CORRECTION

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United States of America

PROCEEDINGS AND DEBATES OF THE 114th CONGRESS, FIRST SESSION

Vol. 163 WASHINGTON, MONDAY, MARCH 13, 2017 No. 43

House of Representatives

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

DESIGNATION OF THE SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
March 13, 2017.

I hereby appoint the Honorable LIZ CHENEY to act as Speaker pro tempore on this day.

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

COMMUNICATION FROM THE SERGEANT AT ARMS OF THE HOUSE

The SPEAKER pro tempore laid before the House a communication from the Sergeant at Arms of the House of Representatives:

OFFICE OF THE SERGEANT AT ARMS,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 13, 2017.

Hon. PAUL D. RYAN,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: As you are aware, the time previously appointed for the next meeting of the House is 12:00 Noon on March 14, 2017, for morning hour. This is to notify you, pursuant to clause 12(c) of rule I, of an imminent impairment of the place of reconvening at that time. The impairment is due to severe weather.

Sincerely,

PAUL D. IRVING,
Sergeant at Arms.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 12(c) of rule I, the Speaker established this time for reconvening and notified Members accordingly.

PRAYER

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

Gracious and merciful God, we give You thanks for giving us another day.

In this Chamber, where the people's House gathers, we pause to offer You gratitude for the gift of this good land on which we live, and for this great Nation which You have inspired in developing over so many years. Continue to inspire the American people, that through the difficulties of these days we might keep liberty and justice alive in our Nation, and in the world.

On this day the House anticipates weather which is already affecting millions of Americans. Grant that the severity of this late winter storm wane. But for those affected, may the assistance of first responders and more fortunate neighbors ease the passage through this weather, prove that the fiber of our national community is strong and reliable.

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

Amen.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. The Chair will lead the House in the Pledge of Allegiance.

The SPEAKER 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(c) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 12 o'clock and 2 minutes p.m.), the House stood in recess.

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PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163 WASHINGTON, MONDAY, MARCH 13, 2017 No. 43

Senate

The Senate met at 2 p.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

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

Let us pray.

Father in Heaven, Holy is Your Name. You brought light from darkness and order from chaos. You can bring order to our Nation and world. Use our lawmakers to fulfill Your purposes. May they become Your merciful hands to reduce the pain and discord in our world.

Lord, use their daily experiences of joy and sorrow, pleasure and pain, victory and defeat for Your glory. Protect them with Your shield of love as You fill their hearts with Your peace. May they not let evil talk pass their lips but strive to speak the truth in love. Infuse them with the spirit of kindness, compassion, and forgiveness.

We pray in Your merciful Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

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

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. KENNEDY). The majority leader is recognized.

REPEALING AND REPLACING OBAMACARE AND THE NOMINATION OF SEEMA VERMA

Mr. MCCONNELL. Mr. President, last year, Bill Clinton called ObamaCare ''the craziest thing in the world.'' Over the weekend, former Obama Health and Human Services Secretary Kathleen Sebelius said President Clinton had a point.

Of course, ObamaCare is crazy. Premiums are spiking across the country by 25 percent nationwide and as much as 47 percent in Kentucky for individuals. Choices have fallen from coast to coast, with about one-third of the counties nationwide and nearly half in Kentucky having only a single insurer to choose from on the exchanges, and healthcare markets are teetering closer to the edge of collapse. The ObamaCare status quo is simply not an option.

We have an obligation to the American people to repeal and replace ObamaCare. We have a three-pronged process to get there. The first is the legislation. House committees are currently considering the specialized piece of legislation that allows us to repeal ObamaCare and implement some, but not all, of the important replacement reforms we want to make.

Another is an additional replacement reform that goes even further in making healthcare more affordable and accessible. The remaining prong is Executive action. There is much the administration can do to help bring calm out of chaos from Obama's broken promises. Health and Human Services Secretary Tom Price has already taken steps to do just that, and the nominee before us, Seema Verma, who has been nominated to head the Centers for Medicare and Medicaid Services, can take important steps as well.

Ms. Verma is extremely qualified, with a health policy background and a record of success. She is committed to protecting Medicare and modernizing Medicaid so the programs deliver the best results for those who need it. She also understands the challenges that ObamaCare has created for families.

Remember, ObamaCare raided funds from Medicare. Remember, ObamaCare dramatically enlarged Medicaid beyond its core focus without improving health outcomes in States like mine. Now is the time for creative thinking to increase access and to lower costs. Now is the time for a CMS Administrator with the right experience as we repeal and replace ObamaCare. I know this nominee will strengthen the vital programs she has been tasked to lead because she has a history of doing just that. I look forward to confirming Ms. Verma later today so that she can get to work immediately developing solutions to the crisis of ObamaCare.

NOMINATION OF NEIL GORSUCH

Mr. MCCONNELL. Mr. President, the endorsements for Supreme Court nominee Judge Neil Gorsuch keep rolling in from across the political spectrum. As I noted last Thursday, more than 150 former Columbia University classmates joined that extensive list recently. Those classmates represented a variety of backgrounds, home States, faiths, and political views. But they all agreed on one thing—that Judge Gorsuch is extremely well-qualified to be our next Supreme Court Justice.

On Thursday, I also noted that we could expect more supporters with sterling reviews of the judge in the near future. Sure enough, that very evening the American Bar Association awarded Judge Gorsuch the highest possible rating: unanimously ''well qualified,'' meaning no one on the reviewing panel found him other than ''well qualified''—unanimously ''well qualified.''

The Democratic leader and the former Democratic chairman of the Judiciary Committee have called the ABA ''the gold standard by which judicial candidates are judged.'' So on the gold standard, Neil Gorsuch got a unanimous ''well qualified.'' There is no higher score. And today, it is a group that believes Judge Gorsuch is ''well qualified'' to be a Supreme Court

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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Justice based on his integrity, professional competence, and judicial temperament. That is high acclaim from an organization that our colleagues on the left have long considered, as I said, the gold standard. It is the type of acclaim we keep hearing from Democrats and Republicans in the legal community.

Judge Gorsuch has an impressive resume and impressive credentials to match. He graduated Phi Beta Kappa from Columbia in just 3 years and got his law degree from Harvard, and he is an Oxford scholar to boot. The Senate confirmed him to his current position on the circuit court without a single vote in opposition. He is the right jurist for the job.

As we move forward with his nomination later this month, we should give him the fair consideration, debate, and up-or-down vote that he deserves, just like we did with the four Supreme Court nominees of Presidents Clinton and Obama after they were first elected.

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

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

RECESS SUBJECT TO THE CALL OF THE CHAIR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate recess subject to the call of the Chair.

There being no objection, the Senate, at 2:09 p.m., recessed subject to the call of the Chair and reassembled at 2:24 p.m. when called to order by the Presiding Officer (Mr. KENNEDY).

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

WISHING THE STENOGRAPHER A SPEEDY RECOVERY

Mr. SCHUMER. Mr. President, let me thank the attending physician for quickly coming to the aid of one of our stenographers. They all do an amazing job. They are the unsung heroes, and we wish the stenographer a speedy recovery.

TRUMPCARE

Mr. SCHUMER. Mr. President, as the House continues to rush through its plan to repeal and replace the Affordable Care Act, I just want to point out once again how different this bill is from what the President has promised. For a while now, I have spoken about how the President talks like a populist and promises one thing but governs from the hard right, delivering something entirely different.

President Trump talked tough on Wall Street but appointed Wall Street insiders to his administration and started to try to roll back Wall Street reform. He said he would stick up for working people, but just about an hour after his inaugural address where he said that, one of his first actions as President made it harder for average families to afford a mortgage.

The President plans to repeal and replace the Affordable Care Act, and that is the most recent and most glaring example of this trend where the President speaks one way and does another. There is a stunning gap between how the President talks about healthcare and what his bill TrumpCare would do. The bold promises of better care for everyone at lower costs come from an alternative reality to his legislation, which studies show will cover fewer people at higher costs—higher costs, less care.

Like much of his administration thus far, TrumpCare is another game of say one thing, do another: Say you will protect the working people of America and then go forward in ways that hurt them and hurt them severely.

Let me offer a few examples about TrumpCare and how the words the President has stated are so different from the reality. During the campaign, the President said he was not going to cut Medicaid ''like every other Republican.'' He tweeted that he was ''the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare and Medicaid.'' These are President Trump's own tweets.

He said on his tweet that he will be the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid; however, directly contrary to the President's promise during the campaign, TrumpCare takes an ax to Medicaid, which covers 68 million Americans. Instead of having the Federal Government match a percentage of each State's Medicaid costs, which can rise and fall according to how much the State actually needs, TrumpCare would give States only a fixed amount of money per enrollee each year. If costs are higher than expected, TrumpCare wouldn't cover the gap. According to the Center on Budget and Policy Priorities, this change would amount to a $370 billion cut to Medicaid over 10 years. The President said he was the first and only GOP candidate to promise not to cut Medicaid. His bill cuts it by nearly $400 billion.

Nearly two-thirds of Americans in nursing homes rely on Medicaid. This cut goes right after seniors and could make it more difficult if you are a 45- or 50-year-old with a parent in a nursing home. You would be faced with a horrible choice: Take your parent out of the home and not give them the care they need or shell out huge amounts—thousands and thousands of dollars out of your own pocket, which you may not have. So much for the President not cutting Medicaid; it is a broken promise to so many poor people, elderly people in nursing homes, and their children.

The President also said we are going to have a much better healthcare plan for much less money, but studies have shown that if you are in the middle class, TrumpCare will cost you about $1,500 more a year. If you are an older American between 55 and 64, your costs would increase by over $5,000 a year. The 55- to 64-year-olds may be the most vulnerable. Their healthcare costs tend to be higher than others, and their costs would go up by $5,000 a year. That is another promise by President Trump broken when it comes to TrumpCare.

The President also said: ''We are going to have insurance for everybody.'' Those are his words, not mine. ''We are going to have insurance for everybody.'' Some estimates of TrumpCare suggest that it will kick roughly 15 million Americans off the insurance rolls. The CBO will likely have a more definitive estimate this evening, putting an exclamation point on what we already know: TrumpCare will cost millions of Americans their health insurance—another promise by Donald Trump broken.

The President spoke repeatedly on the campaign trail about expanding treatment for Americans suffering from opioid addiction, but TrumpCare would end the Affordable Care Act's requirement that addictive services and mental health treatment be covered under Medicaid in the 31 States that chose to expand Medicaid. The President promised more help for those suffering from opioid addiction. The President's action in TrumpCare cuts it.

Even on drug prices, the President says one thing and does another. Just a few weeks ago, he stood in the well of the House of Representatives and said: ''We should work to bring down the artificial high price of drugs and bring them down immediately.'' So you would think TrumpCare would have something that does that. Unfortunately, it does not. TrumpCare does absolutely nothing to address the high cost of drugs. In fact, drug prices might start going up faster.

TrumpCare eliminates a current requirement that insurers actually give patients the value of the health insurance they are paying for. This is a blank check to insurers to cover less and charge more out-of-pocket for a whole host of services. Most experts agree that insurers could charge much more for prescription drugs or even ration care. So that is another Trump promise broken. He was going to work on getting costs lowered immediately, but not in his bill he introduced a few weeks later. It might, indeed, raise prices for the cost of drugs for average Americans.

In a broader sense, TrumpCare violates what this President promised to working Americans. He promised to be a champion for working Americans. He promised to be their voice. That is how he presented himself in his inaugural address. But TrumpCare would hurt working Americans the most, making them pay more for less care.

It seems the only people who really benefit, the only group who benefits financially—if you are in the top 0.1 percent of earners, TrumpCare gives you a nearly $200,000 tax break, on average. This is the group who benefits. They may not be the only group, but they are the group who benefits the most, far and away. If you are in the middle class, if you are struggling to make it into the working class, if you are older or from a rural area, your costs are going to go up by thousands of dollars a year. So many of these people voted for Trump for President, but the only people who get that huge tax break of an average of $200,000 a year are the top 0.1 percent. In a very real sense, Donald Trump is giving a huge tax break to the wealthy and then making working Americans, average Americans, pay for it. To some, it might seem that the whole purpose of TrumpCare is to give that huge tax break to the wealthy.

In his inaugural address, President Trump spoke of an America where for far too long a small group has reaped the rewards of government, while the people have borne the cost. TrumpCare seems designed to fulfill that vision, not alter it. It makes it even easier on that small group, shifting even more costs onto the people.

So the first few months of the Trump administration have been broken promise after broken promise to working families. Trump's words: We are going to help working America, middle-class America. Trump's action: Take the burden off the shoulders of the top 1 percent and put them on the shoulders of all other Americans.

TrumpCare might constitute the greatest broken promise of them all. That is why I expect our Republican leadership in the House is rushing this bill through the Chamber. They don't want the American people to see it and learn what is in it. I don't think they want their own Members to have much time to consider it. That is why it was released on a Monday and a vote in committee was scheduled just a few days later. Already the bill has gone through one committee markup in the House without a score from CBO.

After years of criticizing Democrats for rushing through healthcare, after chanting ''read the bill'' over and over again, Republicans are trying to pass their healthcare plan in 2 months, when Democrats took almost a full year to debate and pass the Affordable Care Act.

