point out this basic inequity, this insult for the rest of this week.

We hope folks on both sides of the aisle will not only be listening, but we hope our Republican friends will take another look at this bill and understand how objectionable this is to so many American families. All of that worry I talked about before is made worse, is aggravated by this kind of result when it comes to tax cuts.

We can do all that as a great nation. We can make sure wealthy folks who need a break once in a while—they have gotten a lot of them in the last 25 years—that they can get a fair tax code. We could also make sure kids with disabilities, seniors, and kids in rural areas and big cities and small towns can get the healthcare they need from Medicaid. We are a great country. We can do that. We can have a growing economy and still support a critically important program like Medicaid.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, we have just gotten the latest numbers on the Senate Republicans' reckless plan to take away health insurance from millions of American families, take it away from sick, little kids, take it away from seniors in nursing homes. These numbers are worse than anyone expected.

After weeks of secret work behind closed doors, the Republicans came up with a plan that will take away health insurance from 22 million people and slash the Medicaid Program by nearly \$800 billion, all in exchange for shoveling hundreds of billions of dollars of tax cuts to the richest families in this country.

You know, with results like these, Senate Republicans should not still be trying to figure out the best way to ram this bill through the Senate. They should just throw it in the trash.

We don't have a lot of time left, and I know it is easy to tune out these debates and to assume these are all just a bunch of partisan games. So if you aren't inclined to take my word for it, don't, and don't take the Republicans' word for it either. Take a look at what the experts are saying about the Republican bill because since this brutal bill was finally revealed on Thursday, it has been denounced by nonpartisan doctors groups, health policy experts, and patient organizations. The American Medical Association says the bill violates the fundamental principle of medicine: "First, do no harm." The Children's Hospital Association says it is "a major step backward for children and their health." The National Council for Behavioral Health says, "Instead of 'repeal and replace,' it is 'wreck and wreak havoc.'"

Lynn Nicholas, the head of the Massachusetts Health and Hospital Association, has actually come up with a pretty simple test for the Republican plan: "I challenge any Republican Senator to name one thing in this bill that will make healthcare in the U.S. better for patients or healthcare professionals who care for them."

Think about that. She says use that as the test, one thing. That is a pretty low bar—one thing. Yet the Republicans can't pass that test. They can't name one thing in this bill that will improve healthcare in America. That is because this bill is not supposed to improve healthcare in America. It is not a healthcare bill. It is a tax cut for the rich, paid for by gutting healthcare for millions of working Americans.

Doctors, patients, parents, families, experts, they are terrified by this bill because they have read it, and they have concluded that nearly every line in this bill would make life worse for young people and for old people and for families across this country.

I want to focus on just one major part tonight, the part that rips away the Medicaid Program. Let's do some basic Medicaid facts. Who uses Medicaid? Thirty million kids. That is about 4 out of every 10 kids in this

country count on Medicaid to help pay the medical bills. About 6 out of 10 children with complex medical needs—children who need breathing tubes, special therapies, and multiple surgeries, 6 out of 10 of those children count on Medicaid to help pay their medical bills. Nearly two out of three seniors in nursing homes count on Medicaid to help pay their bills, and one out of every three people dealing with addiction counts on Medicaid to help pay for treatment.

Who uses Medicaid? America uses Medicaid—children, the elderly, hard-working families, people with disabilities, and people struggling with addiction. At any given moment in this country, one in every five Americans is counting on Medicaid to help pay the bills. What are these people supposed to do when the Medicaid expansion goes away, when this bill's additional massive Medicaid cuts go into effect? What are they supposed to do? What are their families supposed to do?

Dig in on one issue around this. Dig in on opioid abuse. This is a problem that is growing around the country. Last year we lost 2,000 people in Massachusetts alone. I hear from parents who have lost children, from brothers and sisters who have watched a loved one disappear. I hear from people who are desperate because their child or sister or brother can't get into a treatment facility. I hear from dedicated doctors, nurses, and counselors who need more resources so they can expand treatment programs. Now the Republicans propose a bill that is like throwing gasoline on a bonfire. One in three people struggling with an addiction are counting on Medicaid, and the Republicans plan to cut nearly \$1 trillion from the program. I do not understand. I cannot understand how the Republicans could turn their backs on literally millions of people who need help.

The cuts to Medicaid are terrible, but there is more. The Republican bill also slashes the tax credits that people use to help pay for insurance. The budget nerds at the Congressional Budget Office say that "most people" would "have higher out of pocket spending on healthcare than under current law."

Think about that. Under the Republican plan, healthcare costs will go up for most people, and even if someone can manage, somehow, to afford coverage under the Republican bill, the Republicans are willing to let insurance companies drop expensive benefits that the companies just don't want to cover, including—are you ready?—opioid treatment. If this bill passes, it will devastate our ability to fight opioid overdoses. This isn't a hypothetical. This isn't speculation. Before the Affordable Care Act became law, one-third of individual market health plans didn't cover substance use disorder services, and about one in five plans didn't cover mental health services. The insurance companies don't want to cover these services, but the ACA made coverage mandatory. That

meant that no one in this country had to wonder when they showed up at a clinic whether or not their insurance would help them out, but the Republican bill opens the door to dropping those requirements. Millions more people could be left out in the cold at a time when they most need help. This is cruel. Our country is already struggling with a treatment gap, and far too many patients facing addiction can't get the care they need. The last thing we should be doing is kicking millions of these patients off of the coverage they already have.

Now, let's face it. The Republicans realized this, and they have a plan on this issue. They know that what they are doing is indefensible. So they have a plan. They propose to throw \$2 billion into a special fund for opioid treatment and say: Problem solved. This is political spin at its worst.

For every dollar the Republicans propose to put into opioid treatment, they are taking out more than \$100 from Medicaid, the rock on which our ability to provide opioid addiction treatment is built. Why? Why treat our brothers and sisters, our children, our elderly parents so shamefully? Why? So that Republicans can produce a giant tax cut for a handful of millionaires and billionaires. That is it. Our friends, our families, and our kids can struggle on their own. They can die on their own so that Republicans can cut taxes for the richest people in this country.

What the Republicans propose is morally wrong. It is not too late to do the right thing. It is not too late to reverse course. It is not too late to junk this bill and start over. I hope the Senate Republicans have the courage to do exactly that.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Colorado.

Mr. BENNET. Thank you, Mr. President.

I appreciate very much the comments from my colleague from Massachusetts and my colleague from Pennsylvania.

I notice my colleagues from the other side of the aisle are not here tonight to defend this piece of legislation. It doesn't surprise me, given what is in this legislation and given what we have heard over the last week.

The Senator from Massachusetts was explaining what it was we were trying to do when we passed the Affordable Care Act, now years ago. Part of what we were trying to do was to extend coverage to a lot of Americans that didn't have it. In my State of Colorado that meant over 600,000 Coloradans who didn't have it before the Affordable Care Act was passed. Another thing we were trying to do was to say to insurance companies that it is not OK to have as your business practice that you take month after month after month of premiums from people and then when they call on the phone and say: My kid was sick; my kid got struck by lightning; my kid had an accident, to then

hold them on the phone as long as possible just as a way of denying their claim. Most people in America are too busy trying to move their family ahead, trying to get by, to stay on the phone all day with an insurance company. While we were at that, we said: It is not fair to deny people insurance in the richest country in the world because they have preexisting conditions. It is not fair that it is a business plan in America to have lifetime caps on people in the richest country in the world who might hit those lifetime caps because they get cancer. It is not fair that in America, the richest country in the world, some seniors have to cut their medicines in half every month just to get through the month and to pay their bills. These were some of the issues that we were trying to address when we passed the Affordable Care Act.

Mr. President, I am from a Western State, like you. I was out all those months in Colorado, having town hall after town hall, not just in Democratic parts of the State but in Republican parts of the State, trying to explain what it was we were trying to do—both to give people better coverage, more predictable coverage, and less costly coverage and also to try to do something to bring down healthcare costs in this country. We succeeded at some of those things. We didn't succeed at others of those things. It was a legitimate attempt at trying to deliver something for the American people that people all over the industrialized world don't have to live with.

Only in this country do people have to make choices about feeding their family and taking care of their kids at the doctor. Only in this country do seniors have to make choices about cutting those pills in half. Only in this country do people have to make choices about paying their rent and taking care of their kids. It doesn't happen in the rest of the industrialized world. Before I hear it from the other side tonight, let me say: Our results are getting worse, not better. For populations across this country, longevity is actually getting shorter, not longer. This is a difficult, complex, but urgent question for our country.

That is what we were trying to do with the Affordable Care Act. Some of it succeeded and some of it didn't. I will talk more about that in a minute.

For 8 years Republicans ran for election after election after election on ObamaCare: ObamaCare is socialism; ObamaCare is a Bolshevik plot to take over the United States; ObamaCare is destroying jobs—just at a time when we were coming out of the worst recession since the Great Depression. We saw uneven job growth in this country but undeniable job growth over the entire period of time they were saying ObamaCare was destroying the country and destroying our economy.

The recession was at the end of the last administration. The Obama administration saw the largest job increases

we have seen in this country since World War II. I know it is inconvenient to believe that or to say that. I know that in corners of the internet where false news really does dominate, people don't believe it, but it is true. I am the first to say there are not enough good jobs, and I am the first to say there are not enough high-paying jobs, but compared to the record we inherited, it was a success, all while we had the Affordable Care Act being implemented, all while we were extending coverage to millions of people in America—many of them children who didn't have adequate coverage before we passed the Affordable Care Act.

It has been called every name in the book, just like President Obama was called every name in the book, and they linked those two things—healthcare reform, the Affordable Care Act, and ObamaCare. That became its name.

Every single attack under the sun was levied on that. Why? Because people really believed it was destroying the healthcare system? Maybe some people did. Because they believed that it was destroying businesses? Maybe some people did. I suspect there was a much more simple reason, and that was to try to win elections.

By the way, while we are on the subject, no matter whether you support the Affordable Care Act—and I support some things about it; there are other parts of it that have been disappointing to me—I think it is fundamentally important for people to understand that the Affordable Care Act is not our healthcare system. It is part of our healthcare system. The regulations that it has placed on insurance providers so that people with preexisting conditions couldn't be denied insurance is part of our system. The fact that it tried to create accountable care organizations so people got better primary care so we would reduce the amount of hospital readmissions from something like 18 percent or 19 percent, which wasted billions of dollars in this country, down to 2 percent or 3 percent, that is healthcare.

But there is a lot of healthcare that has nothing to do with ObamaCare or that has something to do with it but it was not the creation of ObamaCare. There is Medicare and Medicaid. There are doctors. There are nurses. There are patients. There are drug companies. That is our healthcare system, and our healthcare system is a mess. It is a mess. It is a mess. We tried to take this thing and improve it when we passed the Affordable Care Act. Some of it worked; some of it didn't work. Some people would argue we went too far. Some people would say we didn't go enough.

But I can state this. I have been doing those town halls again in Colorado, and what I know is that people feel defeated not by ObamaCare but by the American healthcare system—by our healthcare system, which is less predictable and less affordable than in many countries around the world.

Now President Trump knew this. He is a smart politician. I never thought he was going to win. I never thought he was going to win on a campaign that on so many dimensions was out of step with conventional American political thought, and I was wrong. He won. I don't think he represents a traditional Republican view, and that may be one reason he won. In no sense do I think of Donald Trump as a conservative. I think of him as quite radical in his proposals. I think of him as a reactionary force on a political system that the American people, for whatever reason—some of them are probably good reasons—were losing their patience with.

You cannot deny that the guy, somehow, in the far reaches of Trump Tower, had his finger on the pulse of what was going on in some parts of this country. I don't know if it was because he was a reality TV star or what it was, but one of those things was healthcare. He understood the American people's dissatisfaction with our healthcare system, just as these 7 years and 8 years of Republican campaigns have understood it. Majority Leader MCCONNELL made it clear when we were passing the bill: You own it. You own it. He said in a book later that it was very important to him that the American people were able to demarcate between the Democrats' responsibility for the healthcare system as it was and the Republicans' willingness to take no responsibility for it.

Even though we had hundreds of hours of hearings that lasted more than a year and even though we had—they are not countless—well over 100 Republican amendments that were made in committee and on the floor that were incorporated in the legislation, in the end, not a single Republican voted for the bill.

Maybe that was a principled reason, not just a political reason, because maybe there are some people who have the view in the Republican Party that the Federal Government should not have any increased involvement in their healthcare system. In fact, I have heard some people say the Federal Government should play no role in the healthcare system. Yet whatever the reason, not a single Republican voted for ObamaCare.

The rest of the history writes itself, which is that every premium increase in America, whether it was related to ObamaCare or not, becomes part of ObamaCare. Every drug that gets increased in price becomes ObamaCare, and for everybody who loses his insurance, that is ObamaCare when what is happening is really far more complex than that.

There are very legitimate critiques of ObamaCare, but it is not the same thing as our entire healthcare system. I think it is important to make that point because, whether we are considering the Republicans' proposed bill tonight, or someone else's proposed bill tonight, we would have to understand it was not going to fix the whole problem all at once.

People in my State are deeply dissatisfied with our healthcare system. I say that as somebody who voted for the Affordable Care Act. I have said it before. People have tried to make a political issue out of it. They write ads about it: Look, Bennet said the healthcare system is not perfect.

I will go further than that. It is a crying shame that people in this country have to spend their lives wrestling with insurance companies, lying awake, wondering whether their kids are going to be able to get primary care or dental care or cancer care if they get sick. That keeps families up every night in my State, not so much the people who are on Medicare but a lot of other people.

So Candidate Trump saw this unease in the American people, this concern that the American people had with our healthcare system, which I share, and in his campaign—in his very populist campaign for President—he promised to provide “such great healthcare at a tiny fraction of the cost.” Those knuckleheads in Washington do not know what they are doing. I am going to deliver you “such great healthcare at a tiny fraction of the cost.” That was his promise to the American people. That is what he said he was going to deliver.

He differentiated himself from other Republicans by saying: “I will never cut Medicare.” “I will never cut Medicaid.” He said: Those other Republicans say they will. I am not going to do that, but I am going to supply better healthcare than you are getting now at a tiny fraction of the cost. He said: “Everybody is going to be taken care of much better than they're taken care of now” with no cuts to Medicare and no cuts to Medicaid.

We had our election, and people voted for this nominee who made not just these promises but many other promises about what he was going to do for our economy based on, I think, largely, a complete fiction about what is actually going on in our country—for that matter, in the world—with respect to our economy. So he won. He did not just win—the Senate is Republican, and the House of Representatives is Republican.