Even Republican Senators like my friend from Arkansas, Mr. COTTON, are telling their colleagues in the House to pause and start over. The Republicans in the House ought to listen because this mess of a bill will badly hurt millions of Americans. Even though we disagree on the substance, I would echo my friend from Arkansas, Senator COTTON, in saying to House Republicans: Stop and think about this. You can drop ''repeal'' and come talk to us Democrats about reasonable fixes to the Affordable Care Act instead of blindly moving forward with this sham of a bill. That would be a much better way for your party and for our country.

BUDGET RIDER

Mr. SCHUMER. Mr. President, one final point on another matter. Today, the Democratic leadership of the Senate sent a letter to Leader MCCONNELL and Chairman COCHRAN. We, of course, laid out our concerns about the budget and reiterated the guiding rules that helped us pass a budget for the first time in a while last year. We believe that we should stick to the spending levels that were agreed to in December, that we should maintain a parity between defense and nondefense, and that there should be no poison pill riders.

It is rumored that one of those poison pill riders might be a supplemental added to the CR that would call for paying for President Trump's wall. That will not stand.

The President wants a wall but has not answered so many questions about it. What about eminent domain and the procedures to acquire land from private landowners? What is the design of the wall? Where is it going to be located? How is it going to be paid for, and how much will it cost? Don't you think we ought to give the President some time to have Mexico pay for the wall? That is what he said throughout his campaign, that Mexico will pay for it.

That is why both Democratic and Republican Members of Congress who represent the border States object to this wall. It will be inappropriate, in our judgment, to insist on the inclusion of such funding in a must-pass appropriations bill that is needed for the Republican majority in the control of Congress to avert a government shutdown. It is truly a poison pill. We would urge our colleagues not to allow the President to include this in a must-pass bill that avoids a shutdown of the government.

I yield the floor.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

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 Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I rise today to speak in favor of the nomination of Seema Verma to serve as the Administrator of the Centers for Medicare and Medicaid Services.

I think we can all agree that this is a critical time for healthcare in America. Health costs continue to rise, and patients face growing uncertainty over coverage. At the same time, the health of too many Americans continues to decline, healthcare costs continue to grow, and millions of new baby boomers are becoming eligible for Medicare each and every year.

I might add, you heard the minority leader talk today as if Democrats have had nothing to do with all of this mess. Much to the contrary. Congress and our new President face intense pressure to address these challenges, and the stakes are very high. I am confident that Ms. Verma is up for that challenge. She has over two decades of experience working with State healthcare and industry leaders to reform and improve services for the most vulnerable members of our community. Ms. Verma's experience as an entrepreneur and industry leader allowed her to work extensively on a wide variety of policy and strategic projects involving Medicaid, insurance, and public health in conjunction with the Indiana Governor's office, State Medicaid agencies, State health departments, State departments of insurance, the Federal Government, and private companies and foundations. She has had a tremendous amount of experience in those areas, and I have every confidence that she will be a great leader. There are few professionals in the country who have her level of close relationships with State leaders that will be critical as Congress and the administration work to repeal and replace the Affordable Care Act—the so-called Affordable Care Act; it is anything but affordable.

Medicaid represents an enormous burden on State budgets, and we now have an unprecedented opportunity to reform a Federal entitlement program long in need of structural changes. Ms. Verma is the ideal candidate to oversee the reform of the Medicaid Program and take steps administratively to give States the flexibility they have been clamoring for.

In Indiana, Ms. Verma worked with Governors Daniels and Pence to design a Medicaid expansion program that extended health coverage to nearly

400,000 low-income working Americans. She did so in a way that empowered people to take greater responsibility for their own health by providing incentives to use healthcare resources efficiently. The program ensured that many people got health care coverage for the first time. Now this innovative program has become a national model for other States.

Ms. Verma's experience will be invaluable as we work together to improve healthcare across the country and bring down the costs thereof. In addition to her work in Indiana, Ms. Verma has developed several other Medicaid reform programs, including 1,115 Medicaid waivers for Iowa, Ohio, and Kentucky. Her firm helped design Tennessee's coverage expansion proposal and also provided technical assistance to Michigan when the State implemented its Medicaid waiver. She also helped guide the transition of Iowa's Medicaid Program to a managed care program and supported strategy efforts for Maine's Medicaid plan.

Having dealt with CMS in her capacity as a consultant working on these myriad projects, she knows firsthand what is needed to make the programs work effectively. Her job as CMS Administrator will not be easy, and that is a heck of an understatement.

CMS is the world's largest health insurer. It has a budget of over $1 trillion and processes over 1.2 billion claims a year for services provided to some of our Nation's most vulnerable citizens receiving Medicare and Medicaid. As such, this is a critical agency, and we need a qualified, dedicated leader at the helm. She is certainly that.

In addition to ensuring that Medicare and Medicaid work effectively, Ms. Verma will also be charged with helping to ensure the longevity and solvency of the Medicare trust fund, which is projected to go bankrupt in the year 2028. Maintaining the solvency of the Medicare Program while continuing to provide care for an ever-increasing beneficiary base is going to require creative solutions, skillful administration, and a lot of knowledge and experience.

All told, between now and 2030, 76 million baby boomers will become eligible for Medicare. Even factoring in deaths over that period, the program will grow from approximately 47 million beneficiaries today to roughly 80 million beneficiaries in 2030. This will also create challenges that will require steady leadership and, at times, decisive action.

I believe Ms. Verma is especially qualified to lead CMS and modernize its programs to increase its effectiveness of healthcare delivery. She brings the experience and, importantly, bipartisan solutions that can and should unite people across the political spectrum in addressing some of the greatest challenges in our healthcare system.

Ms. Verma has a keen understanding of patients' needs. She certainly has the expertise to create a healthcare law that this country needs and improve the lives of the 100 million Americans covered by Medicare and Medicaid.

At a time when the healthcare challenges we face are very real and extremely complex, our Nation needs leaders, like Ms. Verma, who have demonstrated their ability to deliver results.

I know that many people have different ideas about the best direction for the Medicare and Medicaid Programs and how we should meet the complex challenges facing CMS. While we can disagree on policy, we should all agree that the agency needs smart, experienced leadership at its helm.

That being the case, I urge all of my colleagues to join me in supporting Ms. Verma's nomination to this important position. I personally am very grateful that she is willing to dive into this very difficult process and these problems right in the middle of politics being played and that she is willing to do the job America needs at this particular time, especially for those who need healthcare.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

WIRETAPPING ALLEGATION

Mr. LEAHY. Mr. President, there are a couple of issues that I will speak on, but I was asked earlier this morning about what President Trump has tweeted, basically charging former President Obama with having spied on him in a way that would be plainly illegal. Of course, President Obama's advisers have denied any such thing happened. If it did happen, of course, it would be a grave constitutional issue, and if such a thing did happen, it would be criminal conduct. Now, many people are saying: Well, is it true or not? Was Mr. Trump telling the truth in the tweet or not? There is a very simple response on this. There is one person who knows whether it is true or not, and he has been totally silent on this.

They asked Attorney General Sessions. Attorney General Sessions made it very clear in his confirmation hearing—well, he said a number of things in his confirmation hearing, but one was, of course, that he would be independent. President Trump has leveled very serious charges against former President Obama. I happen to feel the charges are false, but let's have a definitive voice. The Attorney General should have the courage and independence to simply say whether Mr. Trump is telling the truth or not. It is a very simple matter. I would hope that the press and everybody else would keep asking because eventually somebody has to answer that question, and the Attorney General can.

NOMINATION OF DAVID FRIEDMAN

Mr. President, the Senate will soon consider the nomination of David Friedman to be U.S. Ambassador to Israel. Unlike several of President Trump's other nominees, we know a great deal about Mr. Friedman's views on the challenges he would confront if he were confirmed. Unfortunately, this is because he has made a career of disparaging and inflammatory statements about U.S. policy in the Middle East, about former U.S. officials, about the Palestinians, even about American Jews who have views that differ from his own.

We have all had the opportunity to read articles Mr. Friedman has written. We have heard the outrageous, unfounded verbal attacks he has launched against those who disagree with him. He has written falsely that President Obama and Secretary Kerry engaged in ''blatant anti-Semitism,'' that the liberal American Jews are ''far worse than kapos,'' and that they ''suffer a cognitive disconnect in identifying good and evil,'' that the State Department has a ''hundred-year history of anti-Semitism,'' because diplomats appointed by both Republican Presidents and Democratic Presidents have not always seen eye-to-eye on every issue with Israel's leaders. He has said that Israel's policy of ''criticizing disloyal Arab citizens while simultaneously bestowing upon them the benefits of citizenship simply isn't working.''

Well, those comments alone should disqualify him for this sensitive position, and it is no surprise that tens of thousands of Americans have signed petitions circulated by pro-Israel groups opposing his nomination.

Mr. Friedman has also raised millions of dollars for Israeli settlers, and he has bragged about the effort to remove the two-state solution from the Republican Party's platform, even though Democratic and Republican Presidents have supported it. Regarding the two-state solution, he wrote: ''It is more of an illusion that serves the worst intentions of both the United States and the Palestinian Arabs,'' in one of the many articles he has written for a rightwing Israeli media outlet. That unequivocal renunciation of longstanding U.S. policy should also by itself disqualify him from the job of Ambassador to Israel.

These statements and actions not only indicate his rejection of decades of Republican and Democratic policy. They are the words of someone who makes a mockery of the term ''diplomat'' and who has demonstrated no ability to be objective and constructive on sensitive issues of immense importance to U.S. security.

Our diplomats are supposed to be representing the American people and the policies of the United States first and foremost. They are not sent to a foreign country to represent the government or people of that country in a

manner that is inconsistent with U.S. policies and U.S. interests. They are there to represent us.

Mr. Friedman is certainly entitled to his own views as a private citizen, even if they are offensive and counter to U.S. interests and values. But can anyone honestly say that this nominee is qualified or suited to represent the American people in Israel?

Five former U.S. Ambassadors to Israel who served under Republican and Democratic Presidents—from Ronald Reagan to Barack Obama—are among the thousands of Americans who say that the answer to that questions is no.

We are being asked to reconcile Mr. Friedman's record, his personal views, and his deep ties to extreme factions in Israel with his responsibility to objectively advance and defend U.S. interests. Unless one believes, as he has repeatedly made clear he does, that the interests of the United States are always identical to Israel's, there is no way Mr. Friedman should be confirmed.

For as long as I have been in the Senate—and I note that is longer than anybody who is serving here now—I cannot recall a time when we were not at a critical point in our relations with Israel, not because of doubts about the enduring value of the relationship but as a reflection of the importance of the deep partnership between our governments and our people—a deep partnership that we have all supported and that Republican and Democratic Presidents have supported. Most importantly, it is a result of our conviction that security, stability, and prosperity in Israel and the wider region are important to our own national security.

That is why President Obama signed a memorandum of understanding with Israel that included the single largest pledge of U.S. military aid to any country—to any country anywhere in the world, ever—and why both Democratic and Republican administrations have put so much effort into pursuing peace between Israelis and Palestinians.

An alliance as longstanding as ours with Israel, which has far-reaching consequences for the entire Middle East and beyond, requires effective daily management by an experienced diplomat who has not only knowledge of the region but the necessary temperament and appreciation of our country's short- and long-term interests.

I was here when President Sadat and Prime Minister Begin negotiated what was a very difficult peace agreement between the two of them, with both of them putting the interests of the region first. That agreement has lasted. I also remember when Prime Minister Rabin and King Hussein of Jordan—who had fought against each other—personally negotiated a peace agreement, and the United States strongly supported that. In fact, I was privileged to be there when they signed the agreement at Aqaba, as I was present when Prime Minister Begin and President Sadat signed their agreement.

I do not see how anyone could conclude that Mr. Friedman possesses the requisite temperament, nor am I convinced that he appreciates the critical distinction between the interests of our country, the United States, and the parochial interests of an extreme constituency in Israel who he has fiercely advocated for over the course of his long career.

Indeed, it is telling that the spokesman for Beit El, the Israeli settlement that Mr. Friedman has supported financially for years, said its inhabitants would regard him as their representative in the United States. These are Israelis. Their representative in the United States is the Israeli Ambassador. It is not the role of a U.S. Ambassador to represent another country, but that is how Mr. Friedman is perceived in Israel because that is the way he has behaved.

Every U.S. President has understood the importance and the heightened sensitivity of this post, and they chose their nominees accordingly—both Republican and Democratic Presidents—until now. That is why every previous nominee to be Ambassador to Israel has been confirmed by a voice vote or by unanimous consent, while Mr. Friedman was voted out by a narrow 12 to 9—largely party line vote—in the Foreign Relations Committee.

Mr. Friedman's confirmation hearing provided him the opportunity to assuage concerns about his divisiveness, including the many disparaging remarks he has made and his close identification with and support for the Israeli settler movement.

During the hearing he renounced his undiplomatic language, suggesting it was delivered in the heat of the election cycle and in his capacity as a private citizen. In fact, he recanted so much of what he had said—which far predates the election cycle—that Foreign Relations Committee Chairman CORKER asked why he was willing to disavow so much of his past record in order to earn the committee's support.

In response, Mr. Friedman described the role of the U.S. Ambassador to Israel as ''the fulfillment of a life's dream, of a life's work, of a life of study of the people, the culture, the politics of Israeli society.''

I would say two things about that. One, I recall a nominee for another position who, when asked questions about extreme positions he had taken for years, started disavowing them all, and I finally asked him: Are you having a confirmation conversion? That nominee—the nominee of a Republican President—when he came before the Senate, was defeated because of Republican votes, as well as Democratic votes.