Now, after running elections for 8 years to get rid of that scourge on America, that stain on America, that legislation that has destroyed our economy and destroyed our healthcare system, they wrote a bill. It took them a long time, really, to get it through the House of Representatives, which was shocking, because they had 8 years to figure out what was wrong with the current system and how to address the current system. They tried it once, and they could not even bring it to a vote in the House. They could not even bring it to a vote.

Then, understandably, the people who sent those Republicans to office in the House said: What are you talking about? You said you were going to repeal ObamaCare. You told us all of

these terrible things that ObamaCare had done. Your first order of business was to repeal ObamaCare. How dare you not have a vote?

I am glad they said that because people should keep their promises.

I have believed for a long time that people want consistency out of their politicians, that they will put up with inconsistency if you say to them that the facts are different than I thought they were and that is why I changed my view. Yet, in these times of fake news, of the media having the challenges it has, and the rest of the things that ail our system, consistency is not something that a lot of politicians pay attention to. I think they think that is because voters do not pay attention to it, but, in this case, they did. They said: You said you would repeal ObamaCare. You did not just say it once. You said it year, after year, after year, after year. Finally, they then passed a bill in the House. Not a single Democrat voted for it.

We learned from that process, which took place before the Congressional Budget Office had even scored the bill—imagine that. There were all of these people who criticized the Affordable Care Act, and proponents were rushing the bill through. As I said, I think there were 200 Republican amendments adopted. It was a bill that held almost countless committee hearings in the Senate Finance Committee and the Senate HELP Committee. It was a bill that consumed 25 days of legislative process on this floor, a modern record in terms of time. In fact, we had all of that process, and I will come back to this.

Here is what Senator MCCONNELL said about that. After all of that process, he said on this floor, I think, that Americans were “tired of giant bills negotiated in secret and then rammed through on a party-line vote in the middle of the night.” Oh, that bill was negotiated completely in public, painfully in public. I used to go home, and people in my townhalls literally had copies of the bill. Do you remember the chant: “Read the bill. Read the bill”? That is because everybody had the bill.

On the House side, it is important for people to understand that they passed the bill without even getting a score from what is called the Congressional Budget Office. The head of the Congressional Budget Office is appointed by Republicans when the Republicans are in the majority, not by the Democrats. It did not even get a score. We had a score on the Affordable Care Act before we passed the bill. We had a score that every single American could see about what it would cost and what money it would spend, what money it would save, how many people would be added to the insurance rolls. We had that. They did not have the decency to do that in the House.

They should have because—guess what happened—when the score came out, it said that 24 million people would lose their health insurance after

a candidate for President said that you are going to have “such great healthcare at a tiny fraction of the cost.” “Everybody is going to be taken care of much better than they’re taken care of now,” unless you are one of those 24 million and, I would argue, many of the rest as well. I will come to that.

So they passed that bill, a terrible bill. I think that bill has the lowest approval rating among the American people of any piece of legislation that has existed in the time I have been in the Senate. It is still not as low as the approval rating of this place, which used to be 9 percent, but it is low because people know it does not really address their healthcare problems. It is not a healthcare bill.

Then the President found out what was in the Congressional Budget Office’s score, and he had some Republican Senators over to the White House and said: I hope you will not pass a bill like that. That is a mean bill.

That is not my description. That is President Trump’s description of the House bill. That is a mean bill.

He said: I want a bill with a little more love in it than that bill out of the Senate.

He has to be disappointed tonight because the Congressional Budget Office’s score came back and said that under the Senate’s version of the bill—the less mean bill—only 22 million people will lose their health insurance and that far from having better insurance at a lower price, half of the country—literally half the country—is going to pay thousands more in out-of-pocket expenses because of what has become known as TrumpCare.

There are three principal parts to the bill in the Senate and in the bill that has passed the House. There are some differences, but I would say they are differences without a distinction. They are immaterial distinctions. There are three major components to these so-called healthcare bills.

The first is a massive tax cut for the wealthiest people in America. If you are making \$200,000 or less in Colorado or in any State in the country, you will not get a penny from this tax cut—not a penny. As my colleague from Pennsylvania said, if you are one of the top 400 taxpayers in America, together, you are going to get \$33 billion in tax cuts. That is an average tax cut for each of those 400 Americans of \$82.5 million. There is not a person in Colorado at any one of my townhalls who has said to me: MICHAEL, the key to doing a better job with our healthcare and the key to fixing ObamaCare—and I am talking about the critics of ObamaCare. There is not a one who has said to repeal those taxes on the top 1 percent of taxpayers in America at a time when our income inequality has not been greater than in 1928 and at a time when we are collecting in revenue only 18 percent of our gross domestic product and spending 21 percent. Not a single person has stood up in a town-

hall meeting and said the key to success here is in cutting those taxes. Just to be clear, I should mention that \$82.5 million is over a 10-year period. It is about \$8.25 million a year.

As Senator CASEY, from Pennsylvania, noted, that \$33 billion adds up to be the equivalent of what it would cost to pay for the Medicaid of 772,000 people who live in just four States—the entire Medicaid population of four States.

But what they would consume in healthcare to try to support themselves and their family is not \$8.5 million a year; it is not \$85 million over 10 years; it is, on average, \$4,500 a year on healthcare. That is the first part of this bill—a massive tax cut that is not going to benefit anybody in my State who earns below \$200,000.

The second element of this bill is a massive cut to Medicaid, which is one of the fundamental safety net programs in this country. The cut, whether you look at the House cut or the Senate cut, is massive. It is about a quarter of the program. It is about \$840 billion. And in the Senate bill, the cuts are even deeper than they were in the House bill. I wonder what the President would say about that. The House bill was mean. I bet he would say the Senate bill is cruel because it perpetuates those cuts.

I have heard the rhetoric from politicians in Washington about why it is so important to cut Medicaid. They need to cut Medicaid so they can pay for the tax cuts for people who are so wealthy, most of them probably don’t even need to mess around with insurance to pay for their healthcare or their doctors. Now they are going to have another \$8.5 billion a year. Now they are going to have another \$85 million over 10 years if they want to spend it not on insurance but on whatever else they want to spend it.

So on the one hand, they had to find the money to pay for this tax cut. They found it from some of the poorest Americans there are. How do they justify that? They justify it by painting a picture that says that there are Medicaid recipients all over America who are receiving Medicaid but not working, and therefore we should cut the program because if we cut the program, they will know they have to get a job in order to buy health insurance, and they won’t be on the Federal Medicaid Program. They say to go to work, and that is why we can cut this program. Keep people out of that hammock they are lying in instead of working for their healthcare.

What an insult to the almost 50 percent of Medicaid beneficiaries in Colorado who are poor children. Are they supposed to go to work, or can they go to school? And while we are at it, maybe we should think about giving them better schools so they can actually compete in this economy. But are we really going to take away their healthcare?

Then there are a whole bunch of people who have spent down their life sav-

ings for the privilege of being in a nursing home paid for by Medicaid. There is not a townhall I have where there aren’t sons and daughters or grandsons and granddaughters of people who are in nursing homes paid for by Medicaid after they had to spend their whole life savings down to be there. What a terrible system it is that a family has to be near bankruptcy before we say: We will give you a helping hand. It is a terrible system, but it is what they have. And they can’t work. They are in a nursing home. They are in long-term care.

Then there are a whole bunch of people in my State and in other States—and this may be the greatest insult of all—who are working at one job or sometimes at two jobs, and in the richest country in the world, they are working and are getting paid and are not getting paid enough to be off the Medicaid rolls. They are working, and they are still on public assistance. And we are cutting a quarter of the Medicaid Program because people need to go to work.

I am not making this stuff up. I asked Secretary Price, who is the Secretary of HHS, Health and Human Services—he is in charge of the healthcare for this administration—I said: Mr. Secretary, let me take you through the faces of the people in my State who are on Medicaid. And not only did they confirm that that is who is on Medicaid in my State, he said that is the way it looks all over the country.

What an insult to justify a massive tax cut for the richest Americans by taking away poor people’s healthcare; by saying they are not working for it, when they are children, when they are in nursing homes, when they are working one and sometimes two jobs in the richest country on the world.

So that is the second part of this healthcare plan—tax cuts for wealthy people and cutting Medicaid for poor people. And in the middle of that is the only thing that could fairly be described as a healthcare plan; it is just a terrible plan.

Senator PAUL from Kentucky—one of the more principled people in this Chamber—said it very well when he called it, not politely, “ObamaCare lite.” He is absolutely right. If you hate ObamaCare, you are really going to hate ObamaCare lite. It is the same structure, which amazes me because all of the people who said we should repeal ObamaCare are now preserving the very basic structure of how the program worked, but the problem with it is that they have cut the subsidies. They have turned them into tax credits and cut the value of the subsidies. If you think insurance is expensive now in the individual market, wait until you meet ObamaCare lite, in the words of RAND PAUL.

So those are the three components of the bill. And it is not surprising to me that for those reasons, Senator McCONNELL has written this bill in secret. It

is not surprising to me that he hasn't wanted to have a committee hearing. It is not surprising to me that he brought the bill here on the floor last Thursday, then accused people on the other side of not having read the bill and still wants us to act on the bill this Thursday so he can go home before July 4th and say to the American people: We did it. We kept our promise. We repealed ObamaCare. We may have written a terrible piece of legislation that has nothing to do with improving your healthcare, but we repealed ObamaCare. And he is hoping the American people won't notice.

Let me tell you something. The American people are noticing. There is a reason why the House bill has the worst approval rating of any piece of legislation in modern American history. The American people are not stupid.

I was in Frisco, CO, not that long ago, which is a place that everybody should visit from all over the country. There is tremendous skiing, and there is tremendous hiking, wonderful people. And before I had the townhall meeting, I went and visited a healthcare center there that they are justifiably proud of. It turns no one away. It gives phenomenal primary care. It gives phenomenal dental care. They have to figure out every week how to get through, but they always figure out how to get through so that people in Frisco and in the surrounding area have healthcare.

This is not a poor community by American standards. It is a resort community, but there are people who live there year-round. I asked the people who run the clinic: Who are the payers for healthcare in your clinic? Who are they? What pays for healthcare here? And she said: Well, MICHAEL, the Medicaid is 33 percent. That shocked me because if you are in rural Colorado, the Medicaid number is usually a lot higher than that because people don't have access to a lot of resources, and we all know they don't have access to a robust insurance market. Thirty-three percent was Medicaid, 53 percent was uncompensated care, and the rest was private insurance companies that pay for the insurance. That shocked me.

I said: Fifty-three percent is uncompensated care, people with no insurance? How can that be?

She said: These are people in our community who make too much money to be eligible for Medicaid, but they can't afford private insurance.

They are working full time; that is not the problem. They are not even—as I described before in a case where somebody is paying them too little, so they are eligible for Medicaid; their problem is that they are being paid too much, and they are not eligible for Medicaid as a result, but they can't afford private insurance. I think that is an indictment of the Affordable Care Act that I accept as somebody who voted for it. The idea that we would re-

quire people in America to buy health insurance and then not have a market that gave them quality health insurance at an affordable price is ridiculous.

I have had people in rural Colorado say to me: MICHAEL, look, why are you requiring me to buy something where there is not enough competition, so the premium is high and the deductible is ridiculous. So it is of no use to my family, and you are requiring me to buy something that is useless to me. We should have more competition to drive down price.

I say: You are 100 percent correct. And if we had a functioning Congress that wanted to take a bipartisan approach to fixing that problem, we could fix it, and there are probably 15 or 20 other things along those lines. But the Republican healthcare bill—so-called healthcare bill—does none of that. It does none of that.

So to the extent that you don't like ObamaCare because you feel as though your premiums are going up and you are not getting enough for it, as opposed to the millions of people who have gotten insurance as a result of it, some for the first time—to the extent you are worried about that, the House bill makes it worse and the Senate bill makes it worse.

There is a projection in the CBO report that says that at a certain point in time, your premiums might come down under the Republican bill, but the reason for that is because you will be buying lousy insurance. It is not because Donald Trump, as he said to the country, has provided such great healthcare at a tiny fraction of the cost. That is not the reason. It is because they provided terrible healthcare at a fraction of the cost. That is not a benefit to anybody. If an insurance company can put you on lifetime caps, of course they are going to charge you less.

I am all for working together in a bipartisan way to address the issues in our healthcare system that, frankly, go far beyond the Affordable Care Act to make sure people in America don't have to continue to make the choices people all over the world don't have to make about having to stay in a job they hate because they have to keep the insurance or being able to quit a job and do something else because they know the insurance will be there. Nobody else has to make those decisions. And nobody else in the world goes bankrupt because of healthcare, but that is still a problem in America.

I think fundamentally the problem we have here tonight is proponents of this legislation didn't set out to fix our healthcare system; they set out to repeal ObamaCare or the cartoon of ObamaCare they have been running on for the last 8 years. That is what they set out to do. Along the way, they obscured it all so they could have the opportunity to cut taxes on the wealthiest Americans—which, for some reason, is an obsession with some people

around here—and dramatically cut access to healthcare by poor children.

I know there are people who are hearing this will not believe what I am saying is true. It is true. I hope you will familiarize yourself with the facts. I hope, in particular, people who feel the last bill we considered on this floor didn't get the process it deserved—people who quite rightly wanted to make sure Members of the Senate and the House had actually read the bill, people who wanted to know what it was like to live in a country where your health insurance is uncertain from month to month, where you have to decide between paying the rent, buying the food or being on health insurance; people who are dealing with and whose families are dealing with the effects of this terrible opioid crisis that wasn't even really a gleam in our eye when we passed the Affordable Care Act.

I especially say to people living in rural America how sorry I am that people aren't paying attention to your needs; that your hospitals may be cut because of an ill-considered piece of legislation which has nothing to do with delivering healthcare in rural Colorado or rural America.

We can do so much better than this, but to get to a place, unfortunately, where Democrats and Republicans have the opportunity to work together, the first order of business has to be to defeat the bill on the floor. I hope people know this is the week when it is critical to call and let your voices be heard, let people know you expect something better than what we are getting, and that Americans ought to have a healthcare system that is affordable, that is predictable, and that actually creates stability instead of instability for their families.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

#### ADJOURNMENT UNTIL 2 P.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 2 p.m. tomorrow.

Thereupon, the Senate, at 9:55 p.m., adjourned until Tuesday, June 27, 2017, at 2 p.m.

#### NOMINATIONS

Executive nominations received by the Senate:

##### DEPARTMENT OF TRANSPORTATION

MARK H. BUZZY, OF VIRGINIA, TO BE ADMINISTRATOR OF THE MARITIME ADMINISTRATION, VICE PAUL NATHAN JAENICHEN, SR.