I always worry about a confirmation conversion. When a nominee rejects years and years of deeply held beliefs during those 2 or 3 days of the confirmation hearing, I wonder how long it will last.

There is an important distinction between knowing and respecting a country's history and people and believing that one's own personal ambition and that country's interests are inextricably linked. Mr. Friedman's remarkable confirmation conversion falls far short of convincing evidence that changing his title to ''Ambassador'' will cause him to divorce his life's work and objectively serve the national interests of the United States.

If Mr. Friedman is confirmed, he should immediately untangle his business and personal interests in Israel and commit to being the representative of all Americans—conservative and liberal Jews, conservative and liberal non-Jews—and being a genuine partner in efforts to promote security and stability for Israelis and Palestinians alike, not just because it is in their interests, but because it is in the interest of the United States.

We all want what is best for the American people. We also share a desire to find a viable solution to the Israeli-Palestinian conflict that protects the rights and security of both peoples. Neither goal can be achieved by pursuing policies that further inflame tensions in the region and erode the role of the United States as an honest broker for peace. There are a large number of qualified Americans from both parties who could capably support that role. Mr. Friedman is not among them.

NOMINATION OF NEIL GORSUCH

Mr. President, on another matter, this week is Sunshine Week. It is a time when we rededicate ourselves to transparency in government. It is important to all of us. We celebrate one of our Nation's most defining characteristics: that a government of, for, and by the people does not operate in secret. Our democracy depends on an informed public, and it is critical that public officials be truthful with the American people; yet we are not even 2 months into this Presidency, and it is clear that the administration is not meeting that standard.

The Attorney General has yet to come forward and tell us whether the President was telling the truth when he accused President Obama of breaking the law and spying on him, and the President's nominees have shown a real and stunning indifference to the truth. His nominees to lead the Treasury Department, the EPA, HHS, and the Justice Department have all misled Congress while testifying under oath.

I am disturbed that Senate Republicans continue to look the other way. At some point, they must put country over party. But as these new officials take control of their agencies, I remind them that our laws demand an open and transparent government. Last year, Congress took a strong step to reaffirm our commitment to an open government. We passed the FOIA Improvement Act, which is a bipartisan bill. I coauthored it with the deputy Republican leader, Senator CORNYN of Texas. It was the most significant reform to the Freedom of Information Act in

over 50 years. It codified the ''presumption of openness.'' It put the force of law behind the notion that sunshine, not secrecy, is the default setting of our government. Given what we have seen thus far from this administration's nominees, transparency, accountability, and open government are more important than ever.

I hope next week, when the President's Supreme Court nominee will appear before the Senate Judiciary Committee, he provides transparent, truthful answers to Senators' questions.

I will insist on real answers from Judge Neil Gorsuch because there are real concerns about his record and his judicial philosophy. Judge Gorsuch went to some of the world's best universities—Columbia, Harvard, Oxford—so it is not surprising that he knows how to make a good impression, but that cannot be the standard for a Supreme Court nominee. The U.S. Senate cannot simply rubberstamp a nominee because he went to the right schools and looks good on TV.

Neil Gorsuch has been a judge for over 10 years, and it is clear from his writings on and off the bench that he has a well-developed judicial philosophy. He appears to strongly identify as an originalist, in the mold of Justice Scalia or Justice Thomas. It has been more than 25 years since an originalist was nominated to the Supreme Court, so I expect that Senators will want to understand how Judge Gorsuch would apply his philosophy to the cases that would come before him, if he is confirmed to the Supreme Court. Would he rule in the same way as originalists like Justice Scalia, Justice Thomas, and Judge Bork, who have been deeply hostile to the individual rights and liberties protected by our Constitution? I want to hear directly from him on this important question.

It is one thing for legal academics to debate their preferred theories, including originalism. But the Supreme Court is not a debating society that deals in abstractions—its decisions affect every one of us. Our Federal courts are where Americans go to have their rights vindicated, whether against big corporations or the government itself. Our Federal courts do not exist so that judges have a place to propound their particular philosophies.

I want to make sure that Judge Gorsuch understands that distinction, and I want to understand just how his philosophy would have been applied to important cases. For example, how would someone with his philosophy have ruled in cases upholding fundamental rights, such as Miranda rights, a woman's right to make her own medical decisions, and marriage equality?

We also cannot ignore the fact that Judge Gorsuch was nominated by President Trump only after being vetted by extreme interest groups who did all of that in secret. They are certainly not transparent. It is alarming and unprecedented for a President to outsource the nomination process in this way. The President's top adviser then assured attendees at a conservative conference that they knew Judge Gorsuch has ''the vision of Donald Trump.'' That is the same Donald Trump, of course, who called the media the ''enemy of the American people.'' The President could not be more wrong.

As we note during Sunshine Week, our Constitution provides for the freedom of the press because a democracy cannot survive without it. Citing James Madison, the Supreme Court in New York Times v. Sullivan described the ''public discussion of the stewardship of public officials'' as ''a fundamental principle of the American form of government.''

It was Supreme Court Justice Louis Brandeis, a staunch believer in open government, who famously said that sunlight is the best disinfectant. It is often the press that shines the sunlight in dark corners where we need it most. It serves as a critical check on our government. It shines a light on corruption, exploitation, and excess. My parents owned a weekly newspaper before they started their printing business. I was brought up to believe in the importance of the First Amendment. I question whether a Justice with ''the vision of Donald Trump'' would uphold the freedom of the press.

Sunshine Week's emphasis on transparency will not be just this week; it should continue into the hearings next week. The Supreme Court has been the least transparent part of our government, and these hearings will be one of the only opportunities for the American people to get a glimpse into the institution that protects their most essential rights. There are real questions about the kind of Justice Neil Gorsuch would be. He needs to answer them openly and honestly, not with the kinds of dodges and misrepresentations we have heard from other Trump nominees.

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

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

REPUBLICAN HEALTHCARE BILL

Mr. DURBIN. Mr. President, last Friday, I went to Rockford, IL, and had a roundtable discussion about healthcare. There is a lot of debate about healthcare in the Congress and certainly in Washington. What I have tried to do is to take this issue home and ask the people who actually are responsible for providing healthcare, and the people I represent, what they think about the new Republican alternative to the Affordable Care Act. What I found is that with virtually no exceptions, they are all gravely concerned that the changes that are going to be made to the healthcare system in America, which represents a dramatic portion of our economy, could have a very negative impact on the real lives of people across my State and across the Nation.

Hospital administrators were there to talk about this issue. Swedish Covenant is one of the hospitals well known and respected in the area; OSF as well, and the administrators of both of these hospitals talked about the negative impacts of cutting back Medicaid coverage.

What the Republicans are suggesting in their proposal is that the expansion of Medicaid to provide health insurance for low-income Americans would continue until 2020 and then be cut off, and, they would argue, we will make it more cost efficient. We will let the Governors come up with alternatives. Well, the Governors aren't very happy with this because they know the cost of healthcare continues to go up and they are fearful that when you try to put this all together, the net result is fewer people covered by Medicaid.

Over 600,000 people, because of ObamaCare—the Affordable Care Act—in Illinois now have health insurance. Who are they? Well, I met Ray Romanowski. Ray, a big Polish American fellow from Chicago, is a musician, and he has made most of his income during his life doing work as a musician. Ray Romanowski, in his 60s today, has never had health insurance until now. Because of the Affordable Care Act, he qualifies for Medicaid, and because he has Medicaid—he patted his wallet and said: I finally have that card in my wallet where I can walk into a hospital or a clinic and get good treatment.

It is the first time in his life, and he is in his sixties.

Judy is a friend of mine in Southern Illinois, and she works at local motels there—in hospitality—at places where they serve breakfast to you. She gets up early in the morning. She is a hardworking lady. It is the kind of job she has had her entire life, and she never, ever had health insurance—not once. She worked 20, 30, 40 hours a week, sometimes two different jobs, but never with health insurance. Now she has it because of the Affordable Care Act, and thank goodness she does because she has been diagnosed with diabetes and she needs that kind of care.

So what happened before, when people like Ray and Judy got sick? Before the Affordable Care Act, they would show up in the hospital, go to the emergency room, and they would get treatment, but they wouldn't be able to pay for it. What happens to those expenses at hospitals, under the old way of doing things? They are passed along. The rest of us pay. Anyone who has health insurance and goes in for treatment, part of it is going to be what your treatment is or for your family; the other part is to make up the difference for charity care, uncompensated care.

Now the Republicans believe they have a new idea: Let's restrict access to Medicaid. Let's restrict the health insurance that is available to people like Ray and Judy. Well, they are still going to get sick, and they are still going to come to the hospital, and their costs are going to be passed along to others.

The Speaker of the House, PAUL RYAN, a neighbor from the State of Wisconsin, said that it is all about competition and choice. Well, when it came to competition and choice, Ray and Judy didn't have a chance. They just didn't make enough money. But they did get coverage under the Affordable Care Act, and they stand to see that coverage endangered, if not lost, under this new approach.

We also had representatives of the nursing association in Illinois. These are women and men who are the most respected medical providers. Just take a look and ask whether people have higher respect for doctors or whomever; it is always the nurses, No. 1, because the nurses are the ones who are there day in and day out, hour after hour, in the hospital rooms with the people we love who desperately need medical care. The nurses are opposed to this Republican replacement plan as well.

The doctors—the American Medical Association and the Illinois State Medical Society—are also opposed to it because they looked at the Republican competition and choice alternative and said that at the end of the day, fewer people will have health insurance and the costs will go up dramatically for some. We had a representative of the American Association of Retired Persons there, and they are especially opposed to it. Why? We had a provision in the Affordable Care Act which said that the disparity in premiums can never be more than 3 to 1. Well, the Republicans decided as part of their replacement to make that 5 to 1. Who is going to pay five times instead of three times the base premium? Seniors, those over the age of 55. The Republicans built this into their proposal, and AARP has come out against it.

The second thing to go is—the Affordable Care Act has really brought some savings to healthcare; we wish there were more. But that savings in healthcare is translated into 10 more years of solvency for Medicare. Medicare is a lifeline for 40 million or 50 million Americans. So we gave it 10 more years of solvency with the changes in the Affordable Care Act. Now we are waiting for a score from the Congressional Budget Office, but the early indications are we are going to lose 4 years of solvency in Medicare because the Republicans want to bring in ''competition and choice.'' It turns out that phrase is not going to be good for the future of Medicare—one of the other reasons the American Association of Retired Persons opposes the Republican proposal to replace the Affordable Care Act.

This bill will be scored this week by the Congressional Budget Office. It was interesting to watch the Sunday shows and watch the procession of Republicans calling themselves fiscal conservatives who came in and discounted any conclusions from the Congressional Budget Office. Interesting.

When we wrote the Affordable Care Act, we waited sometimes for weeks for the Congressional Budget Office to give us a score: Is this bill going to add to the deficit or reduce the deficit? We had to wait to find out. Is this bill going to cover more people with health insurance or not? We had to wait to find out. But the Republicans went ahead with their proposal without a Congressional Budget Office score, and what they have done over the weekend is downplay the credibility of an office which Democrats and Republicans have relied on for decades. It shows that they are very concerned. I think they know what they are going to find. They are afraid it is going to add to the deficit and it is going to dramatically reduce health insurance for Americans.

There are some who estimate that 10 million to 15 million Americans could lose their health insurance. That is half of all of those in the past 6 years who have gained health insurance. It would also increase out-of-pocket healthcare costs for the average person—the Republican plan would—by $1,500 a year, seniors paying approximately $5,000 more a year because of that 5-to-1 premium change that I mentioned earlier. It would basically end Medicaid as we know it.

The Governors are telling us that this is a bad idea because it would shift the cost onto the families and to the Governors to find ways to save money.

It would shorten the solvency of the Medicare trust fund by 4 years.

It would allow insurers to once again charge older people significantly more than younger people for health insurance.

And—Republicans added a little grace note there—they defund Planned Parenthood and cut 12 percent of the funding for the Centers for Disease Control and Prevention.

Here is something my colleagues may not know. Because of family planning efforts in America, in the last 30 years, we are now at the lowest point in teenage pregnancies and the lowest point in unplanned pregnancies. So information and education are paying off to reduce unwanted pregnancies, unplanned pregnancies, and, I might add, the likelihood of abortions. So now, as the Republicans say we are going to defund Planned Parenthood for hundreds of thousands of women, that means stopping their access to the healthcare they trust across America. So in the name of choice, the Republican plan reduces choices for women when it comes to healthcare by defunding Planned Parenthood.

To top it off, the bill cuts taxes for the very wealthy. Those making over $1 million a year in income get a $50,000 tax cut because of the Republican proposal for this new health insurance approach. If you happen to be in the wealthiest 0.1 percent of Americans, the average tax cut is nearly $200,000. They just can't help themselves.

We put together a revenue source so that we could dramatically expand health insurance coverage in this Nation. We now have the lowest percentage of uninsured Americans in our history, and the Republicans—because they are opposed to it—have said: We are going to cut the taxes that help people pay for their health insurance, and we are going to reduce the options that are available to them. So for Americans, it means less coverage, higher costs.

We will see when it goes to the House of Representatives on the floor. The most conservative Republicans don't like it; certainly the Democrats don't like it. The question is whether Speaker PAUL RYAN has enough votes. It has united America. The Republican approach has united America, in opposition. I don't know of a major health-providing group that supports it—not one; not doctors, not hospitals, not clinics, not AARP. Patients' groups all say the same thing about TrumpCare.