##### DEPARTMENT OF STATE

MARIA E. BREWER, OF INDIANA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-

COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SIERRA LEONE.

JOHN P. DESROCHER, OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA.

KELLEY ECKELS CURRIE, OF GEORGIA, TO BE REPRESENTATIVE OF THE UNITED STATES OF AMERICA ON THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS, WITH THE RANK OF AMBASSADOR.

#### UNITED NATIONS

KELLEY ECKELS CURRIE, OF GEORGIA, TO BE AN ALTERNATE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE SESSIONS OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS, DURING HER TENURE OF SERVICE AS REPRESENTATIVE OF THE UNITED STATES OF AMERICA ON THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS.

#### DEPARTMENT OF STATE

ROBERT WOOD JOHNSON IV, OF NEW YORK, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND.

JAMIE MCCOURT, OF CALIFORNIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE KINGDOM OF BELGIUM.

CARL C. RISCH, OF PENNSYLVANIA, TO BE AN ASSISTANT SECRETARY OF STATE (CONSULAR AFFAIRS), VICE MICHELE THOREN BOND.

#### NATIONAL MEDIATION BOARD

KYLE FORTSON, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE NATIONAL MEDIATION BOARD FOR A TERM EXPIRING JULY 1, 2019, VICE NICHOLAS CHRISTOPHER GEALE, TERM EXPIRED.

#### EXECUTIVE OFFICE OF THE PRESIDENT

MICHAEL RIGAS, OF MASSACHUSETTS, TO BE DEPUTY DIRECTOR OF THE OFFICE OF PERSONNEL MANAGEMENT, VICE CHRISTINE M. GRIFFIN.

#### DEPARTMENT OF JUSTICE

CHRISTOPHER A. WRAY, OF GEORGIA, TO BE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION FOR A TERM OF TEN YEARS, VICE JAMES B. COMEY, JR.

#### DEPARTMENT OF VETERANS AFFAIRS

THOMAS G. BOWMAN, OF FLORIDA, TO BE DEPUTY SECRETARY OF VETERANS AFFAIRS, VICE SLOAN D. GIBSON. JAMES BYRNE, OF VIRGINIA, TO BE GENERAL COUNSEL, DEPARTMENT OF VETERANS AFFAIRS, VICE LEIGH A. BRADLEY, RESIGNED.

#### IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be vice admiral*

REAR ADM. FREDERICK J. ROEGGE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be vice admiral*

REAR ADM. DEWOLFE H. MILLER III

#### IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be lieutenant general*

MAJ. GEN. DANIEL J. O'DONOHUE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE OF LIEUTENANT GENERAL IN THE UNITED STATES MARINE CORPS WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be lieutenant general*

MAJ. GEN. MICHAEL A. ROCCO

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE OF LIEUTENANT GENERAL IN THE UNITED STATES MARINE CORPS WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be lieutenant general*

LT. GEN. MARK A. BRILAKIS

#### IN THE AIR FORCE

THE FOLLOWING NAMED AIR NATIONAL GUARD OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531:

#### *To be major*

MICHAEL J. SILVERMAN

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE AND AS PERMANENT PROFESSOR AT THE UNITED STATES AIR FORCE ACADEMY UNDER TITLE 10, U.S.C., SECTIONS 9333(B) AND 9336(A):

#### *To be colonel*

MAIYA D. ANDERSON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531:

#### *To be major*

KIMBERLY M. KITTLESON  
KEVIN C. PETERSON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE GRADES INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531:

#### *To be lieutenant colonel*

CECILIA A. FLORIO

#### *To be major*

DEEPTHI V. BYREDDY  
DIANE L. EVANS  
JOHN M. FEJES

#### IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be colonel*

JOSEPH M. O'CALLAGHAN, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT AS PERMANENT PROFESSOR AT THE UNITED STATES MILITARY ACADEMY IN THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 4333(B) AND 4336(A):

#### *To be colonel*

BRET P. VAN POPPEL

THE FOLLOWING NAMED OFFICER FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 531 AND 3064:

#### *To be major*

ALIYA I. WILSON

#### IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be captain*

LINDA C. SEYMOUR

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be commander*

CHAD J. TRUBILLA

## CONFIRMATION

Executive nomination confirmed by the Senate, Monday, June 26, 2017:

#### NUCLEAR REGULATORY COMMISSION

KRISTINE L. SVINICKI, OF VIRGINIA, TO BE A MEMBER OF THE NUCLEAR REGULATORY COMMISSION FOR THE TERM OF FIVE YEARS EXPIRING JUNE 30, 2022.

## EXTENSIONS OF REMARKS

RECOGNIZING THE 2017 GRADUATING CLASS OF THE DODIE LONDEN EXCELLENCE IN PUBLIC SERVICE SERIES

### HON. DAVID SCHWEIKERT

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. SCHWEIKERT. Mr. Speaker, I rise today in recognition of the graduating class of the 2017 Dodie Londen Excellence in Public Service Series. Brandy Wells, Cindy Casaus, Debbie Vandeenboom, Farhana Ahmed, Jeni White, Kristen Desmangles, Lauren Pemberton, Lisa Godzich, Dr. Shadow Asgari, Simone Hall, ViciLee Jacobs, and Yvonne Cahill have all distinguished themselves as impactful leaders in our community.

HONORING THE FIRST RESPONDERS OF THE JUNE 14, 2017 SHOOTING AT EUGENE SIMPSON PARK

### HON. DONALD S. BEYER, JR.

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. BEYER. Mr. Speaker, I rise today to commend the City of Alexandria's First Responders on the scene of the shooting at Eugene Simpson Memorial Park in my district in Alexandria, Virginia.

On Wednesday, June 14, 2017 around 7:00 a.m., an individual at Eugene Simpson Stadium Park in Alexandria, Virginia fired shots at Members of Congress who were practicing for the annual Congressional Baseball Game. The shooting wounded United States Representative Steve Scalise, Capitol Police Officers David Bailey and Crystal Griner, Congressional staffer Zack Barth, and former Congressional staffer Matt Mika.

The timely response of Alexandria's First Responders most certainly saved lives. Alexandria Police Officers Nicole Battaglia, Alexander Jensen and Kevin Jobe arrived within minutes of the 911 call. Officer Battaglia came under fire upon arriving at the scene and immediately engaged the shooter. In the opinion of Alexandria Police Chief Mike Brown, Officer Battaglia's actions diverted the shooter's attention, allowing the other responding officers to neutralize the shooter. Medical care provided at the scene by members of the Alexandria Fire Department, including paramedics Fiona Apple and Richard Krimmer, ensured this senseless act of violence did not become a casualty event.

I am honored to commend these valiant individuals for their selfless service; I thank them not only for their impact on the victims of this senseless act of violence, but for their daily positive impact in my district.

PASSING OF WALKER A. WILLIAMS

### HON. KAREN BASS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Ms. BASS. Mr. Speaker, I would like to honor the life and memory of Walker Alexander Williams. Born in East Orange, New Jersey in 1940, Walker lifted his eyes well beyond our shores and developed an international reputation as a businessman and an advocate for the African and Caribbean diaspora communities. His passion for economic empowerment led him to create Alternative Marketing Access, Leadership Global (formerly Leadership Africa USA) and NiQuan Energy as platforms for development. Walker leaves behind a legacy of uplifting others and promoting the advancement of under-represented groups, especially those of African and African American descent.

Walker also recognized the importance of training people to fill leadership roles and developing talent to serve in African political and economic contexts. He had a vision for developing countries in which their diverse communities and nations overall could reach their full potential. His distinguished career included testifying in Congress on "The Future of Energy in Africa" where he urged this body to support and encourage partnerships to improve Africa's access to energy. He also provided vital leadership around the initial passage of the African Growth and Opportunity Act (AGOA), arranging several Congressional briefings for African Ambassadors, key members of Congress, and Administration officials on AGOA and its potential effect on infrastructure, energy, agriculture, health, nutrition, and security.

During his long career as a businessman, advocate, and philanthropist, Walker remained committed to mentoring and empowering young people and professionals, and he always aimed to make those who worked with him feel valued. He worked with more than 100 non-governmental organizations over thirty-plus years, and he facilitated scholarship and educational opportunities in Africa and the Caribbean through the Education Africa Presidential and Premier Education Awards, Nelson Mandela Presidential Medallions, and the Walter Sisulu Scholarship and Training Fund. He encouraged Africans and Americans alike to envision and achieve personal power and a more prosperous future. Walker believed that a better Africa and Caribbean meant a better United States of America.

Walker is remembered by his partner, children, and grandchildren as a humble and dedicated man. I would like to celebrate a life of service while I offer condolences to those he has left behind.

RECOGNIZING THE RETIREMENT OF KENT COUNTY ADMINISTRATOR/CONTROLLER DARYL DELABBIO

### HON. BILL HUIZENGA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. HUIZENGA. Mr. Speaker, I rise today to congratulate a longtime public servant, Daryl Delabbio, on the occasion of his retirement.

Daryl has served as Kent County Administrator/Controller since 1998. Prior to his time with Kent County, he spent 11 years as Rockford city manager. In all, Daryl has dedicated four decades to the people of Kent County and the greater Grand Rapids area.

As Administrator/Controller, Daryl oversaw Kent County's daily activities, acted as its chief financial officer and headed project management. Under his leadership, Kent County maintained a balanced budget and saw the development of Millennium Park and the DeVos Place Convention Center. Most importantly, he has led the county in a non-partisan, fair, and fiscally responsible manner.

I ask my colleagues to join me in celebrating the career of Administrator/Controller Daryl Delabbio for his service to Kent County.

WELCOME PRESIDENT MOON JAE-IN

### HON. MIKE KELLY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. KELLY of Pennsylvania. Mr. Speaker, it is with great honor and pleasure that we welcome President Moon Jae-in of the Republic of Korea to our nation's Capital on his first official overseas visit. The United States shares a special relationship with the Republic of Korea forged during the Korean War and solidified by the greater global struggle for freedom in the 20th century. The U.S.-Korea alliance is the cornerstone of U.S. leadership in the Asia-Pacific region. It is a special alliance built upon the sacrifice of brave individuals who stood strong against the adversaries of liberty and freedom.

Mr. Speaker, as the co-chairman of the Congressional Caucus on Korea, I am proud to welcome President Moon Jae-in today. Our alliance will surely be tested, but our faith and determination will never falter or waiver. I thank him for his commitment to our common values, and I look forward to the work we will do together to strengthen the alliance even more in the future.

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

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



IN RECOGNITION OF MARCIA GREENBERGER FOR HER CAREER WITH THE NATIONAL WOMEN'S LAW CENTER

**HON. DEBBIE DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Ms. Marcia Greenberger, cofounder and attorney with the National Women's Law Center. Ms. Greenberger has been a steadfast advocate for women and families during her career with the NWLC.

Ms. Greenberger began her career with the law firm Caplin and Drysdale, after which she founded the Women's Right Project of the Center for Law and Social Policy, where she served as the organization's Director. In 1981, she cofounded the National Women's Law Center with Nancy Campbell, which built on the success of her previous efforts. The NWLC provides legal aid and advocates for legislative initiatives to protect the rights of women and promote fair treatment of women and girls. The Center has been a key driver of advances in women's rights, having won victories in passing landmark legislation like the Lily Ledbetter Fair Pay Act and the Civil Rights Act of 1991, which codified protections against discrimination on the basis of sex, religion and national origin. Collectively, these have resulted in strong protections for women's rights.

As cofounder of the NWLC, Ms. Greenberger has played a critical role in the growth and success of the organization. Her legal expertise and deep understanding of women's rights issues has helped the NWLC win victories for women and children at the federal, state and local level. Ms. Greenberger has been widely recognized for her outstanding contributions as a women's rights legal advocate. She has been inducted in the National Women's Hall of Fame in Seneca Falls, NY and has also received the Woman Lawyer of the Year Award by the D.C. Women's Bar Association. Her career and efforts have established the NWLC as one of the nation's foremost advocacy groups, and it is my hope that the organization will continue to build on her legacy of excellence in the coming years.

Mr. Speaker, I ask my colleagues to join me in honoring Ms. Marcia Greenberger for her advocacy with the NWLC. Ms. Greenberger's legal career has led to increased legal protections for the rights of women and children.

WELCOMING PRESIDENT MOON JAE-IN OF THE REPUBLIC OF KOREA ON THE OCCASION OF HIS FIRST OFFICIAL VISIT TO THE UNITED STATES

**HON. ALCEE L. HASTINGS**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. HASTINGS. Mr. Speaker, as a proud member of the Korea Caucus, I am honored to rise today to welcome President Moon Jae-In of the Republic of Korea on his first official visit to the United States.

The Republic of Korea and the United States have been not only allies, but close friends, for nearly 70 years. This alliance and friendship was solidified in our 1953 Mutual Defense Treaty with the Republic of Korea, and it is this commitment which binds us together today as we confront the threat posed by a nuclear and ever bellicose North Korea.

Mr. Speaker, I look forward to continuing my work with my Korean friends as we work to make the peninsula, and broader region, safe and prosperous for all people dedicated to the rule of law and a democratic way of life. I wish President Moon a safe and productive visit to the United States.

**CAMP MIAKONDA HAS CREATED  
100 YEARS OF MEMORIES**

**HON. MARCY KAPTUR**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Ms. KAPTUR. Mr. Speaker, I rise today in recognition of the 100th birthday of beautiful and legendary Camp Miakonda. Camp Miakonda is located in Toledo, Ohio, and is a bedrock for many Boy Scouts. I would like to include in the RECORD the words of its executive, Ed Caldwell:

On Saturday, the Erie Shores Council of the Boy Scouts of America will begin a year-long celebration of the 100th birthday of Camp Miakonda, an important community asset that deserves a grand celebration.

The festivities will commence with a hallmark event for the entire community to enjoy time at camp. Please join us to learn about the many Scouts who have camped at Miakonda over the decades and how our practices and equipment have changed.

Special ceremonies include the ribbon-cutting and grand opening of our new Wildlife Nature Center. Parking will be available at nearby schools with shuttle service from 9 a.m. to 5 p.m. This event is free and open to the public.

I am proud to serve as the Scout executive and chief executive officer of the Erie Shores Council. Like many other people in our community, I am a product of the Boy Scout leadership program. I am, and always will be, an Eagle Scout.

I was taught the Boy Scout salute, and Scout handshake, the Scout motto ("Be prepared"), and the Scout slogan ("Do a good turn daily"). I memorized the Boy Scout Law ("A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent") and the Boy Scout Oath (with its pledge to "keep myself physically strong, mentally awake, and morally straight").

Camp Miakonda, known as the "land of the crescent moon," is more than America's sixth-oldest Boy Scout camp and the oldest in the state of Ohio. It is a community asset.

From the first Scouts who camped at the 160-acre De Vilbiss Scout Reservation in 1917, to the many Scouts who travel from across the country each year to enjoy the camp's nationally recognized programs and facilities, Camp Miakonda has inspired tens of thousands of young men in its first 100 years. We are excited to serve the youth, and create a lifetime of memories for the next 100 years.

Today, Camp Miakonda is a multiuse facility, serving both the Boy Scouts and the community at large. For Scouts, the adventure starts at Camp Miakonda with Club Scout Day Camp during the summer months

and many weekend Scouting programs throughout the spring, fall, and winter. For the general public, camp facilities are available for day, evening, or weekend use for special events, dinners, or training seminars.

In addition to our Saturday open house, we will be hosting other Camp Miakonda celebrations over the next few months. On Tuesday, the actual 100th birthday of Camp Miakonda, we will feature an all-day open house. On Oct. 5, we will host a "Special Evening under the Crescent Moon," a gala dinner to benefit Camp Miakonda's long-term operations.

I hope you will bring a friend and join us in our celebrations this year. This is your camp. The Camp Miakonda adventure starts here.

ED CALDWELL

*(Scout Executive, Erie Shores Council)*

RECOGNIZING ELLA MAY WINGER, THE RECIPIENT OF THE UAW LOCAL 865 WOMEN OF EXCELLENCE AWARD

**HON. CHERI BUSTOS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mrs. BUSTOS. Mr. Speaker, I rise today to honor Ella May Winger, an outstanding union woman who is being recognized by the UAW Local 865 Women of Excellence Award.

When I think of trailblazing women in our community, Ella May is at the top of my list. As a pillar in our community, she has tirelessly worked to better the lives of union workers and served as a role model in our community. She spent her career at John Deere Harvester Works where she helped start the first UAW Women's committee in Region 4. After being retired for more than 30 years, she continues to work every day at empowering her union brothers and sisters.

Mr. Speaker, once again I would like to honor Ella May Winger for her commitment to fighting for hardworking families and for all that she has done to strengthen our community. I congratulate her on the upcoming recognition she deserves.

HONORING MARCIA D. GREENBERGER, CO-FOUNDER OF THE NATIONAL WOMEN'S LAW CENTER

**HON. ROSA L. DeLAURO**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Ms. DeLAURO. Mr. Speaker, it is my great pleasure to rise today and join the many gathered this evening to pay tribute to an outstanding leader in the women's rights movement and my good friend, Marcia D. Greenberger, as she steps down as co-president of the National Women's Law Center.

Marcia has dedicated a lifetime to moving the agenda of women's rights forward and has left an indelible mark on our nation. In 1972, at a time when the United States looked very different for women and women's issues were still considered "fringe issues," Marcia, along with the incomparable Nancy Duff Campbell, founded the National Women's Law Center,

an organization that has become an invaluable resource in the fight for women's rights across the country. The NWLC is responsible for marking critical advances to improve the lives of women for more than 40 years, ensuring that the health and civil rights of women are kept at the forefront of public policy debate and lawmaking. Simply put, the strides we have made would not have been possible without the tireless advocacy of the National Women's Law Center.

In virtually every single battle for women's rights that we have fought over the last four decades, Marcia has led the fight to break down the economic, health, and social barriers facing women and girls. The impact of their work resonates across the country—it is felt in every state where the National Women's Law Center has advanced opportunities and improved the lives of women and girls. The New York Times said Marcia "guided the battles of the women's rights movement" and they were right. She was the first full-time women's rights legal advocate in Washington and her legacy includes the passage of the Lilly Ledbetter Fair Pay Act, the Pregnancy Discrimination Act, and critical protection against sexual harassment on the job.

Marcia's leadership and contributions are reflected in the myriad of honors, accolades and commendations she has received and the numerous boards on which she has served throughout her career. She received a Presidential appointment to the National Skill Standards Board, and currently serves as a member of the Executive Committee of the Leadership Conference on Civil and Human Rights. Marcia was named by Working Woman Magazine as one of the 25 heroines whose activities over 25 years have helped women in the workplace, by Washingtonian Magazine as one of Washington, D.C.'s most powerful women, and by Legal Times as a "Top Lawyer" and one of its "30 Champions." Marcia has been inducted into the National Women's Hall of Fame, was the recipient of the American Bar Association Section of Civil Rights and Social Justice's 2016 Civil Rights Hero Award, the Trustees' Council of Penn Women "Beacon" Leadership Award, the American Bar Association Margaret Brent Award, and the National Association of Women Lawyers' Arabella Babb Mansfield Award just to name a few.

I consider myself fortunate to have had so many opportunities to work with and learn from Marcia and I am honored to call her my friend. Her unwavering commitment and personal passion will always serve as an inspiration, not only to myself but for countless others. While her stepping down as co-president is bittersweet, I have no doubt that Marcia will continue to find ways to make a difference.

Trailblazer, advocate, mentor, and friend—for all of her good work and invaluable contributions, I am pleased to rise today to extend my deepest thanks and appreciation to Marcia D. Greenberger. I thank her for all she has done for women in this country. I wish her all the best for health, happiness, and success in everything that comes next.

HONORING KARRIN TAYLOR ROBSON'S APPOINTMENT TO THE ARIZONA STATE BOARD OF REGENTS

### HON. PAUL A. GOSAR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. GOSAR. Mr. Speaker, today I would like to recognize Ms. Karrin Taylor Robson, of Arizona. Karrin is an invaluable member of the state community, and has contributed to its economic development in unfathomable ways. I want to first commend her on her service to the state, and her accomplishments with Arizona Strategies. Most importantly, however, I want to congratulate her on her new position on the Arizona State Board of Regents. I am confident she will excel in this position, undoubtedly championing our students.

Karrin currently serves diligently as the Founder and President of Arizona Strategies, an Arizona based land use and real estate development company. Here she has grown the business with integrity and professionalism. These qualities will serve her, the Board of Regents, and our students well. As a prominent business contributor to our state Karrin has served on numerous government and community organizations, leaving each one better than she found it. Governor Ducey could not have filled this seat with a better candidate.

Karrin's extraordinary career serves as an example for the students she has now been appointed to serve. I look forward to watching her drive Arizona's university system to new heights. I sincerely appreciate the opportunity to recognize her today.

HONORING THE FREEDOM HAPPENS NOW 5K

### HON. BARBARA COMSTOCK

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mrs. COMSTOCK. Mr. Speaker, I am honored to recognize Polaris for hosting the Freedom Happens Now 5K on Saturday June 24, 2017. This important event accentuate the plight of the voiceless victims of human trafficking in an effort to both raise awareness on their behalf and eventually eliminate this modern day slavery.

Polaris was founded in 2002 by two seniors at Brown University in Providence, Rhode Island, Derek Ellerman and Katherine Chon, who were inspired to take action after learning about the horrifying account of six Korean women who were coerced into working at a brothel just a few blocks away from Brown University. This enlightened Ellerman and Chon as to how Ubiquitous human trafficking really is and compelled them to take immediate action. They established Polaris, whose name derives from the North Star, which guided slaves toward freedom along the Underground Railroad. Since its inception, Polaris has remained firmly devoted to ending all forms of human trafficking and has always put an emphasis on directly supporting trafficking victims. Polaris has helped numerous victims escape from exploitation and worked to pre-

vent more people from becoming ensnared by human trafficking. Over the past decade, Polaris has expanded their operations and today has evolved into one of the most preeminent global leaders in the fight against human trafficking.

Mr. Speaker, I ask my colleagues to join me in commending Polaris for their vigorous dedication and unwavering commitment to bring awareness to the suffering and horrors that confront the countless victims of human trafficking. I truly appreciate all their work and thank them for promoting awareness about this important issue through hosting numerous events, including Saturday's 5K, which not only united our community, but helped us all gain a greater understanding of the realities of human trafficking. I also want to express my sincere gratitude to all those who participated in Saturday's 5K in a collaborative and laudable effort to combat the scourge of human trafficking and provide assistance to its all too often unnoticed victims. I wish Polaris all the best as they continue their valiant crusade to eradicate human trafficking in the United States and worldwide.

SIXTEENTH DISTRICT LAW ENFORCEMENT AWARDS

### HON. VERN BUCHANAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. BUCHANAN. Mr. Speaker, I rise today to pay tribute to law enforcement men and women who have provided distinctive service to the people of Florida's 16th Congressional District.

Law enforcement is a demanding profession that requires sacrifice, courage and a dedication to serve others. Every day, brave men and women put themselves in harm's way to enforce the laws of our society and protect public safety. They deserve our gratitude and respect.

Six years ago, I established the 16th District Congressional Law Enforcement Awards, CLEA, to give special recognition to law enforcement officers, departments, or units for exceptional achievement.

This year, I have presented the CLEA to the following winners chosen by an independent panel comprised of current and retired law enforcement personnel representing a cross-section of the district's law enforcement community:

Officer Jason Nuttall of the Bradenton Police Department will receive the Dedication and Professionalism Award.

Captain John Walsh, Captain Debra Kaspar, Lieutenant Jon Varley, Community Affairs Director Kaitlyn Perez, Deputy Phillip Mockler, Detective Tim Speth and Investigator Lynn Thomson of the Sarasota County Sheriff's will receive the Dedication and Professionalism Award.

Detective Richard Wilson of the Palmetto Police Department will receive the Dedication and Professionalism Award.

Officer Alan Bores of the Holmes Beach Police Department will receive the Dedication and Professionalism Award.

Detective Justin Warren of the Manatee County Sheriff's Office will receive the Dedication and Professionalism Award.

Sergeant Robert Armstrong of the Sarasota Police Department will receive the Dedication and Professionalism Award.

Deputy Kevin Smetana of the Hillsborough County Sheriff's Office will receive the Dedication and Professionalism Award.

Master Sergeant George Taunton of The Florida Highway Patrol will receive the Career Service Award.

Deputy Angel Buxeda and Deputy Grant Steube of the Manatee County Sheriff's Office along with Troopers Caleb Kerr and Trooper Brett Fitzpatrick of the Florida Highway Patrol will receive the Preservation of Life Award.

Sergeant Patrick Roberts of the Florida Highway Patrol will receive the Above and Beyond the Call of Duty Award.

Pastor Patrick Miller of the Bethlehem Baptist Church, Pastor Vincent Smith, Doctor Harriet Moore of the Trinity Youth and Family Services, Geoffrey Gilot and Al-Muta Hawks with the Boys and Girls Club of Sarasota will receive the Associate Service Award.

The Manatee County Special Investigations Division will receive the Unit Citation Award. The members of this unit are: Major William Jordan, Captain Todd Shear, Lieutenant Anthony Carr, Division Secretary Toni Burton, Administrative Assistant Cindy Hoffman, Sergeant Jason Powell, Detective James Parrish, Detective Kim Zink, Detective Greg Dunlap, Detective Mike Diaz, Bruce Benjamin (Crime Stoppers), Amber Hoffman (Manager), Erica Chenard (UCR Coordinator), Criminal Analyst Ashley Eannarino, Criminal Analyst Elicia Main, Intel Analyst Don Brown, Criminal Analyst John Ferrito, Intel Analyst Elizabeth Thomas, Sergeant Evelio Perez, Detective Joseph Petta, Detective Justin Warren, Detective Derek Pollock, Detective Eric Davis, Detective Ray Richter, Detective Patrick Thames, Detective Scott Williamson, Sergeant Gary Combee, Detective William Freel, Detective Maria Gillum, Detective Bryce Wilhelm, Detective Jonathan Kruse, Sergeant Steve Barron, Detective Randall Walker, Detective Brian Beck, Detective Shayne Rousseau, Detective Jeremy Martin, Detective Robert Brigham, Sergeant Isaac Redmond, Detective Rafael Orregon, Detective Christopher Gallagher, Detective Joel Taylor, Detective David Bocchino, Detective Lourdes Santiago, Detective Aaron Bowling, Sergeant Brian Quiles and Detective Wendy Zarvis.

HONORING THE LIFE OF WILLIAM DWIGHT TESTER, SR.

**HON. JAMES B. RENACCI**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. RENACCI. Mr. Speaker, I rise today to pay tribute to the life of Sergeant William Dwight Tester, Sr., father of Joyce Kraemer and William Dwight Tester, Jr., brother of Venora Hatley, grandfather of Lt. Commander Dustin Kraemer, Brandon Kraemer, and Brian Kraemer, great-grandfather of Max Kraemer, uncle of William C. Hatley, and husband of the late Josephine Tester. Sergeant Tester dedicated his life to serving his community and our nation, serving in the Korean War as a member of the 37th Infantry Division and later in the Ohio National Guard's Company B 137th Tank Battalion.

Sergeant Tester was born on February 3, 1933 in Butler, Tennessee to the late Roscoe and Roxie Tester and lived most of his life in Rittman, Ohio. Following his service to the country, he was employed as a tool and die maker at the former Packaging Corporation of America, retiring after 40 years of service. He was also an active member of his community, serving in the Doylestown American Legion post No. 407 and the Doylestown Lions Club. Sergeant Tester was an avid farmer and gardener, but above all else, he enjoyed spending time with his family and friends.

Mr. Speaker, it is my honor to recognize a life so fully lived. William Dwight Tester, Sr. instilled the values of service, hard work and integrity into his children, grandchildren, employees, and mentees; values that we should all strive to uphold in our daily lives. I ask my colleagues in the House to join me in paying tribute to a valued soldier and citizen, Sergeant William Dwight Tester, Sr.

PERSONAL EXPLANATION

**HON. JOSEPH CROWLEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. CROWLEY. Mr. Speaker, on June 23, 2017, I voted Yes during Roll Call 321 on the Davidson of Ohio Amendment No. 5 to H.R. 2842; I intended to vote No.

HONORING TEJ MAAN, YUBA CITY CITY COUNCIL

**HON. JOHN GARAMENDI**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. GARAMENDI. Mr. Speaker, I rise today to honor Tej Maan, an upstanding citizen and Councilmember in my district.

Mr. Maan has been the Director of Environmental Health in Yuba County since 1998, where he has created vital safeguards to protect the environmental health and wellbeing of the Yuba County community.

Additionally, Mr. Maan is a member of the Punjabi American Heritage Society, the California Conference of Directors of Environmental Health, and the Yuba City Chamber of Commerce. He is the host of a local television show called "Punjabi Waves," which features discussions and in-depth interviews on current events and issues in the Punjabi community.