The American Medical Association said:

> We cannot support the [bill] as drafted because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations.

The American Medical Association goes on to say:

> We are concerned with the proposed rollback of the Medicaid expansion. . . . Medicaid expansion has proven highly successful in providing coverage for lower income individuals.
>
> The AMA cannot support provisions that repeal the Prevention and Public Health Trust Fund . . . and we cannot support provisions that prevent Americans from choosing to receive care from physicians and qualified providers . . . [including] those associated with Planned Parenthood affiliates.

The American Medical Association is saying to the Republicans that they reject their proposal for healthcare and is warning them not to cut off funding for Planned Parenthood.

What does the American Hospital Association say?

> We cannot support the [bill]—
>
> the Republican bill—
>
> in its current form.
>
> In addition to the lack of a CBO score, we have some additional policy concerns with the proposal.
>
> For example, it appears that the effort to restructure the Medicaid program will have the effect of making significant reductions in a program that provides services to our most vulnerable populations.

That is from the American Hospital Association. They estimate that in our State of Illinois, we could lose up to 90,000 jobs by repealing the Affordable Care Act without a suitable substitute—90,000 jobs in my State. President Trump made a lot of news when he went to visit one of the manufacturing companies after he was first

sworn in and saved a couple hundred jobs. Well, I am glad he saved those jobs. I hope he saves a lot more. But if he is going to eliminate 90,000 jobs in my State—people who work at hospitals, some of the best-paying jobs in downstate communities—for goodness sake, that isn't hiring American. It isn't really focusing on creating jobs in this country. It is just the opposite.

Here is what the American Nurses Association says about the Republican bill:

> [The bill] threatens health care affordability, access, and delivery for individuals across the nation. . . . [T]he bill changes Medicaid to a per capita cap funding model, eliminates the Prevention . . . Fund, restricts millions of women from access to critical health services, repeals income based subsidies that millions of people rely on. These changes in no way will improve care for the American people.

What about the U.S. Conference of Mayors? Here is what they said:

> States will be forced to end coverage and eliminate health care for low-income seniors, people with disabilities, children, and working families.
>
> The GOP plan is bad for cities, bad for people who live in cities and bad for people who provide healthcare in cities.

It is interesting. We had a representative at a Rockford meeting of the disabled community. They are scared to death of this Republican alternative because these folks many times are in serious need of very expensive healthcare. If they are pushed off into these so-called money-saving insurance plans that really are empty inside and don't provide coverage, it could be devastating to these families. They have been through it over and over.

The American Association of Retired Persons said:

> This Republican bill would weaken Medicare's fiscal sustainability, dramatically increase health care costs for Americans aged 50–64 and put at risk the health care of millions of children and adults with disabilities, and poor seniors who depend on the Medicaid program for long-term services and supports.
>
> It could hasten the insolvency of Medicare by up to 4 years and diminish Medicare's ability to pay for services in the future.

I remember when Candidate Donald Trump was telling us he would do nothing to hurt Medicare. Now the first major piece of legislation that comes up threatens the solvency of Medicare.

Here is what the National Committee to Preserve Social Security and Medicare said:

> [We] oppose the . . . bill to repeal the Affordable Care Act because it would weaken Medicare's solvency . . . threaten access to Medicaid long-term care benefits, and require ''near seniors'' to pay more for less health care coverage. The . . . bill puts seniors and people with disabilities at significant risk of ending up uninsured or losing access to needed care.

In my own State, the Illinois Health and Hospital Association says:

> [This organization] has serious concerns with the direction of the [bill]. It would cut coverage for hundreds of thousands of Illinoisans and impose a cap on . . . federal Medicaid funding—our state is unable to absorb funding cuts without impacting healthcare for all patients.

I was surprised last week when the Republican Governor of Illinois, Bruce Rauner, said of the Republican plan: ''My first blush read is Illinois won't do very well under the changes that they're recommending.''

He is very careful not to say things about Federal legislation. This he understands: Cutting back on Medicaid is going to impose a new debt on our State and reduce coverage for hundreds of thousands of people in our State.

So we said to the Republicans: You want to repeal the Affordable Care Act; you have been dead set on doing this for 6 years. Please come up with an alternative that at least expands the coverage of health insurance and makes it more affordable. They tried, and they failed. But now they are going to push it through as a matter of showing political purity. They don't care that there is not a single group of medical providers in this country who support their plan. They obviously don't care that the American Association of Retired Persons believes this is not good for seniors across the board.

I heard the Director of OMB say: Oh, that group—they are going to end up opposing this and then they are going to ask people to donate. Well, it is true that they live on donations. But they are taking a bold position in saying that the Republican approach is going to hurt seniors across America. Talk to the disability community, and you will hear exactly the same thing. Talk to the advocates for children.

I am really looking for the first group to stand up and say that this new Republican approach is good for this country or good for people when it comes to the cost or availability of health insurance, and I haven't found it yet. I don't know what they are waiting on, but they can't produce it.

What we are looking for is just the opposite. If you will take repeal of the Affordable Care Act off the table, I will pull up a chair. It is not perfect, it can be improved, and I am ready to sit down and do it on a bipartisan basis. But it is ''our way or the highway'' when it comes to the Republican majority on this bill. I hope we can do better. I think the American people expect us to do better.

At the end of the day, they want a better healthcare system, not one that is worse—not one that supposedly gives them ''competition and choice,'' yet they have less coverage in their insurance policies and end up paying more for it.

CALLING FOR AN INDEPENDENT, BIPARTISAN COMMISSION

Mr. President, I have been coming to the floor recently to discuss the Russian involvement in our last Presidential election. Remember that 2 months ago, some 14 different intelligence agencies all came to the same conclusion—that Vladimir Putin and the Russians were trying to impact the outcome of the Presidential election.

The intelligence reports, which were unclassified and available to the public, said expressly that the Russian intent was to defeat Hillary Clinton and to elect Donald Trump. I quickly add, this was not a report from the Democratic National Committee; it was a report from our intelligence agencies. They went through all the efforts taken by the Republicans when they were hacking into computers and releasing information during the course of the campaign.

I think this is serious business. It is the first time I know of that a foreign power has tried to influence the outcome of an American Presidential election. People in Eastern Europe and people in many parts of this world are used to the Russians getting involved in their campaigns, trying to run their favorite candidates and elect them. We shouldn't have to put up with that in the United States of America, so many of us have called for a real investigation of what the Russians were up to.

I think we ought to have a bipartisan commission—an independent, transparent commission to look into the involvement of the Russians; otherwise, we are sitting ducks for them to try it again 2 years from now, in the next election. We know—and this is public information—there were at least 1,000 people sitting at computers in Moscow, trying to hack into America to try to find enough information that they could release to influence the outcome of the election. They are not going to quit. They are going to continue to do this. The question is, What will we do about it?

We have already seen the National Security Advisor to the President, General Flynn, resign when he misled the American people and Vice President PENCE about conversations he had with the Russians. Just 2 weeks ago, we saw that the Attorney General of the United States, Jeff Sessions, recused himself from investigations involving Russia in the campaign because of conversations he had had, which he didn't disclose before the Senate Judiciary Committee.

Almost every week there are more disturbing revelations emerging—not by any honest or open disclosure, mind you, but about the curious alliance among President Trump and the inner circle and Vladimir Putin, if there were one. Key figures, such as the National Security Advisor I mentioned and the current Attorney General, were caught not disclosing communications with the Russians. Allied intelligence reportedly confirms that members of the Trump campaign had repeated communications with those thought to be in Russian intelligence. Close Trump associate Roger Stone appeared to have advance knowledge of when Russian-hacked information of Hillary Clinton was going to be released by WikiLeaks, something he presumably could have known only if he was at least discussing it with the Russian hackers.

All the while, the administration has been saying nothing about Putin's actions, about this attack on the United

States, or about Russia's ongoing cyber and military aggression in Europe. In fact, instead of addressing and responding to this Russian attack head-on, the President has incredibly been parroting Russian strategic interests instead.

Let me repeat that from my largely silent Republican colleagues—and there have been a few exceptions, but most of them will not come to the floor to even discuss this matter. The American President, the same party of Ronald Reagan, has failed to acknowledge this major attack on our Nation and has refused to take action in response. How is this possible? Why is the majority party so silent in the face of these major national security issues?

There is a simple way to resolve these questions:

First, President Trump should do what every Presidential candidate has done in modern history and disclose his tax returns. Why won't he do that? What is in there that is so worrisome to him that he has defied all requests from media and from others across this Nation for him to do exactly what every other Presidential candidate has done?

The President should also be totally cooperative with any investigation about campaign contacts, including by his former campaign manager Paul Manafort; Michael Flynn, his former National Security Advisor; and his former foreign policy adviser, Carter Page. How do we explain repeated reports of these contacts between that campaign and Russian intelligence?

The administration also needs to answer questions about Roger Stone's comments that suggest he had knowledge of WikiLeaks having and using, in strategically timed releases around periods when the campaign was struggling, the information that had been hacked by the Russians.

Tell us why the administration has criticized hundreds by Twitter when there is any perceived slight—from entire States to Major League Baseball to United Steelworkers—but not the Communist KGB agent who conducted an attack on our Nation and democracy.

We need to know why they not only repeatedly denied intelligence information about Russian attacks but, in fact, in July of last year encouraged Russia to hack into their opponent's campaign.

All of these things are being watched closely by nations around the world. Several weeks ago, I went over to Poland, Lithuania, and Ukraine. One of the Polish leaders said to me: We're watching. If you don't take the Russian invasion of your Presidential election seriously, how will you take the Russian invasion of our country seriously? It is a legitimate question because the Russians are up to a strategy that we have seen over and over again. This time, the Americans were the victims.

We need full cooperation by the White House. We need an independent commission. I have suggested we pick people who are beyond reproach, people we can trust. I mentioned General Colin Powell, a man who served our country so honorably in the military, then served in the Republican White House, and then served as a Republican Secretary of State. I would accept Colin Powell as the head of a commission to get to the bottom of this because it is a national security issue, which he has undoubtedly had some background in dealing with in years gone by.

There are many good people to turn to, but until we get the straight answers, we can expect the Russians to continue to try to find ways to invade our political process.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

KANSAS WILDFIRES

Mr. ROBERTS. Madam President, I rise today to speak about the historical and unprecedented wildfires that burned through southwest Kansas last week. We had fires in 21 of our Kansas counties, roughly one-fifth of our State. High winds and dry conditions caused fires of the highest classification that blazed across central and western Kansas some 30 to 40 feet high, burning more than 700,000 acres of land, making this the largest wildfire in our State's history. The Kansas Division of Emergency Management has said it could take weeks to determine the full extent of devastation from the fires. Clark County, KS, officials—that is the county that was the hardest hit—estimate a devastating loss of anywhere from 3,000 to 9,000 head of cattle. That is just in one county. As I indicated, Clark County was the hardest hit by the windblown fires, with over 85 percent of the land in the county consumed by these prairie fires. This is hundreds of thousands of acres in one county and over 700,000 in regard to our State.

On Friday, I drove south from Dodge City, KS, through range and ranchland I didn't even recognize. What used to be gently rolling prairie, dotted with herds of cattle and crisscrossed by fencing, is now reduced to blackened dust. Friends of mine lost their ranch when a 40-foot wall of fire roared out of the valley over the bluff and burned out their operation. We have unimaginable damage to land and property, but also heart-wrenching scenes of cattle and wildlife burned, wounded, and wandering.

Many Kansans lost everything. According to Sheriff John Ketron of Clark County, 31 houses and over 440,000 acres were burned there. We have longtime friends there, John and Carol Swayze. We have known them for years. John said with tears in his eyes: ''Pat, it took me 43 years to build up this operation, and it took about an hour to take it all down.'' Riding with Sheriff Ketron, we were assessing the town of Ashland, where a volunteer firefighting force managed to save the town when it became surrounded in flames. Some volunteers were fighting fires elsewhere in the area and learned their own homes had been engulfed and lost.

I met with brave people in the towns of Englewood and Ashland, KS, in the heart of Clark County, who had just come through frightening experiences fighting the unpredictable and unstoppable fires. Some were out driving cattle away from the fires and had become separated from loved ones. When the flames turned, they were left to pray for their safety.

Kylene Scott, with the High Plains Journal, calls it ''the worst day of her life.'' She wrote a courageous and honest account of the day. I will read her words now:

> I think I had them going the right way, then the wind switched. Now I just don't know. When I heard the crack in my husband's voice yesterday afternoon, I knew it was bad. He is normally the calm, cool, collected one.
>
> A family friend alerted him to the fire in Clark County very near the Scott farm after we'd returned home from burying my Dad yesterday.
>
> Coming back from a funeral.
>
> When they said the closest neighbor was being evacuated he went as quickly as he could fearing for the cattle herd he'd worked the last five years to build following the death of his own Dad. I stayed behind with the boys at our house 40 miles away.
>
> When the wind switched at my house from south/southwest to the north, I began to worry even more and called him. At this point he was waiting out the fire and smoke in the wheat field, helplessly watching the house and barn burn. I wanted to be at the farm so bad, but there wasn't much that could be done. When he made it home unscathed I was pretty happy, but sad at the same time. Knowing there was nothing we could do to fix what it took for Mother Nature mere minutes to destroy.
>
> Fifty-two cows are on the farm, with about half or ¾ of them with young calves. Most are accounted for. All the grass is gone, as is the hay stockpile. He went and hauled water to the cows this morning and some are scorched and others have udders with burns. One cow was bawling for her missing calf. ''Those poor mommas,'' was my text reply to him this morning.
>
> I made my way early this afternoon to see the farm or what's left of it with my own eyes. As bad as I wanted to be down there, a piece of me dreaded the drive. The closer I got to the farm, the worse it got. Blowing dirt, darkening skies because of the dust and awful winds. I pulled in the drive, like I had done a hundred times in the nearly 20 years I have been part of the family, and I had to stop my vehicle. The tears came and the heartbreak overwhelmed me.
>
> I thought of the old white farm house with the wonderful front porch, where my husband spent a large majority of his childhood in and around. My fondest memory is when we'd stop and see my husband's Grandma Pauline. She'd always have something sweet to eat and a cold drink at the kitchen table. The home had been around for 100 years and still had a large portion of the family momentos in it. It was reduced to ashes and rubble. All that's standing is the chimney.