Mr. Maan is also the founder of the first Sikh School in the United States, which is located in Yuba City, California. Tej's love for America and selfless dedication to his community have made him a well-respected and treasured member of the Yuba City region. I offer my utmost appreciation and gratitude for Tej Maan's many contributions to society.

CONGRATULATING THE REPUBLIC OF KAZAKHSTAN FOR HOSTING EXPO 2017 AND ON THE 20TH ANNIVERSARY OF KAZAKHSTAN'S CAPITAL CITY, ASTANA

**HON. ALCEE L. HASTINGS**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. HASTINGS. Mr. Speaker, I rise today to congratulate the Republic of Kazakhstan on hosting the much anticipated EXPO 2017, and to congratulate them on the 20th anniversary of the founding of the capital city Astana, where the Expo is being held.

The theme for EXPO 2017 is "Future Energy," which is particularly fitting for Kazakhstan as the country has become a leader in renewable energy in Central Asia. Kazakhstan's efforts with the United Nations Framework Convention on Climate Change in the 1990's, as well as their ratification of the more recent Kyoto Protocol extension, clearly exhibit their commitment to reducing greenhouse gas emissions and slowing global warming. Domestically, Kazakhstan continues to construct hydropower plants, providing jobs to local communities while meeting the increasing demands for energy in Eurasia. Additionally, the Kyzylorda and Aral regions have been proposed for the installation of solar power plants and solar stills in rivers to better provide clean drinking water to those areas in need of this life sustaining resource. Finally, Kazakhstan has provided robust funding for research dedicated to the advancement of wind energy efficiency.

I would like to also note the great work of our Kazakh friends in building Astana into one of the most industrialized cities in Central Asia over the past 20 years. This diligent work has resulted in Astana exhibiting remarkable growth in investment, industrial output, and small business development since its designation as capital in 1997. In addition, Astana's education and healthcare systems serve as a model for the programs of fellow recovering post-Soviet nations.

Mr. Speaker, I look forward to continuing to pursue a strong U.S.-Kazakh relationship as we work together to bring peace and security to Central Asia, and as we work together to decrease greenhouse gas emissions and invest in renewable energy.

PAYING TRIBUTE TO PRINCIPAL JOHN WILLIAMS ON THE OCCASION OF HIS RETIREMENT FROM CARMEL HIGH SCHOOL

**HON. SUSAN W. BROOKS**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today to honor Principal John Williams on the occasion of his retirement. For the past forty years, Principal Williams devoted his life to providing an exceptional educational experience to students. In his 14 years at Carmel High School, there has been tremendous growth and continued improvement under Principal Williams' guidance. The people of Indiana's Fifth Congressional District are forever

grateful for Principal Williams' commitment to educating the next generation of Indiana students to be knowledgeable, passionate, and active members of their community.

As a lifelong Hoosier, born and raised in Evansville, Indiana, Williams began his own education by attending Harrison High School. Williams never intended to pursue a career in education. However, during college, after working with his high school wrestling coach, he realized his passion for developing young minds. He changed his major and after graduation was hired to his first teaching position at Harrison High School. He taught social studies and coached young athletes. After a number of years teaching, Williams decided to pursue his administrator's license, which led to a position as assistant principal at Harrison High School where he served the community for seven years. When the principal of Harrison High School retired, Williams was tapped for the role and led the school as the principal for three years. Then came the opportunity to move to Carmel High School.

Principal Williams arrived at Carmel in 2003. During his time at Carmel High School, the student population grew from just under 4,000 to more than 5,000. Principal Williams was influential in quadrupling the number of students taking AP courses, more than doubling the number of dual credit courses offered and introducing the International Baccalaureate program to the school in 2006. In addition to the increasingly high caliber academics, extracurricular activities such as sports and the arts have thrived as well, providing an excellent well-rounded education to students. Carmel High School's excellence did not go unrecognized. Under his tenure, Carmel High School accumulated among too many championships to name, including, sixty-seven athletic state championships, consistently finished in the top ten of the Bands of America competition and graduated hundreds of National Merit and National Achievement Scholars. Principal Williams' sincere interest in the education and well-being of his 5,000 students can be seen through his accomplishments as well as his morning ritual of shaking hands and giving high-fives in the hallways.

Principal Williams has made a remarkable impression on the lives of his students, faculty, and the Carmel community. He has truly left a legacy of success at Carmel High School that will be built upon for decades to come. On behalf of Indiana's Fifth Congressional District, I'd like to congratulate Principal Williams on his extraordinary career and extend a huge thank you for all the wonderful contributions he has made to our Hoosier community. While I know Principal Williams will be missed, I wish the very best to him and his wife Paula, his son Jared, his two daughters Katie Niles and Jessica Dedmond, his stepchildren Brandon Gregory, Andrea Gregory, their spouses, and grandchildren as he enjoys a well-deserved retirement.

IN RECOGNITION OF CLARENCE CAMPBELL'S CONTRIBUTIONS TO THE ANN ARBOR COMMUNITY

### HON. DEBBIE DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mrs. DINGELL. Mr. Speaker, I rise today to recognize the birthday of Clarence Campbell

for his many years of service to the community of Ann Arbor as an entrepreneur and mentor. Mr. Campbell was one of the first African-American businessmen in the area and has made significant contributions to the growth and development of the Ann Arbor community.

Mr. Campbell moved to Ann Arbor in 1965 and has played an important role in the community through his business and philanthropic initiatives. In 1970, he started a full-service auto detail shop, Ann Arbor Auto-Glo, which initially provided auto repair services to city residents. Over the years, Mr. Campbell and his business partner, James Vann Jr., expanded their business to include car sales and commercial real estate development. The two remained business partners for over 30 years until their retirement in 2007, and their businesses provided important services and jobs to Ann Arbor residents. In addition to managing his auto detailing business, Mr. Campbell was involved in the arts community, supporting local musicians and also working to help finance several plays in the area. Collectively, these efforts have helped create robust business and cultural scenes in the Ann Arbor area.

Mr. Campbell's work with his businesses, as well as his involvement with music and theatre productions, has played a key role in the development of Ann Arbor. In addition to his work, Mr. Campbell also contributes to the community through his involvement with the Ann Arbor Boxing Club, where he serves as a mentor to area youth. In this capacity, Mr. Campbell works to train club members while teaching them the principles of discipline and mental toughness. This work helps inspire future youth and provide them with guidance and mentorship. Mr. Campbell's involvement in working with area youth underscores his commitment to the Ann Arbor community.

Mr. Speaker, I ask my colleagues to join me in wishing Mr. Clarence Campbell for his lifetime of service to Ann Arbor and its residents. His work in the business and community has impacted countless lives.

HONORING THE CENTRAL YORK  
HIGH SCHOOL BOYS  
VOLLEYBALL TEAM

### HON. SCOTT PERRY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mr. PERRY. Mr. Speaker, today I proudly honor my constituents, the Central York High School Boys Volleyball Team, on earning the Pennsylvania Interscholastic Athletic Association (PIAA) Class AAA championship. These young men have brought home our seventh PIAA State Championship.

The State Championship capped a phenomenal year for the Panthers, which included a York-Adams League title, District 3 AAA crown and state gold medal.

The Panthers team has an army of loyal supporters. I extend my congratulations to head coach, Todd Goodling, and the school officials, family and friends that supported our young men on this incredible journey. On behalf of Pennsylvania's Fourth Congressional District, I commend and congratulate the Central York High School Boys Volleyball Team

on earning the 2017 State Championship. Their work ethic and commitment to excellence sets the standard for all others to follow.

### PERSONAL EXPLANATION

#### HON. BILLY LONG

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mr. LONG. Mr. Speaker, on Wednesday, June 21, 2017, Thursday, June 22, 2017, and Friday, June 23, 2017, I was unable to vote on any legislative measures due to having surgery on my foot. Had I been present, I would have voted the following:

Roll Call No. 311, On motion to table the appeal of the ruling of the chair, I would have voted yes;

Roll Call No. 312, On ordering the previous question providing for consideration of H.R. 1873, the Electricity and Reliability and Forest Protection Act; and H.R. 1654, the Water Supply Permitting Coordination Act, I would have voted yes;

Roll Call No. 313, On adoption of the combined rule providing for consideration of H.R. 1873, the Electricity and Reliability and Forest Protection Act; and H.R. 1654, the Water Supply Permitting Coordination Act, I would have voted yes;

Roll Call No. 314, On agreeing to the amendment of Mr. CARBAJAL of California No. 1 to H.R. 1873, the Electricity Reliability and Forest Protection Act, I would have voted no;

Roll Call No. 315, On passage of H.R. 1873, the Electricity Reliability and Forest Protection Act, I would have voted yes;

Roll Call No. 316, On ordering the previous question providing for consideration of H.R. 2842, the Accelerating Individuals into the Workforce Act, I would have voted yes;

Roll Call No. 317, On adoption of the rule providing for consideration of H.R. 2842, the Accelerating Individuals into the Workforce Act, I would have voted yes;

Roll Call No. 318, On agreeing to the amendment of Mr. LOWENTHAL of California No. 2 to H.R. 1654, the Water Supply Permitting Coordination Act, I would have voted no;

Roll Call No. 319, On passage of H.R. 1654, the Water Supply Permitting Coordination Act, I would have voted yes;

Roll Call No. 320, On agreeing to the amendment of Mr. KRISHNAMOORTHY of Illinois No. 4 to H.R. 2842, the Accelerating Individuals into the Workforce Act, I would have voted yes;

Roll Call No. 321, On agreeing to the amendment of Mr. DAVIDSON of Ohio No. 5 to H.R. 2842, the Accelerating Individuals into the Workforce Act, I would have voted yes; and Roll Call No. 322, On passage of H.R. 2842, the Accelerating Individuals into the Workforce Act, I would have voted yes.

HONORING BETHEL COMMUNITY  
STOREHOUSE

### HON. MICHELLE LUJAN GRISHAM

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Mr. Speaker, I rise today to recognize

the 30th anniversary of the Bethel Community Storehouse in Moriarty, New Mexico. Serving the impoverished and the homeless, the Bethel Community Storehouse has been a generous contributor to the Greater Estancia Valley and East Mountain area.

In 1987, a bus driver noticed students that were not dressed properly for the weather; she quickly began providing food and clothes to some of the children on her route. Eventually, there were so many people who needed help that she reached out to a local church. Shortly afterward, the Bethel United Methodist Church Missions Outreach established the Bethel Community Storehouse. In 1991, the storehouse was incorporated as a non-profit entity and moved into its own building.

The Bethel Community Storehouse has been a place of reassurance for struggling families and now employs 10 staff members.

In 2016, the storehouse helped nearly 8,000 families. It served approximately 440,824 meals and clothed 1,387 families. By the end of 2016, volunteers logged 18,600 hours, and 143 community partners helped the Bethel Community Storehouse. Each year, Bethel provides families in need with food, clothing, school supplies, and much more.

We look forward to many more years of service to the community from the Bethel Community Storehouse. This storehouse has been a lifeline to a community in need and showcases true New Mexican compassion. I am confident that the Bethel Community Storehouse will continue giving hope to the surrounding community for years to come.

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HONORING NANCY DUFF CAMPBELL, CO-FOUNDER OF THE NATIONAL WOMEN'S LAW CENTER

**HON. ROSA L. DeLAURO**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Ms. DELAURO. Mr. Speaker, it is with great pleasure that I rise today to join the many who have gathered in paying tribute to an outstanding leader in the women's movement and my good friend, Nancy Duff Campbell as she steps down as co-president of the National Women's Law Center.

Duffy, as she is affectionately known, has dedicated a lifetime to moving the agenda of women's rights forward and has left an indelible mark on our nation. In 1972, at a time when the United States looked very different for women and women's issues were still considered "fringe issues," Duffy, along with the incomparable Marcia Greenberger, founded the National Women's Law Center, an organization that has become an invaluable resource in the fight for women's rights across the country. The NWLC is responsible for marking critical advances to improve the lives of women for more than 40 years, ensuring that the health and civil rights of women are kept at the forefront of public policy debate and lawmaking. Simply put, the strides we have made would not have been possible without the tireless advocacy of the National Women's Law Center.

A recognized expert on women's law and public policy issues for over forty-five years, Duffy has been a driving force in the development and implementation of key legislative ini-

tiatives and litigation protecting women's rights, particularly on issues affecting low-income women and their families. Her expertise on women's law and public policy issues knows no equal and her focus on issues affecting low-income women brought their stories into the public eye where they belonged. She was behind successful litigation protecting benefits for unemployed mothers, the right to child support, and the expansion of the rights of military women facing myriad issues from sexual harassment to the ability to serve in combat.

Duffy's leadership and vision have been recognized with a myriad of awards and accolades over the course of her career. She was named by Working Woman magazine as one of the top 25 heroines whose actions over the last 25 years have advanced Women in the workplace, a Woman of Genius by Trinity Washington University, and the 2010 Woman Lawyer of the Year by the District of Columbia Women's Bar Association. She received a Lifetime Achievement Award from the U.S. Department of Health and Human Services for her "efforts on behalf of America's children," and was appointed by Congress to the U.S. Commission on Child and Family Welfare, to study and make recommendations on a range of issues. She was the sole North American representative to the 2009 United Nations Conference on the Implications for Women of the Global Financial Crisis and in 2010 was appointed by the Secretary of Defense to the Defense Advisory Committee on Women in the Services. These are just a sample of the recognitions she has received—the legacy she leaves is extraordinary.

I consider myself fortunate to have had so many opportunities to work with and learn from Duffy and I am honored to call her my friend. Her unwavering commitment and personal passion will always serve as an inspiration, not only to myself but for countless others. While her stepping down as co-president is bittersweet, I have no doubt that Duffy will continue to find ways to make a difference.

Traiblazer, advocate, mentor, and friend—for all of her good work and invaluable contributions, I am pleased to rise today to extend my deepest thanks and appreciation to Nancy Duff Campbell. I thank her for all she has done for women in this country. I wish her all the best for health, happiness, and success in everything that comes next.

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CELEBRATING THE RETIREMENT OF MARCIA D. GREENBERGER AND NANCY DUFF CAMPBELL

**HON. NANCY PELOSI**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Ms. PELOSI. Mr. Speaker, I rise today to honor the bold and visionary leadership of Marcia D. Greenberger and Nancy Duff Campbell, co-founders and co-presidents of the National Women's Law Center (NWLC). Exceptional lawyers, shrewd strategists, and formidable coalition-builders, they retire after five decades on the frontlines of virtually every major advance for women and girls in this nation.

One of Marcia and Duffy's greatest legacies is the persistent leadership of the National

Women's Law Center, the legal advocacy organization they co-founded and co-directed—pioneering progress for women and girls at a moment of landmark new legal and legislative victories for women's rights.

Under Marcia and Duffy's leadership, the NWLC grew into one of America's most formidable and effective organizations for advancing women's rights and opportunities.

Guided by their leadership, the NWLC will continue to honor their founders through strategic, effective and groundbreaking advocacy for a new generation of women and girls. Beyond the Center, the many female, and male, advocates who have been mentored and supported by Marcia and Duffy over the years continue to carry forward their vision.

Marcia's induction to the national Women's Hall of Fame at Seneca Falls, NY in 2015 was a fitting honor for an extraordinary person who has earned a place in the pantheon of champions for America's women. Duffy has been rightly honored with a Lifetime Achievement Award from the U.S. Department of Health and Human Services for her "efforts on behalf of America's children." These awards are just two of the many recognitions they have received for their leadership.

It has been my honor to work with Marcia and Duffy for three decades and witness first hand their dedication and commitment. On behalf of their many friends in Congress, I commend Marcia D. Greenberger and Nancy Duff Campbell for lifetimes of transformational service for the women of this country and wish them well in all their future endeavors.

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THAT SPECIAL FORCE INSIDE: IN HONOR OF JARED BULLOCK'S COURAGE

**HON. JOHN SHIMKUS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. SHIMKUS. Mr. Speaker, I rise today in honor of one of Illinois finest, SFC Jared Bullock of 3rd Battalion 7th Special Forces Group United States Army who grew up in Metropolis. After the 9/11 attacks, Jared and his twin brother Kyle enlisted in the Army to help protect our Nation. After serving two tours in Iraq, SFC Bullock later became a member of the 7th Special Forces Group. He was then almost mortally wounded in Afghanistan in an IED blast on November 13, 2013. The blast killed his friend Staff Sgt. Richard Vazquez and took Jared's arm and leg. It would take 30 surgeries in order to bring Jared back to where he is today. Jared has said, "he knew his life was not over and took the challenge to push on even harder." He has developed special training techniques which have advanced the ability for all others with similar injuries to gain strength and rebuild their lives. He is a fitness and exercise fanatic, pushing the limits of his body to gain strength and good health. He is the proud father of a son Aidan, and is supported by his lovely wife Jessica who is a nurse who adds new meaning to stand by your man. I include in the RECORD this poem penned in his honor by Albert Caswell.

All in the footsteps of our lives  
All in the paths that we so stride  
Which comes from so very deep down inside  
To reach our final destination, to arrive

If we wish to reach for the sky  
 Must come from that burning force from  
 within which resides  
 Is but that Special Force in our hearts which  
 lies  
 To help us climb the highest mountains in  
 our time  
 When, failure is not an option  
 In what we decide  
 To help us win all those wars with courage  
 fine  
 Will we give up or steadfastly go onward to  
 rebuild our lives?  
 Will we harness that great force from deep  
 down inside?  
 Or live in pity and cry?  
 As on each new day a part of us begins to die  
 When that magnificent force so decides  
 So hold's the key to help us make our strides  
 To from out of the ashes to begin to rise  
 To new beginnings,  
 To new heights realized  
 Just when all our hopes and dreams so seem  
 to be compromised  
 All in these the darkest days of our lives  
 But, comes that Special Force from deep  
 down inside  
 The kind of force which helps us go off to  
 war  
 And give up all we love and adore  
 With the kind of light that helps us put it all  
 on the line  
 That even makes the angels up in heaven cry  
 And makes us heaven bound when we die  
 Indeed it takes a special heart  
 Who will don a uniform  
 and so patriotically march onward to do  
 their part  
 But, for the greater good all in their hearts  
 As did you Jared thou art  
 And oh what a striking figure in uniform  
 you'd so cast  
 Like all of our great American Heroes into  
 the future and from out of the past  
 Who went off to war and did not ask  
 And then that fateful day  
 When, they took your strong arm and leg  
 away  
 And your brother Ssgt Vazquez's life,  
 for whom you still weep for this day  
 While, lying so close to death  
 Would you fall or would you crest?  
 As it looked as if you had none left  
 As when you chose to fight your new fight,  
 all in your quest  
 As we stood back in awe,  
 and watched what your heart of courage  
 could so etched  
 As this Special Force deep down inside of  
 you would bless  
 As your heart and soul began to flex  
 Even Arnold, such dynamic gains could not  
 expect!  
 As always,  
 To be the best  
 No limits  
 No limits,  
 From you Jared is what we've all come to  
 expect  
 As we watched your magnificent heart so  
 flex  
 What will we do in the darkest days of our  
 lives?  
 When, all around us such heartache lies  
 When, all the hope seems to die  
 All in war's aftermath which lies  
 Will we find the strength to climb  
 Letting that Special Force in hearts help us  
 to find  
 The strength and courage and faith to all re-  
 mind  
 That there is no mountain high enough,  
 No sorrow deep enough  
 No valley steep enough  
 Which can defeat that Special Force Inside.

IN RECOGNITION OF NANCY CAMP-  
 BELL FOR HER CAREER WITH  
 THE NATIONAL WOMEN'S LAW  
 CENTER

### HON. DEBBIE DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Ms. Nancy Campbell for her work with the National Women's Law Center. As founder and co-president of the organization, Ms. Campbell has been an effective advocate for women throughout her career.

Ms. Campbell began her career as a law professor with appointments at the Georgetown University Law Center and Catholic University's School of Law in Washington, DC. She also served as an attorney with the Center on Social Welfare Policy and Law, where she cofounded the National Women's Law Center with Marcia Greenberger in 1981 as an outgrowth of their work with the institution. The NWLC provides legal assistance for women and develops legislative initiatives to promote fair treatment for women and girls in the United States. The center has been at the forefront of driving action to address these issues, and its advocacy has led to real improvements in protections for women, including stronger enforcement of Title IX, the federal law prohibiting discrimination on the basis of sex.

As cofounder of the NWLC, Ms. Campbell has played a pivotal role in shaping the organization and advancing priorities for women. She was a participant in a successful Supreme Court case that expanded AFDC eligibility to include two-parent families with unemployed mothers, and has strengthened the rights of military women who have faced sexual harassment and discrimination in the workplace. As a result of these accomplishments, Ms. Campbell has received numerous accolades, including a Lifetime Achievement Award from the U.S. Department of Health and Human Services and the District of Columbia Bar's William J. Brennan Award in recognition of her outstanding legal career serving the public. She has been a tireless advocate for women and families, and it is my hope that the NWLC continues to build on her legacy of excellence as she moves on from her current position with the organization.

Mr. Speaker, I ask my colleagues to join me in honoring Ms. Nancy Campbell for her career with the National Women's Law Center. Ms. Campbell's efforts have led to significant improvements in legal protections for women.

RECOGNIZING MR. BRIAN  
 CURLESS, FOR BEING NAMED  
 THE 54TH ANNUAL WORLD LIVE-  
 STOCK AUCTIONEER CHAMPION

### HON. CHERI BUSTOS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mrs. BUSTOS. Mr. Speaker, I rise today to congratulate Brian Curless of Pittsfield, Illinois, for being named the 54th annual World Livestock Auctioneer Champion by the Livestock Marketing Association.

Mr. Curless stood out amongst 30 other auctioneers in the World Livestock Auctioneer Championship, and was awarded this prestigious title after three rounds of competition. This event works to bring together North America's best livestock auctioneers, showcasing the skill and professionalism required in the livestock auction industry. As someone who has visited the LMA-member Fairview Sale Barn and learned how to be auctioneer from Mr. Curless during a "Cheri on Shift," I can undoubtedly speak to his passion and talent.

Mr. Speaker, I want to again formally congratulate Mr. Curless on his title as the World Livestock Auctioneer Champion. I am proud to have Mr. Curless represent our strong agricultural community on the world's stage.

BICENTENNIAL OF  
 MCCONNELLSVILLE, OHIO

### HON. STEVE STIVERS

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mr. STIVERS. Mr. Speaker, I rise today on behalf of the people of Ohio's 15th Congressional District to recognize the bicentennial of McConnellsville, Ohio. Since the earliest settlers first made their homes in the village of Old Town, along the Muskingum River, McConnellsville has been the hub of Morgan County and serves as a reminder of much of our nation's early history.

As early as 1817, many recognized the advantages of the area, including the town's namesake, Roger McConnell. One of the community's earliest residents, he saw its potential and gifted four lots to the fledgling town. A tribute to his memory and the strength of this community, the town's Court House still stands resolute on two of those lots.

Fueled by Mr. McConnell's gift and its strategic location on the riverfront, the area grew rapidly in its earliest years—five churches, fifteen stores, two newspaper offices, and four factories had sprung up by 1846.

Today, it remains the county seat of Morgan County, and a wonderful place to work, live, and raise a family. I am grateful for the leadership of Mayor John Finley, the Members of the Village Council, and all of the neighbors and friends who have maintained McConnellsville's strong connection to tradition and history.

I am honored to represent this village, where the core values of our nation are exemplified. This is a place where community, faith, and freedom are celebrated not just in recognition of the 200th anniversary of its founding, but each and every day.

SOUTH KOREAN PRESIDENT MOON  
 JAE-IN U.S. VISIT

### HON. MIMI WALTERS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 26, 2017

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today in recognition of the South Korean President's upcoming trip to the United States. This marks the first official visit to the United States by President Moon Jae-in since his election on May 9, 2017.

The United States and the Republic of Korea share a close friendship based on shared values of freedom and democracy. Our Nations' cooperation has enriched our cultures, grown our economies, and strengthened our security against mutual threats.

Mr. Speaker, I extend my warmest welcome to President Moon Jae-in and hope that his visit is productive and serves to strengthen the important partnership between our Nations.

WELCOME TO SOUTH KOREAN  
PRESIDENT MOON JAE-IN

**HON. GERALD E. CONNOLLY**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 26, 2017*

Mr. CONNOLLY. Mr. Speaker, thank you (Kam sa ham ne da).

I rise today as a co-chair of the Congressional Caucus on Korea and member of the House Foreign Affairs Committee to extend to President Moon Jae-In, the President of the Republic of Korea, a warm welcome from the House of Representatives on the occasion of his first visit to the United States.

The U.S. and R.O.K. share an alliance forged in blood. Yesterday, June 25 marked 67 years since the outbreak of conflict on the Korean Peninsula.

Out of the ashes of the Korean War emerged a partnership that endures to this day, and it is one of the true success stories of U.S. collaboration in the Asia-Pacific.

The R.O.K. is an economic juggernaut with a vibrant democracy, and the U.S. considers it the lynchpin of U.S. foreign policy in the region.

During his visit, I think he will be glad to find that Korean-Americans are as engaged as ever in community activism and civic leadership, and that Korean pop-culture, food, and entertainment are further enriching American culture.

Alliances are often defined by economic ties or military ties, but the U.S.-R.O.K. alliance runs even deeper . . .

We have family ties, and I and my fellow members of the Congressional Caucus on Korea are proud to contribute to that bond.

I wish President Moon well and look forward to a successful trip and working with him going forward.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate of February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place and purpose of the meetings, when scheduled and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks

section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, June 27, 2017 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

June 28

Time to be announced

Committee on Foreign Relations

Business meeting to consider the nomination of Mark Andrew Green, of Wisconsin, to be Administrator of the United States Agency for International Development, and routine lists in the Foreign Service.

S-216

Committee on Veterans' Affairs

Business meeting to consider S. 1024, to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs.

TBA

7 a.m.

Committee on Armed Services

Closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018.

SR-222

8:30 a.m.

Select Committee on Intelligence

To hold hearings to examine the nomination of David James Glawe, of Iowa, to be Under Secretary for Intelligence and Analysis, Department of Homeland Security.

SH-216

9:30 a.m.

Committee on the Judiciary

To hold hearings to examine the nominations of Timothy J. Kelly, and Trevor N. McFadden, of Virginia, both to be a United States District Judge for the District of Columbia, and Jeffrey Bossert Clark, of Virginia, and Beth Ann Williams, of New Jersey, both to be an Assistant Attorney General, Department of Justice.

SD-226

10 a.m.

Committee on Commerce, Science, and Transportation

To hold hearings to examine the nominations of Steven Gill Bradbury, of Virginia, to be General Counsel of the Department of Transportation, and Elizabeth Erin Walsh, of the District of Columbia, to be Assistant Secretary of Commerce and Director General of the United States and Foreign Commercial Service.

SR-253

Committee on Environment and Public Works

Business meeting to consider S. 822, to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, S. 1359, to amend the John F. Kennedy Center Act to authorize appropriations for the John F. Kennedy Center for the Performing Arts, S. 810, to facilitate construction of a bridge on certain property in Christian County, Missouri, S. 1395, to revise the boundaries of certain

John H. Chafee Coastal Barrier Resources System units in Delaware, an original bill entitled, "Diesel Emissions Reduction Act of 2017", General Services Administration resolutions, and the nominations of Annie Caputo, of Virginia, and David Wright, of South Carolina, each to be a Member of the Nuclear Regulatory Commission, and Susan Parker Bodine, of Maryland, to be an Assistant Administrator of the Environmental Protection Agency.

SD-406

Committee on Foreign Relations

To receive a closed briefing on North Korea, focusing on recent developments.

SVC-217

Committee on Homeland Security and Governmental Affairs

To hold hearings to examine the nominations of Claire M. Grady, of Pennsylvania, to be Under Secretary for Management, Department of Homeland Security, and Henry Kerner, of California, to be Special Counsel, Office of Special Counsel.

SD-342

Select Committee on Intelligence

To hold hearings to examine Russian intervention in European elections.

SH-216

2:30 p.m.

Committee on Appropriations

Subcommittee on Energy and Water Development

To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Army Corps of Engineers and the Department of the Interior Bureau of Reclamation.

SD-138

June 29

7 a.m.

Committee on Armed Services

Closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018.

SR-222

9 a.m.

Committee on Commerce, Science, and Transportation

Business meeting to consider S. 1405, to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration, S. 875, to require the Comptroller General of the United States to conduct a study and submit a report on filing requirements under the Universal Service Fund programs, S. 1426, to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, S. 1393, to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses, and the nominations of David P. Pekoske, of Maryland, to be an Assistant Secretary of Homeland Security, Robert L. Sumwalt III, of South Carolina, to be a Member of the National Transportation Safety Board, and Derek Kan, of California, to be Under Secretary of Transportation for Policy.

SD-106

9:30 a.m.

Committee on Agriculture, Nutrition, and Forestry  
To hold hearings to examine conservation and forestry, focusing on perspectives on the past and future direction for the 2018 Farm Bill.

SH-216

10 a.m.

Committee on Appropriations  
Subcommittee on Commerce, Justice, Science, and Related Agencies  
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the National Aeronautics and Space Administration.