I couldn't see the barn around the trees, but I again had to stop and sit when I pulled around the corner. The barn. The old barn with its red siding. I remember when my father-in-law had it painted and how proud he was because it looked so good. I remember when he laid the brick in front of the tack room and built a new door for it. My boys explored every inch of it when we worked calves last fall. You could ''almost'' hear the horses munching in the stalls decades ago when you stood in the center alley. Now it's just a charred pile of tin.

I realize the house and barn are just buildings. Things can be replaced. But dang, it's so hard to see it all reduced to ashes and rubble. To see part of the Scott family history, more than a hundred years, just be gone. Just like that. It's hard.

We've had incredible friends and family offering help, hay and feed, and it's heartwarming to know how much people care. Like I heard an Ashland, Kansas resident on the news this morning being interviewed, it's just what southwest Kansas people do. Help and survive.

Here is a picture that was taken on Kylene and Spencer Scott's wedding day in 2009 up here. It is a beautiful sight. Off in the distance is the Clark County Lake. It is rolling hills, cattle country, cattle, and grass. Looking at this picture now, it is not hard to wonder how this land will come back to provide for so many, as it has for generations of Kansas farm and ranch families whose sweat and blood have produced for Kansas, our Nation, and, yes, the world, as well.

There is the other picture. They got married here. It was the happiest day of their life. They saw this, and that became just about the worst day of their life. And yet, having seen this devastation firsthand, I don't wonder about Kansas and our ability to rebuild. It is in our State motto: Ad astra per aspera—to the stars through difficulties.

In one of the emergency management centers I met Joyce Edinger. When I asked her what I could do to help, she just said: ''The Lord will provide.'' She had lost virtually everything. I think that pretty well sums it up. The faith of Kansans gives us courage to rebuild—the courage to come through fire. Ashland banker Kendall Kay emotionally said:

Senator, we are going to need help. We really don't want it, but we are going to need it.

I am so proud of the people of my State who have come in with that help before they were even asked. I had been in contact with all of our producer groups in Kansas—the Kansas Livestock Association, the Kansas Farm Bureau—who along with our State agencies had been leading the voluntary relief effort. I commend them for their efforts in collecting hay for cattle, as well as monetary donations, coming in from all parts of the United States, and volunteer coordination for repairs to property and fencing.

With Congressman ROGER MARSHALL of the First Congressional District, and my colleague here and friend in the Senate, JERRY MORAN, we have been in touch with the Department of Agriculture with regard to assistance that should be available to farmers and ranchers in counties that have suffered losses.

Here is what we are trying to fix. This fellow is walking across here to that bluff that overlooks that valley that Spencer and Kylene looked over, and this fellow here is Chad Tenpenny, my top guy in Kansas. That is me with my hands in my pockets. It is pretty rough to see ground like this that was grass and to look at the utter devastation. Folks, when that wind blows and when that dust starts up again, we could be in for even more trouble. So cleanup is under way, but we are trying to get help to cut through the redtape and get a disaster declaration.

I talked to the Governor this afternoon. Primarily, it is the Emergency Conservation Program, the Livestock Indemnity Program, and Environmental Quality Incentives Program, or EQIP, that are the key programs. It won't make people whole by any means, but it will give them hope. So cleanup is under way.

Kansas is a bootstrap State. It is not just about building new fencing. We have families who have lost the farmhouse and all the equipment they need to rebuild. Many livestock producers have had the gruesome task of euthanizing cattle that have been badly burned. We have to remove the carcasses. We have to find land for the survivors to graze. And we have a lot of uncertainty. How long will it take for the grasses to come back? When can we get rain to avoid a dust bowl? It is really too soon to tell. But we have been through disasters before. Almost 1 year ago, we had the Anderson Creek fire, and we have come through tornadoes and ice storms. Recovery from disasters of this magnitude, however, requires us to cut through the redtape. It requires getting the right information to producers so they know how to apply for aid and then to expedite it. Yes, it requires us to look at our programs to see where we can improve them.

Now, this fire has not received much attention in the national media. You see, we are a flyover State. All we do is produce food and fiber for Kansas and our Nation and for a troubled and hungry world. But I do want to commend members of the press in Kansas, especially photographer Bo Rader of the Wichita Eagle, who took this photo of my State Director Chad Tenpenny and me walking through rangeland outside of Ashland.

The Wichita Eagle has gone out of their way to show the world what this fire looks like to real people. The Hutchison News, the High Plains Journal, and the Dodge City Daily Globe have all told and are telling this story. The same is true for the TV and the radio crews who have helped get the news of town evacuations safety notices to our people. This is what they do.

Rest assured that, as chairman of the Senate Agriculture Committee, I am committed to the Kansans I serve. They know me. I know them.

I know that Clark County and the other 20 counties will come back. We will ensure they get the help they need. Ad astra per aspera—to the stars through difficulty. It is not just a motto; it is who we are.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

AMERICAN HEALTH CARE ACT

Mr. CORNYN. Madam President, last week our colleagues in the House of Representatives introduced the American Health Care Act—legislation that will deliver on a promise we made to repeal ObamaCare and to replace it with healthcare options that won't force people to buy an insurance product just because the government tells them to do so or penalize them if they don't but will replace it with one that actually fits the needs of their families at a price they can afford.

It is no secret that ObamaCare was oversold back in 2010 when the President said: If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. And by the way, an average family of four, he said, would save $2,500. That has not proven to be true.

ObamaCare, to boot, has wreaked havoc on our economy and on American families just trying to stay healthy. In my State of Texas, it has led to fewer healthcare options, skyrocketing premiums, and deductibles so high that insurance plans are rendered almost useless. By one estimate, about one-third of Texas counties have only one insurance option, and that is the case throughout the Nation. Nearly one-third of all counties in the country have only one insurance company offering plans on their States' exchanges.

The truth is, ObamaCare has never added up to better coverage at a more affordable price; it has never delivered more options—just the opposite; and it never kept its promises when it was being sold to the American people.

Now is the time for us to do right by the American people by delivering more access to quality healthcare at a price Americans can afford.

The American Health Care Act doesn't just tinker around the edges of ObamaCare; it is a complete do-over.

This bill, for example, repeals ObamaCare's individual mandate, the requirement that you buy government-approved insurance, and if you don't, we are going to fine you. That is repealed.

It repeals the employer mandate. I still remember being in Tyler, TX, and talking to a gentleman who owned a restaurant and who said he had to lay

off some of his full-time staff, putting them on part time, just to avoid the penalties that go along with the employer mandate. And by the way, he introduced me to the single mom who now, instead of working one full-time job, had to work two part-time jobs just to keep food on the table for her family.

This bill also repeals the medical device tax. This was an incredible tax on medical innovation which wasn't on income but literally on gross receipts, forcing jobs to move from the United States to places like Costa Rica and Central America.

This bill repeals ObamaCare's Medicare payroll tax increase, the net investment tax increase, the ObamaCare tax on prescription drugs, and the ObamaCare health insurance tax.

This is the full repeal of ObamaCare that we have been promising for years now.

I want to point out that this bill also provides unprecedented entitlement reform. Some of the main cost drivers for the Federal Government are not the 30 percent of Federal funds that we appropriate each year that are largely divided between defense and nondefense spending. Entitlements are driven by the fact that they are not capped or pegged to an inflation rate for Medicare, Social Security, and Medicaid.

This legislation actually begins to put Medicaid—the healthcare plan for the most vulnerable in our country—on a reasonable path to sustainment. This bill also makes sure that the States that share in the cost of Medicaid can manage their own State budgets in a much more responsible way.

This bill is the first real Medicaid reform since the program was created which, perhaps most importantly, gives more authority, more flexibility to the States to manage the dollars they spend, to manage not only the dollars they come up with through their own tax rolls but the Federal portion as well. And as I said, it puts the Medicaid Program on a path toward fiscal responsibility.

I believe this legislation is critically important across the country and for my State of Texas, too. In Texas, every other year, when the legislature meets and tries to determine how to allocate its budget, they work very hard to try to make sure that Medicaid isn't the single largest expenditure in the State budget. Right now, about a third of that total budget is spent on Medicaid alone, and the Federal Government essentially ties the hands of the State in terms of managing the healthcare delivery system to help those most vulnerable low-income folks in our State.

With this legislation, not only do States like Texas have the ability to manage the expenditure of the money to focus on chronic diseases—people who are using our healthcare system a lot because of the nature of the illnesses they have—but also to help encourage medical homes so that people have ways of managing their healthcare to stay healthy longer and to reduce healthcare expenditures.

This legislation will help Texas and the rest of the country have a way to rein in spending while serving those who need Medicaid the most. You will hear some of our friends across the aisle saying that this is about kicking people off of Medicaid. Well, that is not true. For those people currently on Medicaid, Medicaid expenditures will not change at all as long as they remain on the rolls. That includes those who live in States that expanded the Medicaid coverage from 100 percent of Federal poverty to 138 percent. Those people will stay on Medicaid as long as they are eligible. Under this new legislation, Medicaid is put on a sound fiscal footing so the program is still around for our children and grandchildren.

Another important feature of the American Health Care Act is that it establishes a patient and State stability fund to equip Texas and other States to meet the specific healthcare needs of their patients, particularly those, as I have said, with low incomes and those suffering from chronic illnesses.

It will provide more money to community health centers that do a lot of heavy lifting to make sure that families are healthy and that people get access to the treatment they need regardless of whether they actually have health insurance. In Texas, we have hundreds of community health centers serving more than 1 million Texans each year. Under the American Health Care Act, they will be able to do their job more effectively and keep more Texans healthy.

Responsible entitlement reform is something we should be all about. It serves the American people not just for tomorrow but for decades down the road. Most importantly, I believe what this legislation does is it finally delivers on the promise we made back during the debate over the Affordable Care Act.

Now that the Affordable Care Act has proven itself to be unsustainable and does not deliver on the basic promises, the fundamental promises upon which it was sold to the American people, I believe it is important that we keep our promise to repeal it and replace it with more choices of affordable healthcare at a price people can afford. It is the conservative answer to healthcare that will empower individuals, provide more options and competition, and responsibly help those who need care have more access to it.

Madam President, I yield the floor.

Mr. LEAHY. Madam President, as the Senate continues to consider nominees to lead Federal agencies, I am concerned that once again there is a nominee before us with a stunning lack of expertise to run an agency that affects so many American lives. Seema Verma is another such nominee.

The Administrator of the Centers for Medicare and Medicaid Services, CMS, has an incredible responsibility to ensure some of America's most important programs run smoothly. For decades, Medicare and Medicaid have offered coverage to some of our Nation's most vulnerable populations. Medicare and Medicaid currently cover more than 100 million Americans—nearly one in three patients. The Administrator is responsible for overseeing more than $1 trillion in annual spending and a staff of about 4,000 people. This is a position of vital importance where a new Administrator should hit the ground running, instead of learning on the fly.

And learning on the fly is what she will have to do, as evidenced by her testimony before the Finance Committee. When asked to name a specific program she would commit to improving as Administrator, she could not identify even one. She also demonstrated a lack of commitment to protect healthcare for women, saying that coverage for prenatal and maternity care should be optional and paid for separately. Does Ms. Verma really want to return us to a time when women are discriminated against in healthcare solely because of their gender? It appears so. When asked about provider payment systems, she stumbled to answer, showing little knowledge about a system that directly impacts millions of providers across the Nation. Furthermore, the only fact she could name about Medicare Part D, a benefit that supports more than 40 million seniors, was about an online plan finder tool.

Supporters of her nomination point to her involvement and design of Indiana's Medicaid program as her qualification to run CMS. Directed by then-Governor Mike Pence, Indiana's plan requires even the poorest patients to pay a monthly fee in order to access health insurance. The plan also restricts those who miss a payment to be locked out of care for 6 months. Instead of working to find ways to help Indianans gain insurance coverage, she contributed to a system that bars access to vulnerable patients. Conversely, Vermont also has a Medicaid waiver that, combined with Vermont's All Payer Waiver, has a goal of insuring all Vermonters. Vermont's is the standard that we should all be trying to meet. I am not confident that Ms. Verma is up to the task.

What is more concerning is how Ms. Verma fits into a world where Republicans are engaged in an effort to not only rip apart the Affordable Care Act, but also to end the Medicaid Program as we know it. The current proposals before the House of Representatives would cut hundreds of billions of dollars from Medicaid, leaving States in the lurch and causing millions to go uninsured or to have substandard care. As Republicans continue these efforts, it will be critical for the Administrator of CMS to understand and care about the impacts of such efforts on the millions of Americans who rely on these health protections day to day.