SD-192

Committee on Banking, Housing, and Urban Affairs  
To hold hearings to examine principles of housing finance reform.

SD-538

Committee on the Judiciary

Business meeting to consider S. 1312, to prioritize the fight against human trafficking in the United States, S. 1311, to provide assistance in abolishing human trafficking in the United States, and the nominations of Stephen Elliott Boyd, of Alabama, to be an Assistant Attorney General, John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit, Kevin Christopher Newsom, of Alabama, to be United States Circuit Judge for the Eleventh Circuit, and Damien Michael Schiff, of California, to be a Judge of the United States Court of Federal Claims.

SD-226

Select Committee on Intelligence

To hold closed hearings to examine certain intelligence matters.

SH-219

10:15 a.m.

Committee on Appropriations  
Subcommittee on Legislative Branch  
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Senate Sergeant at Arms and the Capitol Police; to be immediately followed by a closed session in SVC-217, following the open session.

SD-124

June 30

7 a.m.

Committee on Armed Services  
Closed business meeting to continue to markup the proposed National Defense Authorization Act for fiscal year 2018.

SR-222



# Daily Digest

## Senate

### Chamber Action

*Routine Proceedings, pages S3743–S3780*

**Measures Introduced:** Sixteen bills and two resolutions were introduced, as follows: S. 1427–1442, and S. Res. 202–203. **Page S3765**

#### Measures Reported:

S. 713, to establish the Mountains to Sound Greenway National Heritage Area in the State of Washington, with an amendment in the nature of a substitute. (S. Rept. No. 115–118)

S. 459, to designate the area between the intersections of Wisconsin Avenue, Northwest and Davis Street, Northwest and Wisconsin Avenue, Northwest and Edmunds Street, Northwest in Washington, District of Columbia, as “Boris Nemtsov Plaza”. (S. Rept. No. 115–119) **Page S3765**

**Nomination Confirmed:** Senate confirmed the following nomination:

By 88 yeas to 9 nays (Vote No. EX. 154), Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022. **Pages S3744–50, S3780**

**Nominations Received:** Senate received the following nominations:

Mark H. Buzby, of Virginia, to be Administrator of the Maritime Administration.

Maria E. Brewer, of Indiana, to be Ambassador to the Republic of Sierra Leone.

John P. Desrocher, of New York, to be Ambassador to the People’s Democratic Republic of Algeria.

Kelley Eckels Currie, of Georgia, to be Representative of the United States of America on the Economic and Social Council of the United Nations, with the rank of Ambassador.

Kelley Eckels Currie, of Georgia, to be an Alternate Representative of the United States of America to the Sessions of the General Assembly of the United Nations, during her tenure of service as Representative of the United States of America on the Economic and Social Council of the United Nations.

Robert Wood Johnson IV, of New York, to be Ambassador to the United Kingdom of Great Britain and Northern Ireland.

Jamie McCourt, of California, to be Ambassador to the Kingdom of Belgium.

Carl C. Risch, of Pennsylvania, to be an Assistant Secretary of State (Consular Affairs).

Kyle Fortson, of the District of Columbia, to be a Member of the National Mediation Board for a term expiring July 1, 2019.

Michael Rigas, of Massachusetts, to be Deputy Director of the Office of Personnel Management.

Christopher A. Wray, of Georgia, to be Director of the Federal Bureau of Investigation for a term of ten years.

Thomas G. Bowman, of Florida, to be Deputy Secretary of Veterans Affairs.

James Byrne, of Virginia, to be General Counsel, Department of Veterans Affairs.

3 Marine Corps nominations in the rank of general.

2 Navy nominations in the rank of admiral.

Routine lists in the Air Force, Army, and Navy. **Pages S3779–80**

**Messages from the House:** **Page S3764**

**Measures Referred:** **Page S3765**

**Additional Cosponsors:** **Pages S3765–66**

**Statements on Introduced Bills/Resolutions:** **Pages S3766–67**

**Additional Statements:** **Page S3764**

**Privileges of the Floor:** **Page S3767**

**Record Votes:** One record vote was taken today. (Total—154) **Page S3750**

**Adjournment:** Senate convened at 4 p.m. and adjourned at 9:55 p.m., until 2 p.m. on Tuesday, June 27, 2017. (For Senate’s program, see the remarks of the Acting Majority Leader in today’s Record on page S3768.)

## Committee Meetings

(Committees not listed did not meet)

### AUTHORIZATION: DEFENSE

*Committee on Armed Services:* Subcommittee on Strategic Forces met in closed session and approved for full committee consideration those provisions which fall within the jurisdiction of the subcommittee of

the proposed National Defense Authorization Act for fiscal year 2018.

### AUTHORIZATION: DEFENSE

*Committee on Armed Services:* Subcommittee on SeaPower met in closed session and approved for full committee consideration those provisions which fall within the jurisdiction of the subcommittee of the proposed National Defense Authorization Act for fiscal year 2018.

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# House of Representatives

## Chamber Action

**Public Bills and Resolutions Introduced:** 11 public bills, H.R. 3053–3063; and 6 resolutions, H. Con. Res. 66; and H. Res. 405–409 were introduced. **Pages H5178–79**

**Additional Cosponsors:** **Pages H5180–81**

**Reports Filed:** Reports were filed today as follows:

H.R. 1684, to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes, with an amendment (H. Rept. 115–193); and

H.R. 2518, to authorize appropriations for the Coast Guard for fiscal years 2018 and 2019, and for other purposes, with an amendment (H. Rept. 115–194). **Page H5178**

**Speaker:** Read a letter from the Speaker wherein he appointed Representative Mitchell to act as Speaker pro tempore for today. **Page H5141**

**Recess:** The House recessed at 12:05 p.m. and reconvened at 2 p.m. **Page H5142**

**Recess:** The House recessed at 2:09 p.m. and reconvened at 5 p.m. **Page H5143**

**Suspensions:** The House agreed to suspend the rules and pass the following measures:

*Veterans Expanded Trucking Opportunities Act of 2017:* H.R. 2547, amended, to expand the Department of Veterans Affairs medical professionals who may qualify to perform physical examinations on eligible veterans and issue medical certificates required for operation of a commercial motor vehicle, by a  $\frac{2}{3}$  yeas-and-nay vote of 409 yeas with none voting “nay”, Roll No. 323; **Pages H5143–44, H5164–65**

*Disaster Assistance Support for Communities and Homeowners Act of 2017:* H.R. 1684, amend-

ed, to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance; **Pages H5144–46**

*Active Duty Voluntary Acquisition of Necessary Credentials for Employment Act:* H.R. 2258, amended, to require that certain standards for commercial driver’s licenses applicable to former members of the armed services or reserves also apply to current members of the armed services or reserves, by a  $\frac{2}{3}$  yeas-and-nay vote of 409 yeas with none voting “nay”, Roll No. 324; and

**Pages H5146–47, H5166–67**

*Coast Guard Improvement and Reform Act of 2017:* H.R. 1726, to amend title 14, United States Code, to improve the organization of such title and to incorporate certain transfers and modifications into such title. **Pages H5147–64**

**Recess:** The House recessed at 5:39 p.m. and reconvened at 6:30 p.m. **Page H5164**

**Oath of Office—Sixth Congressional District of Georgia:** Representative-elect Karen Handel presented herself in the well of the House and was administered the Oath of Office by the Speaker. Earlier, the Clerk of the House transmitted a scanned copy of a letter received from the Honorable Nathan Deal, Governor of the State of Georgia, indicating that, according to the preliminary results of the Special Election held June 20, 2017, the Honorable Karen Handel was elected Representative to Congress for the Sixth Congressional District, State of Georgia. **Page H5165**

**Oath of Office—Fifth Congressional District of South Carolina:** Representative-elect Ralph Norman presented himself in the well of the House and was administered the Oath of Office by the Speaker. Earlier, the Clerk of the House transmitted a scanned

copy of a letter received from Ms. Marci Andino, Executive Director, South Carolina Election Commission, indicating that, according to the preliminary results of the Special Election held June 20, 2017, the Honorable Ralph Norman was elected Representative to Congress for the Fifth Congressional District, State of South Carolina. **Page H5165**

**Whole Number of the House:** The Speaker announced to the House that, in light of the administration of the oath to the gentlewoman from Georgia and the gentleman from South Carolina, the whole number of the House is 434. **Page H5166**

**Quorum Calls—Votes:** Two yea-and-nay votes developed during the proceedings of today and appear on pages H5164–65 and H5166–67. There were no quorum calls.

**Adjournment:** The House met at 12 noon and adjourned at 8:39 p.m.

## Committee Meetings

### MISCELLANEOUS MEASURE

*Committee on Appropriations:* Subcommittee on Defense, markup on Defense Appropriations Bill, FY 2018. Defense Appropriations Bill, FY 2018 was forwarded to the full committee, without amendment. This hearing was closed.

## Joint Meetings

No joint committee meetings were held.

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### NEW PUBLIC LAWS

(For last listing of Public Laws, see DAILY DIGEST, p. D665)

S. 1094, to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs. Signed on June 23, 2017. (Public Law 115–41)

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### COMMITTEE MEETINGS FOR TUESDAY, JUNE 27, 2017

(Committee meetings are open unless otherwise indicated)

#### Senate

*Committee on Appropriations:* Subcommittee on Department of the Interior, Environment, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Environmental Protection Agency, 9:30 a.m., SD–124.

Subcommittee on Financial Services and General Government, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Security Exchange Commission and the Commodity Futures Trading Commission, 10 a.m., SD–138.

Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Labor, 10:30 a.m., SD–192.

*Committee on Armed Services:* Subcommittee on Emerging Threats and Capabilities, closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 6:30 a.m., SR–232A.

Subcommittee on Personnel, closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 7 a.m., SR–232A.

Subcommittee on Readiness and Management Support, closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 7:30 a.m., SR–232A.

Subcommittee on Cybersecurity, closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 8 a.m., SR–232A.

Full Committee, closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018, 8:15 a.m., SR–222.

*Committee on Commerce, Science, and Transportation:* Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard, to hold hearings to examine marine sanctuaries, focusing on fisheries, access, the environment, and maritime heritage, 9:30 a.m., SR–253.

*Committee on the Judiciary:* to hold hearings to examine the Foreign Intelligence Surveillance Act Amendments Act, focusing on reauthorizing America's vital national security authority and protecting privacy and civil liberties, 9:30 a.m., SD–226.

#### House

*Committee on Agriculture,* Full Committee, hearing entitled "Clearing the Next Crisis: Resilience, Recovery and Resolution of Derivative Clearinghouses", 10 a.m., 1300 Longworth.

*Committee on Appropriations,* Subcommittee on State, Foreign Operations, and Related Programs, budget hearing on the United Nations and International Organizations, 10 a.m., 2359 Rayburn.

*Committee on Energy and Commerce,* Subcommittee on Digital Commerce and Consumer Protection, hearing entitled "Self-Driving Vehicle Legislation", 10 a.m., 2123 Rayburn.

*Committee on Financial Services,* Subcommittee on Capital Markets, Securities, and Investment, hearing entitled "U.S. Equity Market Structure Part I: A Review of the Evolution of Today's Equity Market Structure and How We Got Here", 10 a.m., 2128 Rayburn.

*Committee on Foreign Affairs,* Subcommittee on Terrorism, Nonproliferation, and Trade; and Subcommittee on Europe, Eurasia, and Emerging Threats, joint hearing entitled "Allies Under Attack: The Terrorist Threat to Europe", 2 p.m., 2172 Rayburn.

*Committee on the Judiciary*, Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, hearing on H.R. 2851, the “Stop the Importation and Trafficking of Synthetic Analogues Act of 2017”, 11 a.m., 2141 Rayburn.

*Committee on Natural Resources*, Full Committee, to continue markup on H.R. 218, the “King Cove Road Land Exchange Act”; H.R. 289, the “Guides and Outfitters Act”; H.R. 597, the “Lytton Rancheria Homelands Act of 2017”; H.R. 954, to remove the use restrictions on certain land transferred to Rockingham County, Virginia, and for other purposes; H.R. 1107, the “Pershing County Economic Development and Conservation Act”; H.R. 1306, the “Western Oregon Tribal Fairness Act”; H.R. 1397, to authorize, direct, facilitate, and expedite the transfer of administrative jurisdiction of certain Federal land, and for other purposes; H.R. 1399, the “American Soda Ash Competitiveness Act”; H.R. 1404, the “Pascua Yaqui Tribe Land Conveyance Act”; H.R. 1541, to authorize the Secretary of the Interior to acquire certain property related to the Fort Scott National Historic Site in Fort Scott, Kansas, and for other purposes; H.R. 1719, the “John Muir National Historic Site Expansion Act”; H.R. 1731, the “RECLAIM Act of 2017”; H.R. 1913, the “Clear Creek National Recreation Area and Conservation Act”; H.R. 1927, the “African American Civil Rights Network Act of 2017”; H.R. 2053, the “Mining School Enhancement Act”; H.R. 2156, the “Saint Francis Dam Disaster National Memorial Act”; H.R. 2370, the “Escambia County Land Conveyance Act”; H.R. 2425, the “Public Lands Telecommunications Act”; H.R. 2936, the “Resilient Federal Forests Act of 2017”; H.R. 2937, the “Community Reclamation Partnerships Act”; H.R. 2939, the “Water Rights Protection Act of 2017”; and S. 249, to provide that the pueblo of Santa Clara may lease for 99 years certain restricted land, and for other purposes, 10 a.m., 1324 Longworth.

*Committee on Rules*, Full Committee, hearing on H.R. 3003, the “No Sanctuary for Criminals Act”; and H.R. 3004, “Kate’s Law”, 3 p.m., H-313 Capitol.

*Committee on Transportation and Infrastructure*, Full Committee, markup on H.R. 2997, the “21st Century AIRR Act”, 10 a.m., 2167 Rayburn.

*Permanent Select Committee on Intelligence*, Subcommittee on Department of Defense Intelligence and Overhead Architecture, budget hearing, 10 a.m., HVC-304. This hearing will be closed.

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## CONGRESSIONAL PROGRAM AHEAD

Week of June 27 through June 30, 2017

### Senate Chamber

During the balance of the week, Senate may consider any cleared legislative and executive business.

### Senate Committees

*(Committee meetings are open unless otherwise indicated)*

*Committee on Agriculture, Nutrition, and Forestry*: June 29, to hold hearings to examine conservation and forestry, fo-

cus on perspectives on the past and future direction for the 2018 Farm Bill, 9:30 a.m., SH-216.

*Committee on Appropriations*: June 27, Subcommittee on Department of the Interior, Environment, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Environmental Protection Agency, 9:30 a.m., SD-124.