Confirming someone with such a lack of experience to run a trillion-dollar

agency would be unfair to the American people. And as a core player in the effort to unravel the Affordable Care Act, she demonstrates values that are counter to the very agency which has been supported and improved by key provisions in the law. I do not believe Seema Verma is qualified or fit to serve as the Administrator of CMS, and I encourage all Members to join me in opposing her nomination.

Mr. VAN HOLLEN. Madam President, the Centers for Medicare and Medicaid Services, or CMS, is a major part of the Department of Health and Human Services. A third of the Nation—more than 100 million Americans—get access to quality healthcare through CMS's programs—Medicare, Medicaid, the Children's Health Insurance Program, and the Affordable Care Act Marketplace. CMS also includes the Center for Medicare and Medicare Innovation and several other activities to improve access and affordability in our Nation's health system for all Americans—regardless of income, gender, or health status.

President Trump, Secretary Price, and congressional Republicans seek to drastically restructure our Nation's healthcare, threatening to leave millions without coverage. In the face of that threat, we need a CMS Administrator who knows how to lead CMS and is willing to do whatever she can to protect Americans' healthcare. After hearing from several organizations that deal directly with CMS and familiarizing myself with President Trump's nominee, I cannot support the nomination of Seema Verma for this important role.

Ms. Verma does not have the experience or appropriate knowledge needed to head this vital agency. Her limited scope of experience with just Medicaid, lack of familiarity with Medicare, and willingness to restructure CMS's rules that protect millions are cause for deep concern.

If confirmed, Ms. Verma would manage 85 percent of the HHS's $1 trillion budget, which in turn is more than a quarter of the Federal Government's, and Ms. Verma would oversee 4,000 employees. Running CMS requires significant experience with healthcare and is best done by a person who has held significant positions in private industry and government.

But nothing in Ms. Verma's career shows her to have the skills to operate a budget or team of this magnitude. She has never managed a large organization and has little experience with Medicare. Ms. Verma has operated a small, 10-person company, SVC, Inc., and consulted on various State Medicaid programs. Her experience is inadequate for the important role for which President Trump nominated her.

The next CMS Administrator will have an important voice forming healthcare policy. HHS Secretary Price has been on the forefront of efforts to slash Medicaid and turn Medicare into a voucher program. President Trump, Secretary Price, and congressional Republicans have made it a priority to repeal the Affordable Care Act. We need a CMS Administrator who will provide a reality check in the face of these reckless proposals. We need a CMS Administrator who will work to uphold President Trump's promise that ''there will be no cuts to Social Security, Medicare, and Medicaid.''

Ms. Verma, however, could not make that commitment during her Senate Finance Committee confirmation hearing. To the contrary, during her hearing, Ms. Verma expressed openness to block-granting Medicaid or instilling per-capita caps—putting the coverage of nearly 70 million vulnerable Americans at stake. These policies would end the Federal guarantee of matching funds to States and would dramatically cut Federal funding to States. Analyzing a 2012 congressional Republican block grant proposal, the nonpartisan Congressional Budget Office found that, for States to manage their Medicaid programs at reduced funding levels, they would have to limit Medicaid eligibility, reduce benefits, cut payment rates, or increase out-of-pocket costs for beneficiaries. These proposals would result in the denial of healthcare and long-term care to millions of vulnerable Americans.

We need a leader at CMS who will defend the historic gains of the Affordable Care Act The Affordable Care Act set standards for consumer protection and significantly expanded coverage. Repeal could cause 22 million Americans—and 400,000 Marylanders—to lose quality, affordable health coverage. Repeal would imperil new access to life saving substance-use-disorder and mental health treatment Repeal would endanger coverage for children who now have access to comprehensive health services. Repeal could significantly raise premiums and erode consumer protections for Americans who have coverage outside of the Marketplace.

Under the Affordable Care Act, insurance plans must provide maternity care as an essential health benefit. But during her nomination hearing, Mrs. Verma said that, while some women want maternity coverage, ''some women might not choose that,'' signaling her view that the law should not require insurance companies to provide this critical coverage. This is unacceptable. Ms. Verma's position would put the health of mothers and families at risk and drive up costs for plans that did provide the coverage. We will not turn back the clock to when maternity coverage was optional. We need an Administrator who will stand with mothers and families on this issue.

Because of Ms. Verma's lack of adequate healthcare experience and her willingness to consider rash policies that are far out of the mainstream, I do not believe that she is equipped to appropriately advise the President and Secretary on these policies that affect millions of Americans. I will not support her nomination to head CMS.

The PRESIDING OFFICER. The Senator from Arkansas.

TRIBUTE TO DR. JIM ROLLINS

Mr. BOOZMAN. Madam President, I rise today to honor Dr. Jim Rollins, an Arkansan who has dedicated his life to public education. Dr. Rollins is the superintendent of the Springdale, AR, public schools, where he has served since 1980.

Dr. Rollins started his career in the classroom as a science teacher in North Little Rock. Since that time, he has consistently sought to provide students with a quality education. The work he has done leading Springdale's public schools speaks for itself.

Dr. Rollins' motto when it comes to education is ''Teach them all.'' This worthy goal has been especially important in Springdale, where enrollment has grown from 5,000 students when Dr. Rollins arrived in 1980 to nearly 23,000 students today. Many of these students are part of immigrant families where English is not their first language. More than 55 percent of the district's students are not proficient in English, and around 75 percent qualify for free and reduced lunches. As you might imagine, this has presented unique challenges to educators in Springdale.

In order to meet these challenges and ensure that the school system is doing everything it can to provide these students with a great education, Dr. Rollins has introduced innovative programs that cater to immigrant families, including the unique Marshallese population in Springdale.

As superintendent, Dr. Rollins has fostered an atmosphere where families feel welcome and understood so that parents, students, teachers, and administrators are working together to create a supportive environment that leads to growth in the classroom. In the spirit of engaging the entire family in the education of every child, Dr. Rollins has helped lead an effort in Springdale's schools to promote English as a second language instruction for students and parents.

This year, Dr. Rollins is once again being recognized for his outstanding efforts in the achievements Springdale public schools have enjoyed under his leadership. Dr. Rollins is being recognized as one of Education Week's 2017 Leaders to Learn From, which highlights forward-thinking district leaders who are working to enact and inspire change in our Nation's public schools. Dr. Rollins is certainly very deserving of this honor. You only need to look at the work he has done over several decades to understand that he has dedicated his professional life to improving public education outcomes for every child in the Springdale education district. The teachers and parents in his district have also had wonderful things to say about Dr. Rollins and his leadership in their community. I am so pleased that his trailblazing work in Springdale public schools is being noticed by national education organizations.

Dr. Rollins has made Arkansas very proud, and we are so grateful for his leadership and commitment to educating children no matter where they come from or their station in life. I am honored to know Dr. Rollins, appreciate his friendship, and look forward to his continued stewardship of the public school system in Springdale and the positive influence he has on education throughout Arkansas.

Congratulations, Dr. Rollins, on a job well done.

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

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

Mr. WYDEN. Madam President, the hard numbers are now in on TrumpCare, and there is no sugarcoating them for the American people, as 24 million Americans get kicked off their insurance plans, as $880 billion is slashed from Medicaid in the first decade, and as a payday worth hundreds of billions of dollars goes out to the wealthiest and the special interests. That is what is going to be dropped on Ms. Verma's plate if she is confirmed and if the bill passes. It is her nomination that is up for debate right now, and we should make no mistake that she is going to be in charge of the specifics.

If TrumpCare passes, under section 132, the new Administrator would be able to give States a green light to push sick patients into high-risk pools when the historical record shows that these high-risk pools are a failure when it comes to offering good coverage that is affordable.

The new Administrator would be in charge of section 134 and could decide exactly how skimpy TrumpCare plans would be and how many more Americans would be forced to pay out-of-pocket for the care they need.

The new Administrator would handle section 135, which paves the way for health insurers to make coverage more expensive for those who are approaching retirement age. That is just the start.

The fact is that TrumpCare is about enormous tax breaks for the fortunate few, financed by raiding Medicare, gutting Medicaid, and hurting older people and the sick and those who are of modest income. Ms. Verma would have the job of implementing all of this at the Centers for Medicare and Medicaid Services.

My view is that the Senate cannot debate this nomination without debating the matter of the TrumpCare program itself because it will be a very huge part of the job. Today, I am going to walk through some of the specifics with regard to TrumpCare, beginning with the scheme that I call ''Robin Hood in reverse.''

If you look at the funds, it is clear that this is an eye-popping transfer of wealth away from older people, from women and kids—from the most vulnerable—directly into the wallets of the fortunate few. No part of the TrumpCare bill shows this more clearly than the fact that it steals from the Medicare trust fund to pay for a tax cut that goes only to the most fortunate—only to those who make a quarter million dollars or more per year.

Everybody in America who brings home a paycheck has a little bit taken out each and every time for Medicare. It is right there on the pay stub. It is automatic. Under TrumpCare, the only people who are going to see a Medicare tax cut are the people who need it the least. I want to repeat that. Everybody in America, when one gets a paycheck, sees a Medicare tax, and everybody pays it, and we understand why it is so important. There are going to be 10,000 people turning 65 every day for years and years to come. The only people who are going to get that Medicare tax cut are the people who need it the least, and that tax cut that is going to go to the fortunate few will take 3 years off of the life of the Medicare Program, depleting the program in 2025 instead of in 2028.

That particular cut breaks a clear Trump promise not to harm Medicare. All through the campaign, then-Candidate Trump was very, very firm in his saying that he would do no harm to Medicare.

He said:

> You can't get rid of Medicare. Medicare's a program that works . . . I'm going to fix it and make it better, but I'm not going to cut it.

The promise not to cut Medicare lasted about 6½ weeks into the Trump administration before it was broken. The bottom line is that TrumpCare raids Medicare. It raids Medicare and causes harm to Medicare in violation of an explicit Trump promise during the campaign, and it brings Medicare 3 years closer to a crisis to pay for a tax cut for the wealthiest in America.

So you have this enormous, eye-popping transfer of wealth from working people, seniors, and people of modest means to the most fortunate. Yet, somehow, people have the chutzpah to say it is a healthcare bill? I do not think so. It is a huge, huge tax windfall for the fortunate.

There is also the tax break on investment income. Once again, this is a break that is going to only go to the most fortunate among us, and, with the investment tax break, the overwhelming majority of the benefit—nearly two-thirds of it—will go to the top one-tenth of one percent of earners in America. That looks like an awful lot of money that is going to be going to the fortunate few, but we are not even done there.

On top of all of this, there is yet another juicy tax—this time for health insurance executives' salaries. It is another juicy tax cut for executives who are making over $500,000 per year.

It is not just Medicare that is getting raided under this proposal. Some of those who are hit the hardest by TrumpCare are those who are approaching retirement age. If you are an older American and are of modest income—55 or 60—and you have to get insurance in the private market, TrumpCare is going to cause your prices to go through the stratosphere. In parts of my home State, especially in rural areas, a 60-year-old who brings home $30,000 a year could see his insurance costs go up by $8,000 or more.

Much of this is due to what we call an age tax. It is a key part of TrumpCare. It is another key part of what Ms. Verma will be in charge of implementing. The bill would give health insurance companies the green light to charge older people five times as much as they charge younger people. If you are a person of modest means, are a few years away from qualifying for Medicare, and your insurance premiums jump by $8,000, that means you are just out of luck. You are going to be locked out of the system. You are, basically, going to have to hope that you just do not get sick before you are eligible for Medicare.

Those tax credits that you hear so much about from TrumpCare advocates are not going to be of much consolation to you. That is because TrumpCare puts a hard cap on your tax credit as an older person—just $4,000—and the odds are good that it would not come close to covering the expense of a decent insurance plan.

Now, I am going to turn to Medicaid because TrumpCare does not just make little changes around the margins. It does not strengthen or preserve this program that covers 74 million Americans. TrumpCare hits Medicaid like a wrecking ball, and it has particular implications for seniors. I am going to walk through those.

The Medicaid nursing home benefit is very much at risk now because of the TrumpCare cuts as it relates to Medicaid. Medicaid picks up the bill for two out of three nursing home patients. These are the people who have worked a lifetime, raised kids, put them through school, and scrimped and saved all they could. These are the people who, in Kansas and in Oregon and across the country, never went on the special vacation, who never bought a boat. All they did was to try to scrimp and save and educate their kids. The fact is that growing old in America is pricey, and after a few years of balancing the rent bill against the food bill and the food bill against the medical costs, what happens is that a lot of seniors just exhaust their savings.

When I was director of the Oregon Gray Panthers, what I saw in my State—and it is duplicated everywhere—was older people walking every single week on an economic tightrope. They were balancing the food bills against the medical bills and the medical bills against the rent bills, and they just couldn't keep up. They burn

through all of their funds and they burn through their modest savings, so when it is time to pay for nursing home care, they have to turn to Medicaid.

Today in America, the Medicaid nursing home benefit is a guarantee that those vulnerable older people—the people who are walking on that economic tightrope—are going to be taken care of. TrumpCare breaks the Medicaid nursing home guarantee, and it goes even further than that. A lot of States—mine is one—worked hard to give more care choices to seniors as well as those with disabilities. Maybe instead of living in a nursing home or an institution, they would rather be in the community. Maybe they would rather live at home where they are most comfortable. TrumpCare could mean that those home- and community-based choices could disappear as well.

So what we are talking about is that with these cuts in Medicaid, at a time when, in Kansas and in Oregon and across the country—what we have tried to build for older people is a continuum of services. There would be help at home. There would be help in terms of long-term care facilities. There would be a wide array of choices. And because of Medicaid, there was enough money to fund these choices, to fund this continuum of care for vulnerable older people. Now, as a result of the Medicaid cutbacks, my concern is that there is not going to be enough money for any of these choices—not going to be enough money for the nursing home benefit, not going to be enough money for home- and community-based services. Suffice it to say that my own home State has indicated to me that they are very concerned about the cutback in home- and community-based services.

Nobody wants to see older people get nickled and dimed for the basics in home care they rely on and good nursing home benefits. Yet, when it comes to Medicaid, TrumpCare would effectively end the program as it exists today, shredding the healthcare safety net for older people and millions of others in our country.

It puts an expiration date on the Medicaid coverage that millions of Americans got through the Affordable Care Act. For many, it was the first time they had health insurance. It brought an end to an era where those individuals could turn only to emergency rooms for care. And now TrumpCare is going to cap the Medicaid budget and just squeeze it and squeeze it and squeeze it some more until vulnerable people will not be able to get care.

The program is particularly important for seniors and the disabled, and I want to make sure that people understand what it means for children as well, for those in the dawn of life as well as those in the twilight of life.

Medicaid pays for half of all births, and kids make up half of Medicaid's enrollees. It is important to remember that in many cases, these are kids who already have the odds stacked against them. They are from low-income families. They are foster kids. They are kids with disabilities. We know they are already facing an uphill climb. Medicaid, though, has been there now with the Affordable Care Act to make sure they could see family practitioners and even pediatric specialists. That was just unheard of for these youngsters before the Affordable Care Act. And when a kid needs emergency care, Medicaid is what makes it affordable. TrumpCare puts that in danger.

I have talked about what it means for older people and what it means for the disabled and what it means for kids, and I am just going to keep on going because now that we have the hard numbers in—the hard numbers have arrived here in real time from the budget office that is charged with giving us this analysis—it is important to talk about what it means, because budgets are not just facts and figures and cold sheets of paper; they are about people's hopes and aspirations. And the hopes and aspirations that I have had since those days when I was director of the Oregon Gray Panthers were to make sure that people had affordable, quality, decent healthcare choices because in America, if you don't have your health, you really are missing much of what makes life so special in our country.

The bill also takes an enormous toll in other areas, and I want to mention next opioid abuse. By slashing Medicaid, TrumpCare is going to make America's epidemic of prescription drug abuse-related deaths even worse.

The papers this morning had accounts about how families were losing most of their children to opioid addiction—most of their children lost to opioid addiction—on the front pages of the papers. Medicaid is a key source of coverage for mental health and substance abuse disorder treatment, particularly after the Affordable Care Act, but this bill takes away the coverage for millions who need it.

Republican State lawmakers, to their credit, have spoken out about this issue. Frankly, it just ought to be a head-scratcher for anybody who remembers the last Presidential race when, in the primary race, a parade of candidates rolled through State after State that had been hit hard by the opioid crisis, and all of those candidates were trying to outpromise the one who had spoken previously in terms of how they would help solve the opioid crisis. Then-Candidate Trump was one of the most outspoken on saying that he would fix the opioid crisis. He said he was the guy who could end the scourge of drug addiction and get Americans the help they need. Instead, what we have is TrumpCare, which makes the opioid crisis worse, and there is no getting around it.

TrumpCare puts States in the unimaginable position of having to decide whose Medicaid to slash. Are they going to tell seniors that the nursing home benefit is no longer a guarantee and they are going to have to get in a long waiting line for an opportunity to get a place in the local nursing home? Should they tell pregnant women that births are no longer covered? What about telling mothers and fathers that their kids are cut off and they will have to hope for the best or make their way back to the emergency room?

I also want to touch on a final point that really deserves some discussion and hasn't gotten much, and the finance staff has been looking at it; that is, how TrumpCare really creates a disincentive to work, because I think TrumpCare and Ms. Verma's role implementing it are going to have a substantial effect on American workers and entrepreneurs.

It is my view that TrumpCare creates a substantial, significant disincentive to work. Today, if you are on Medicaid, you are able to pick up a few extra hours at work or go out and accept a higher paying job without the fear that you will lose access to care. That is because under the Affordable Care Act, low-income Americans get the most help when it comes to paying insurance premiums. A lot of persons can get health insurance for less than $100 a month.

Let's compare that with the TrumpCare approach. Under the TrumpCare plan, those who are walking an economic tightrope, bringing home barely more than the minimum wage, don't get the most help. They don't get the most help, and they could see their insurance costs go up by thousands and thousands of dollars each year, which would effectively mean they would be locked out of the healthcare system. So for millions of persons, staying on Medicaid would suddenly look a lot more attractive. Making a little more money and losing your Medicaid coverage could mean losing your access to high-quality healthcare altogether. So my view is nobody has been able to counter this. TrumpCare, in effect, would keep Americans trapped in poverty.

Entrepreneurs and Americans who want to go back to school to pursue a degree would face the same dilemma. Somebody who wants to quit their job and pursue their dream of starting their own business ought to be able to do it without a fear that they won't be able to any longer afford healthcare. The same goes for those who want to go back to school full time to pursue a degree or certification. TrumpCare makes insurance unaffordable for those persons.

TrumpCare is going to be the big issue on Ms. Verma's plate if she is confirmed this afternoon in the Senate to administer this office. We all understand that this bill has been taking a pounding from all sides. Moderate Republicans and those who consider themselves conservative Republicans are against it. Governors from both

parties are against it. Democrats are united. The AARP, the American Hospital Association, the American Medical Association, and the American Nurses Association have all come out against the bill—not any surprise to me. I don't think these groups think that healthcare and healthcare legislation is primarily about ladling out big tax breaks for the fortunate few, but that is what this so-called healthcare bill does. And it is financed by raiding Medicare, by gutting Medicaid, and by hurting older and sicker and lower income Americans.

There has been a lot of happy talk about why we ought to support this bill, but what I have tried to do this afternoon is lay out the broken promises. This weekend, for example, the new Secretary of Health and Human Services said: ''I firmly believe that nobody will be worse off financially in the process that we're going through, understanding that they'll have choices, that they can select the kind of coverage they want for themselves and for their family.'' That statement from the Secretary of Health and Human Services is disconnected from the facts. The simple math shows that TrumpCare forces millions of people—particularly older people and less affluent people—to pay thousands of dollars more for their health insurance.

The OMB Director, Mick Mulvaney, was pressed on why TrumpCare breaks the President's promise of ''insurance for everybody.'' His response was that TrumpCare is about access, and the bill ''helps people get healthcare instead of just coverage.'' But we all understand that access doesn't mean a lot if people can't afford to get coverage. That is the future that TrumpCare is going to bring for millions of Americans.

I asked Ms. Verma the most basic questions during her confirmation hearing so we could get even a little bit of an insight into how she would approach these issues. I asked for one example—these are not ''gotcha'' questions; these are the questions you ask if you want to know about running a program involving $1 trillion. I asked Ms. Verma for one example of what to do to bring down the cost of prescription medicine. I gave her three or four to choose from. I particularly would like to see more transparency by lifting this cloud of darkness surrounding how medicines are priced. She didn't have any answers to any of these questions.

So here is where this nomination stands. Ms. Verma gave the Finance Committee and the public virtually nothing to go by in terms of how she would approach this job, but the fact is that, if confirmed, she would be one of the top officials to implement TrumpCare—a bill that raids Medicare, slashes Medicaid, and kicks millions of Americans off their health plan to pay for a tax cut for the wealthy.

I am unable to support this nomination, and I urge my colleagues to oppose it.

Mr. President, over the past decade, the Trump administration's nominee to be CMS Administrator, Seema Verma, has demonstrated a conflicting pattern of working directly for the State of Indiana on its health programs while also contracting with a handful of companies that provided hundreds of millions of dollars in services and products to the very same programs she was helping the state manage.

Those companies are Hewlett Packard, Health Management Associates, Milliman, Inc., Maximus, and Roche Diagnostics. All were vendors to the State's Healthy Indiana Program agencies, while Ms. Verma helped design and direct that Program—first for Governor Daniels and then for Governor Pence. As she describes her role on her company's website, ''Ms. Verma is the architect the Healthy Indiana Plan (HIP), the Nation's first consumer directed Medicaid program under Governor Mitch Daniels of Indiana and Governor Pence's HIP 2.0 waiver proposal. Ms. Verma has supported Indiana through development of the historic program since its inception in 2007, from development of the enabling legislation, negotiating the financing plan with the state's hospital association, developing the federal waiver, supporting federal negotiations and leading the implementation of the program, including the operational design.''

Ms. Verma collected more than $6 million from Indiana taxpayers while overseeing the State's Medicaid reform and ACA implementation. At the same time, while under contract with the State as a consultant, Ms. Verma also collected more than $1.6 million from Milliman Actuaries, more than $1 million from Hewlett Packard, $300,000 from Health Management Associates, and tens of thousands of dollars from Roche Diagnostics and Maximus. All while these companies held important contracts with the State.

In addition to being on ''both sides of the table,'' in at least two cases involving her contracts with Hewlett Packard and Health Management Associates—her duties for the State of Indiana overlapped directly with the tasks those firms were also billing the state to complete.

While there are questions about Ms. Verma's work for the several companies above, I want to focus for the moment on what I believe to be the clearest conflict: her work on behalf of Hewlett Packard.

Hewlett Packard Conflicts. In 2014, the Indianapolis Star newspaper reported:

> ''Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts. At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant.''

While this in and of itself is deeply concerning, Indiana state contract records show that Ms. Verma was instrumental in helping the state determine this contract was even necessary in the first place.

Let me say that again: Ms. Verma, in her role of advising Indiana, helped the state determine there was a need for the services of a vendor like Hewlett Packard. She then joined the company on a bid to provide those services, received a contract, and was ultimately paid more than $1 million. Hewlett Packard bought the company that originally contracted with the state, Electronic Data Systems in 2008. That company, in a January 2008 press release characterized the Indiana contract in this way:

> '' 'The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels' package of Medicaid reforms such as the Healthy Indiana Plan . . .' 'At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,' said Mitch Roob, Family and Social Services Administration Secretary. 'The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.' ''

Ms. Verma helped Indiana outline Medicaid reform policy goals as State contractor before joining a vendor in its bid to fulfill those duties—and then remained a paid participant on both sides. Furthermore, it appears that Ms. Verma was billing Hewlett Packard and Indiana, in some cases, for the same work she was already performing under her own contracts with the State. In written responses for the record to the Finance Committee, Ms. Verma provided a 2013 presentation from Hewlett Packard and herself to Indiana health program executives.

The presentation identified several functions that Ms. Verma would provide to the State through the Hewlett Packard contract. Many of those duties are exceptionally similar to duties the State had already contracted with her directly to provide in 2012 and 2013.

For example, that 2013 presentation outlined specific duties HP was paying her to perform that included: monitoring the Federal regulatory environment, providing Medicaid policy expertise, and supporting Indiana's State Plan Amendment waivers and process. These were things Verma was already under contract to provide the state directly.

On February 21, 2012, Verma's firm was contracted by the State to review Federal regulations that would impact Indiana's Healthy Indiana Plan.

On May 13, 2013, she was contracted to provide the State with advice on the impact of new ACA regulations related to Medicaid.

To me, that sounds a lot like monitoring the federal regulatory environment in the HP presentation.

Under the February 21, 2012 contract, Verma's firm was contracted by the State to provide general policy expertise to the Healthy Indiana Program—also known as Indiana's Medicaid program.

To me, that sounds a lot like providing Medicaid policy expertise in the HP presentation.

Under this same February 21, 2012 contract, Verma's firm was contracted by the State to develop State Plan Amendments and waivers—these are the agreement between the State and Federal Governments that ensures the State adheres to Federal rules for Medicaid and CHIP.

To me, that sounds a lot like supporting Indiana's State Plan Amendment waivers and process in the HP presentation.

Ms. Verma has not addressed how being paid twice for what appears to be largely similar work was ethical. She has, however, consistently denied that any conflicts of interest existed while she worked both sides of these deals in Indiana. During her confirmation hearing before the Senate Finance Committee on February 16, 2017, Ms. Verma claimed she had her staff recused themselves when potential conflicts arose:

''When there was the potential or when we were working on programs, we would recuse ourselves. So we were never in a position where we were negotiating on behalf of HP or any other contractor with the state that we had a relationship with.''

That all sounds well and good but that claim has been disputed by the former head of Indiana's Family and Social Services Agency. As first reported in 2014 by the Indianapolis Star,

''Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013. 'We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,' Minott said. 'I was troubled because I thought Seema was our consultant.' ''

Ms. Minott made this allegation again just last month in a February 14, 2017 story by the Associated Press about Ms. Verma's conflicts,

''There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot. 'It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. 'It was just shocking to me that she could play both sides.' ''

Additionally, in response to questions for the record that I submitted to Ms. Verma, she said that her firm worked directly with HP for the state, and that representatives from SVC participated in meetings between the state and HP,

''SVC worked with the State of Indiana and its vendors, including HP, to design systems for implementation of the Healthy Indiana Plan. We helped vendors translate the policy and waiver language into system operations. We did not oversee HP or any other vendor in this regard, and did not negotiate or participate in change orders or contract amendments. To the best of my recollection, State officials participated in all meetings with HP regarding the Healthy Indiana Plan work at which SVC representatives were also present.''