June 27, Subcommittee on Financial Services and General Government, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Security Exchange Commission and the Commodity Futures Trading Commission, 10 a.m., SD-138.

June 27, Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Labor, 10:30 a.m., SD-192.

June 28, Subcommittee on Energy and Water Development, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Army Corps of Engineers and the Department of the Interior Bureau of Reclamation, 2:30 p.m., SD-138.

June 29, Subcommittee on Commerce, Justice, Science, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the National Aeronautics and Space Administration, 10 a.m., SD-192.

June 29, Subcommittee on Legislative Branch, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Senate Sergeant at Arms and the Capitol Police; to be immediately followed by a closed session in SVC-217, following the open session, 10:15 a.m., SD-124.

*Committee on Armed Services*: June 27, Subcommittee on Emerging Threats and Capabilities, closed business meeting to markup those provisions which fall under the subcommittee’s jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 6:30 a.m., SR-232A.

June 27, Subcommittee on Personnel, closed business meeting to markup those provisions which fall under the subcommittee’s jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 7 a.m., SR-232A.

June 27, Subcommittee on Readiness and Management Support, closed business meeting to markup those provisions which fall under the subcommittee’s jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 7:30 a.m., SR-232A.

June 27, Subcommittee on Cybersecurity, closed business meeting to markup those provisions which fall under the subcommittee’s jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018, 8 a.m., SR-232A.

June 27, Full Committee, closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018, 8:15 a.m., SR-222.

June 28, Full Committee, closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018, 7 a.m., SR-222.

June 29, Full Committee, closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018, 7 a.m., SR–222.

June 30, Full Committee, closed business meeting to continue to markup the proposed National Defense Authorization Act for fiscal year 2018, 7 a.m., SR–222.

*Committee on Banking, Housing, and Urban Affairs:* June 29, to hold hearings to examine principles of housing finance reform, 10 a.m., SD–538.

*Committee on Commerce, Science, and Transportation:* June 27, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard, to hold hearings to examine marine sanctuaries, focusing on fisheries, access, the environment, and maritime heritage, 9:30 a.m., SR–253.

June 28, Full Committee, to hold hearings to examine the nominations of Steven Gill Bradbury, of Virginia, to be General Counsel of the Department of Transportation, and Elizabeth Erin Walsh, of the District of Columbia, to be Assistant Secretary of Commerce and Director General of the United States and Foreign Commercial Service, 10 a.m., SR–253.

June 29, Full Committee, business meeting to consider S. 1405, to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration, S. 875, to require the Comptroller General of the United States to conduct a study and submit a report on filing requirements under the Universal Service Fund programs, S. 1426, to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, S. 1393, to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses, and the nominations of David P. Pekoske, of Maryland, to be an Assistant Secretary of Homeland Security, Robert L. Sumwalt III, of South Carolina, to be a Member of the National Transportation Safety Board, and Derek Kan, of California, to be Under Secretary of Transportation for Policy, 9 a.m., SD–106.

*Committee on Environment and Public Works:* June 28, business meeting to consider S. 822, to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, S. 1359, to amend the John F. Kennedy Center Act to authorize appropriations for the John F. Kennedy Center for the Performing Arts, S. 810, to facilitate construction of a bridge on certain property in Christian County, Missouri, S. 1395, to revise the boundaries of certain John H. Chafee Coastal Barrier Resources System units in Delaware, an original bill entitled, "Diesel Emissions Reduction Act of 2017", General Services Administration resolutions, and the nominations of Annie Caputo, of Virginia, and David Wright, of South Carolina, each to be a Member of the Nuclear Regulatory Commission, and Susan Parker Bodine, of Maryland, to be an Assistant Administrator of the Environmental Protection Agency, 10 a.m., SD–406.

*Committee on Foreign Relations:* June 28, business meeting to consider the nomination of Mark Andrew Green, of Wisconsin, to be Administrator of the United States Agency for International Development, and routine lists

in the Foreign Service, Time to be announced, S–216, Capitol.

June 28, Full Committee, to receive a closed briefing on North Korea, focusing on recent developments, 10 a.m., SVC–217.

*Committee on Homeland Security and Governmental Affairs:* June 28, to hold hearings to examine the nominations of Claire M. Grady, of Pennsylvania, to be Under Secretary for Management, Department of Homeland Security, and Henry Kerner, of California, to be Special Counsel, Office of Special Counsel, 10 a.m., SD–342.

*Committee on the Judiciary:* June 27, to hold hearings to examine the Foreign Intelligence Surveillance Act Amendments Act, focusing on reauthorizing America's vital national security authority and protecting privacy and civil liberties, 9:30 a.m., SD–226.

June 28, Full Committee, to hold hearings to examine the nominations of Timothy J. Kelly, and Trevor N. McFadden, of Virginia, both to be a United States District Judge for the District of Columbia, and Jeffrey Bossert Clark, of Virginia, and Beth Ann Williams, of New Jersey, both to be an Assistant Attorney General, Department of Justice, 9:30 a.m., SD–226.

June 29, Full Committee, business meeting to consider S. 1312, to prioritize the fight against human trafficking in the United States, S. 1311, to provide assistance in abolishing human trafficking in the United States, and the nominations of Stephen Elliott Boyd, of Alabama, to be an Assistant Attorney General, John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit, Kevin Christopher Newsom, of Alabama, to be United States Circuit Judge for the Eleventh Circuit, and Damien Michael Schiff, of California, to be a Judge of the United States Court of Federal Claims, 10 a.m., SD–226.

*Committee on Veterans' Affairs:* June 28, business meeting to consider S. 1024, to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, Time to be announced, Room to be announced.

*Select Committee on Intelligence:* June 28, to hold hearings to examine the nomination of David James Glawe, of Iowa, to be Under Secretary for Intelligence and Analysis, Department of Homeland Security, 8:30 a.m., SH–216.

June 28, Full Committee, to hold hearings to examine Russian intervention in European elections, 10 a.m., SH–216.

June 29, Full Committee, to hold closed hearings to examine certain intelligence matters, 10 a.m., SH–219.

### House Committees

*Committee on Appropriations,* June 28, Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, markup on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, FY 2018, 10 a.m., 2362–A Rayburn.

June 28, Subcommittee on Energy and Water Development, and Related Agencies, markup on Energy and Water Development, and Related Agencies Appropriations Bill, FY 2018, 11 a.m., 2362–B Rayburn.

June 29, Full Committee, markup on Legislative Branch Appropriations Bill, FY 2018, 10:30 a.m., 2359 Rayburn.

June 29, Subcommittee on Commerce, Justice, Science, and Related Agencies, markup on Commerce, Justice, Science, and Related Agencies Appropriations Bill, FY 2018, 2 p.m., H-140 Capitol.

June 29, Subcommittee on Financial Services and General Government, markup on Financial Services and General Government Appropriations Bill, FY 2018, 3 p.m., 2358-A, Rayburn.

*Committee on Armed Services*, June 28, Full Committee, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 10 a.m., 2118 Rayburn.

*Committee on Education and the Workforce*, June 28, Subcommittee on Early Childhood, Elementary, and Secondary Education, hearing entitled “Exploring Opportunities to Strengthen Education Research While Protecting Student Privacy”, 10 a.m., 2175 Rayburn.

*Committee on Energy and Commerce*, June 28, Full Committee, markup on H.R. 3043, the “Hydropower Policy Modernization Act of 2017”; H.R. 2786, to amend the Federal Power Act with respect to the criteria and process to qualify a qualifying conduit hydropower facility; H.R. 3050, the “Enhancing State Energy Security Planning and Emergency Preparedness Act of 2017”; H.R. 2883, the “Promoting Cross-Border Energy Infrastructure Act”; H.R. 2910, the “Promoting Interagency Coordination for Review of Natural Gas Pipelines Act”; H.R. 3017, the “Brownfields Enhancement Economic Redevelopment and Reauthorization Act of 2017”; H.R. 3053, the “Nuclear Waste Policy Amendments Act of 2017”; and H.R. 806, the “Ozone Standards Implementation Act of 2017”, 10 a.m., 2123 Rayburn.

*Committee on Financial Services*, June 28, Subcommittee on Monetary Policy and Trade, hearing entitled “The Federal Reserve’s Impact on Main Street, Retirees, and Savings”, 10 a.m., 2128 Rayburn.

June 28, Subcommittee on Financial Institutions and Consumer Credit, hearing entitled “Examining the BSA/AML Regulatory Compliance Regime”, 2 p.m., 2128 Rayburn.

*Committee on Foreign Affairs*, June 28, Full Committee, hearing entitled “Advancing U.S. Interests at the United Nations”, 10 a.m., 2172 Rayburn.

June 29, Subcommittee on Middle East and North Africa, markup on H. Res. 185, to call on the Government of Iran to fulfill repeated promises of assistance in the case of Robert Levinson, the longest held United States civilian in our Nation’s history; H. Res. 218, to recognize the importance of the United States-Israel economic relationship and encouraging new areas of cooperation; H. Res. 274, to condemn the Government of Iran’s state-sponsored persecution of its Baha’i minority and its continued violation of the International Covenants on Human Rights; H. Res. 317, to call for the unconditional release of United States citizens and legal permanent resident aliens being held for political purposes by the Government of Iran; H. Res. 359, to urge the European Union to designate Hizballah in its entirety as a terrorist organization and increase pressure on it and its members;

and H.R. 2646, the “United States-Jordan Defense Cooperation Extension Act”, 10 a.m., 2172 Rayburn.

*Committee on the Judiciary*, June 28, Full Committee, markup on H.R. 2826, the “Refugee Program Integrity Restoration Act of 2017”; H.R. 1096, the “Judgment Fund Transparency Act of 2017”; and H.R. 2480, the “Empowering Law Enforcement to Fight Sex Trafficking Demand Act”, 10 a.m., 2141 Rayburn.

June 29, Subcommittee on Regulatory Reform, Commercial and Antitrust Law, hearing entitled “Recent Trends in International Antitrust Enforcement”, 10 a.m., 2141 Rayburn.

*Committee on Natural Resources*, June 28, Subcommittee on Oversight and Investigations, hearing entitled “Examining Policy Impacts of Excessive Litigation Against the Department of the Interior”, 10 a.m., 1324 Longworth.

June 29, Subcommittee on Energy and Mineral Resources, hearing entitled “Examining Access to Oil and Gas Development on Federal Lands”, 10 a.m., 1324 Longworth.

*Committee on Oversight and Government Reform*, June 28, Full Committee, hearing entitled “Criminal Justice Reform and Efforts to Reduce Recidivism”, 1 p.m., 2154 Rayburn.

*Committee on Science, Space, and Technology*, June 28, Subcommittee on Energy; and Subcommittee on Research and Technology, hearing entitled “Material Science: Building the Future”, 10 a.m., 2318 Rayburn.

June 29, Subcommittee on Space, hearing entitled “In-Space Propulsion: Strategic Choices and Options”, 10 a.m., 2318 Rayburn.

*Committee on Small Business*, June 29, Subcommittee on Economic Growth, Tax, and Capital Access, hearing entitled “A Review of SBA’s 504/CDC Loan Program”, 10 a.m., 2360 Rayburn.

*Committee on Veterans’ Affairs*, June 29, Subcommittee on Oversight and Investigations, hearing on H.R. 2006, the “VA Procurement Efficiency and Transparency Act”; H.R. 2749, the “Protecting Business Opportunities for Veterans Act of 2017”; H.R. 2781, the “Ensuring Veteran Enterprise Participation in Strategic Sourcing Act”; and legislation to improve the hiring, training, and efficiency of acquisition personnel and organizations of the Department of Veterans Affairs, and for other purposes, 10 a.m., 334 Cannon.

June 29, Subcommittee on Economic Opportunity, hearing on H.R. 282, the “Military Residency Choice Act”; H.R. 1690, the “Department of Veterans Affairs Bonus Transparency Act”; H.R. 2631, the “Justice for Servicemembers Act of 2017”; H.R. 2772, the “SEA Act”; legislation to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish assistance for adaptations of residences of veterans in rehabilitation programs under chapter 31 of such title, and for other purposes; and legislation to amend title 38, United States Code, to permit appraisers approved by the Secretary of Veterans Affairs to make appraisals for purposes of chapter 37 of such title based on inspections performed by third parties, 2 p.m., 334 Cannon.

*Committee on Ways and Means*, June 29, Subcommittee on Social Security; and Subcommittee on Oversight, joint

hearing entitled “Complexities and Challenges of Social Security Coverage and Payroll Tax Compliance for State and Local Governments”, 10 a.m., 1100 Longworth.

*Permanent Select Committee on Intelligence*, June 28, Subcommittee on Department of Defense Intelligence and

Overhead Architecture, budget hearing, 10 a.m., HVC-304. This hearing will be closed.

June 29, Full Committee, hearing entitled “Ongoing Intelligence Activities”, 9 a.m., HVC-304. This hearing will be closed.

*Next Meeting of the SENATE*

2 p.m., Tuesday, June 27

*Next Meeting of the HOUSE OF REPRESENTATIVES*

10 a.m., Tuesday, June 27

## Senate Chamber

**Program for Tuesday:** Senate will be in a period of morning business.

## House Chamber

**Program for Tuesday:** Consideration of H.R. 1215—Protecting Access to Care Act of 2017 (Subject to a Rule).

## Extensions of Remarks, as inserted in this issue

## HOUSE

Bass, Karen, Calif., E897  
 Beyer, Donald S., Jr., Va., E897  
 Brooks, Susan W., Ind., E900  
 Buchanan, Vern, Fla., E899  
 Bustos, Cheri, Ill., E898, E903  
 Comstock, Barbara, Va., E899  
 Connolly, Gerald E., Va., E904

Crowley, Joseph, N.Y., E900  
 DeLauro, Rosa L., Conn., E898, E902  
 Dingell, Debbie, Mich., E898, E901, E903  
 Garamendi, John, Calif., E900  
 Gosar, Paul, Ariz., E899  
 Hastings, Alcee L., Fla., E898, E900  
 Huizenga, Bill, Mich., E897  
 Kaptur, Marcy, Ohio, E898  
 Kelly, Mike, Pa., E897

Long, Billy, Mo., E901  
 Lujan Grisham, Michelle, N.M., E901  
 Pelosi, Nancy, Calif., E902  
 Perry, Scott, Pa., E901  
 Renacci, James B., Ohio, E900  
 Schweikert, David, Ariz., E897  
 Shimkus, John, Ill., E902  
 Stivers, Steve, Ohio, E903  
 Walters, Mimi, Calif., E903



# Congressional Record

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