That sounds to me like Ms. Verma and her team were in meetings with both HP and the State discussing issues where her duties clearly overlapped and when she was being paid by both parties. In fact it sounds like the only safeguard in place was that State officials sat in on these meetings between her firm and HP.

Finally, with regard to her claim that she always recused herself, I specifically asked her to provide for the record any documentation that she had of the process for determining when she needed to recuse herself and documentation of the recusals actually taking place. She replied that there were none.

Consequently, it's hard to believe Ms. Verma was truly able to avoid very real conflicts of interest while she and/or her firm were guiding HP's work on behalf of the State and sitting in on meetings with both the state and HP while being paid by both.

In the case of Health Management Associates, Verma also had contracts with the state that covered the exact same work HMA was separately being paid by Indiana to fulfill and while she was also being paid by HMA. For example, in 2007, the State awarded Verma's firm a non-competitive contract to develop the Request for Proposal for a company to implement the Governor's Healthy Indiana Program. On the same day, Indiana gave HMA its own non-competitive contract to develop the very same proposal. This occurred while HMA was also paying Verma's firm on a separate but related contract. Again, as in the case of HP, she was helping the State manage key programs while being paid by contractors performing work for those programs. In this case, what she was doing for the State was essentially the same thing that the contractor was being paid to do—develop a Request for Proposal to implement the Healthy Indiana Plan.

Ms. Verma claims there was no conflict because she did not directly oversee these two contractors—HP and HMA—in her role with State. She also points to the fact that in 2012 she received an opinion from the Indiana Ethics Commission that stated her work for HP was not in violation of state conflict of interest laws because she was a consultant, not a State employee.

I do not believe that her work for the State and her work for these contractors was a true arms-length relationship. As the Associated Press recently highlighted, Ms. Verma maintained an office in the State government center and that the AP characterized her work as ''usually reserved for state administrators.'' The existence of this opinion, in my view, does not absolve Ms. Verma from what look to be very clear and obvious conflicts of interest.

I am not alone in this opinion, as President George W. Bush's ethics lawyer Richard Painter—hardly a liberal partisan—said Ms. Verma's consulting arrangement in Indiana, ''clearly should not happen and is definitely improper.'' Ms. Verma helped the State decide it needed a vendor like HP, and then went to work for HP on the resulting contract. She was also under contract with yet a third company—Health Management Associates—which was being paid to develop the Request for Proposal for the same contract. That certainly seems like a conflict of interest to me.

When I asked her in writing whether she had obtained similar ethics opinions with regard to her work for any of the other state contractors who had hired her—Milliman, Roche Diagnostics, Maximus, or Health Management Associates, she said she hadn't.

All of these companies continue to do business with the State of Indiana and with other State and Federal health programs that will be under Ms. Verma's purview at CMS. Maximus, for example, is the largest provider of enrollment services for these programs in the U.S.

Just because Indiana chose to play fast and loose with conflicts of interest doesn't mean that these practices were right.

I have no confidence that Ms. Verma will take her responsibilities to avoid such conflicts at CMS any more seriously than she did in Indiana.

Mr. President, I ask unanimous consent to have the following documents printed in the RECORD.

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

[from INDYSTAR, Nov. 29, 2016]

SEEMA VERMA, POWERFUL STATE HEALTH-CARE CONSULTANT, SERVES TWO BOSSES

(By Tony Cook)

President-elect Donald Trump has tapped Seema Verma, a consultant who helped craft the state's Healthy Indiana Plan, to serve as head of the Centers for Medicare and Medicaid Services. Verma worked closely to shape the health care policy of both former Gov. Mitch Daniels and Gov. Mike Pence.

The health policy consulting company she heads, SVC Inc., also has provided its services to Iowa, Ohio, Kentucky, Tennessee and Michigan. A 2016 recipient of the Sagamore of the Wabash award, Verma also served as vice president of planning for the Health and Hospital Corporation of Marion County. She also holds a master's of public health from Johns Hopkins University.

Meet the architect of Gov. Mike Pence's signature health-care plan, Seema Verma.

For more than a decade, the little-known private consultant has quietly shaped much of Indiana's public health-care policy. The state has paid her millions of dollars for her work—amid a potential conflict of interest that ethics experts say should concern taxpayers.

Largely invisible to the public, Verma's work has included the design of the Healthy Indiana Plan, a consumer-driven insurance program for low-income Hoosiers now being

touted nationally as an alternative to Obamacare. In all, Verma and her small consulting firm, SVC Inc., have received more than $3.5 million in state contracts.

At the same time, Verma has worked for one of the state's largest Medicaid vendors—a division of Silicon Valley tech giant Hewlett-Packard. That company agreed to pay Verma more than $1 million and has landed more than $500 million in state contracts during her tenure as Indiana's go-to health-care consultant, according to documents obtained by The Indianapolis Star.

Verma's dual roles raise an important question: Who is she working for when she advises the state on how to spend billions of dollars in Medicaid funds—Hoosier taxpayers or one of the state's largest contractors?

In a written statement, Verma said unequivocally that she played no role in HP's contracts with the state. ''SVC has disclosed to both HP and the state the relationship with the other to be transparent,'' Verma said. ''If any issue between HP and the state presented a conflict between the two, I recused myself from the process.''

But the recently ousted head of the state agency administering Verma's contract told The Star that Verma once attempted to negotiate with state officials on behalf of Hewlett-Packard, while also being paid by the state.

HP said it can find no one in its company with any recollection of such a meeting. Verma declined to answer further questions about her work with the state or HP.

Verma's dual roles have surprised some leading Republican lawmakers and expose one of many loopholes in Indiana's government ethics laws.

Ethics experts consulted by The Star called the arrangement a conflict of interest that potentially puts Indiana taxpayers at risk. If Verma were working for the federal government, they point out, she would have to show how the government was protected, or step aside.

''If I were a taxpayer in Indiana, I would be concerned about whether the advice the government was receiving from her was tainted by her own financial interest and the financial interest of her other clients,'' said Kathleen Clark, a professor at Washington University School of Law in St. Louis who specializes in government ethics.

But in Indiana, government consultants aren't required to disclose such potential conflicts, even when they have offices in state government, as Verma does.

So the nature of Verma's work—and the extent to which it benefited HP—remains unclear.

HP referred any other questions on the matter to the state. Verma's spokesman, Lou Gerig, noted in a statement that ''all contracts between the state and SVC Inc., or between the state and SVC Inc. as a subcontractor, have been reviewed and approved in accordance with all requirements of state law.''

Pence's office issued a written statement in response to The Star's questions.

''Seema has played a valuable role in the state's health-care policy since the O'Bannon administration, and we appreciate her advice and counsel, especially on the continuation of the Healthy Indiana Plan and HIP 2.0,'' said Christy Denault, a spokeswoman for Pence.

State officials didn't directly address questions about Verma's work for HP. But James Gavin, spokesman for the Indiana Family and Social Services Administration, said the state does take steps to prevent conflicts in the bidding process.

He said the state's procurement guidelines ''clearly require that all decision-making authority lie with state employees and agency executives. These guidelines are designed to eliminate conflicts of interest.''

POWERFUL CONTRACTOR

Verma enjoys a tremendous amount of sway for a private contractor. She has her own office at the state government center. Earlier this year, Pence turned to her to broker a deal with the state's hospital industry to help finance his plan to expand the Healthy Indiana Plan. And when Verma and one of Pence's Cabinet members—Family and Social Services Administration Secretary Debra Minott—butted heads over how soon to roll out the program, it was Minott who lost her job.

Verma's influence reaches back at least a decade and across the administrations of four governors, two from each party. During his first term, Gov. Mitch Daniels tapped Verma to help create a new health-care plan to address the state's uninsured population. Her solution: the Healthy Indiana Plan, a new low-income health insurance program that features high deductibles and requires participants to contribute a portion of their income to a health savings account.

''This structure melds two themes of American society that typically collide in our health-care system, rugged individualism and the Judeo-Christian ethic,'' Verma wrote in a 2008 Health Affairs blog article co-authored with former FSSA Secretary Mitch Roob. ''HIP combines these diametrically opposed themes by promoting personal responsibility while providing subsidized health protection to those who can least afford it.''

The plan won the support of both Republicans and Democrats in the Indiana legislature and was implemented in January 2008. Today, 52,000 Hoosiers are enrolled in the program.

Now, Pence wants to expand the plan to an additional 350,000 low-income Hoosiers through what he's calling HIP 2.0. And like Daniels, he turned to Verma for help in developing the plan and negotiating a financing agreement with the state's hospital industry. If approved by the federal government, billions of new Medicaid funds would flow to the state.

And because HIP 2.0 would generate significantly more claims, some of that money would likely go to Hewlett-Packard, Verma's other client.

The extent to which Verma's advice has benefited HP is difficult to determine, given that none of the parties involved will talk much about the subject. Further obscuring the issue: Several of her most recent contracts weren't publicly available on the state's online transparency portal until The Star began making inquiries. Denault said that was because ''some of them were mistakenly coded as not for publication.'' The contracts have since been added to the online list.

What they show is that her duties involve crafting requirements for contractors. negotiating with contractors and supervising vendors. Her company's website also says she provided ''requirements for the state's three technology vendors to support HIP.'' That would include Hewlett-Packard. One contract gives her the authority to ''initiate and/or track'' a contract or contract amendments with the state's fiscal intermediary, which is HP. Another puts her in charge of technical changes to the state's medical management information system, which is operated by HP.

Those responsibilities put Verma in the position of making decisions about a state contractor that is also paying her hundreds of thousands of dollars. HP's claims management and information system contracts show it has agreed since 2007 to pay Verma's company $1.2 million as a subcontractor for ''health consulting services.''

During that time, HP received more than $500 million in state contracts, including millions of dollars in contract changes to accommodate the Healthy Indiana Plan that Verma helped create and other new programs.

''Certainly on the face of it, there is the appearance of a conflict,'' said Trevor Brown, an expert on government purchasing and director of Ohio State University's John Glenn School of Public Affairs.

If Verma was a federal contractor, her dual roles ''would certainly raise tremendous concern for regulators and purchasing officials,'' he said. ''This is exactly the kind of thing that would land an agency in a hearing before a legislative oversight committee.''

Lawmakers in Indiana, however, were unaware of Verma's work for HP.

''I was only aware she was working for the state,'' said Sen. Patricia Miller, R-Indianapolis, chairwoman of the Senate Health Committee.

''There certainly appears to be the potential for conflict, and appearances matter,'' said Ed Clere, R-New Albany, chairman of the House Health Committee.

Verma's arrangement with HP also came as a surprise to former FSSA Secretary Debra Minott, who said she learned about it sometime in 2013.

''We had delayed paying an HP invoice because of an issue we were trying to resolve, and HP sent Seema to our CFO to resolve the issue on their behalf,'' Minott said. ''I was troubled because I thought Seema was our consultant.''

HP spokesman Bill Ritz said the company ''checked with a number of its employees and can find no one with any recollection of such a meeting.''

Gerig, Verma's spokesman, said Verma's work for HP was a matter of public record because she is listed as a subcontractor in HP's contracts with the state.

A LACK OF RULES

Ethics experts say that kind of scenario would be unlikely at the federal level, where government purchasing officers are required to identify and avoid ''organizational conflicts of interest,'' which occur when a person is unable or potentially unable to render impartial assistance or advice to the government because of other business relationships.

Many states, including Maryland, Virginia, Minnesota and Illinois, have adopted similar rules at the state level, according to Dan Forman, a Washington, D.C.-based government procurement attorney. Other states, such as Tennessee and Washington, have implemented rules at the agency level. Still others, such as California and Maine, have introduced rules via standard state contract provisions.

But in Indiana, that's not the case.

Minott said when she brought her concerns to FSSA's ethics officer, she was told Indiana's ethics rules didn't apply to conflicts of interests among state contractors.

The lack of any such rule is just the latest in a litany of loopholes that good government advocates say Indiana needs to address.

In recent months, The Star has reported on several high-profile cases—including those of state Rep. Eric Turner, former highway official Troy Woodruff and former state schools chief Tony Bennett—where ethics officials criticized the behavior of public officials but took little or no action due to exemptions in state ethics rules.

The issues raised in Verma's case are not unique to Indiana, said Brown, the Ohio State professor. State governments across the country are increasingly grappling with potential conflicts of interest as more private contractors perform what has traditionally been government work.

''Historically, the practice was these decisions would be made by the leadership of the agency, and in many states they are,'' he said. ''But Indiana is not alone in having to rely on advice and services of a private actor to perform what is at the boundary of, if not a clear instance of, a government function.''

State reliance on private contractors is especially common in the health-care arena, where rapid changes in federal health-care law have put a premium on speed. And indeed, several executive summaries of Verma's contracts emphasize the need to quickly utilize her services amid the threat of losing federal grant money.

''Over the short run, it sounds like you're going to get speed,'' Brown said. ''And you may get some cost savings over the short run.''

But in the long run, states can become dependent on private contractors, who can then jack up their prices.

''They essentially become a monopoly, and there's a risk that they can raise costs over time,'' he said. Verma's arrangement with the state demonstrates how difficult it can be to control such costs.

An amendment to her contract in January added $300,000 without increasing her workload or extending the term of the contract. The reason listed: ''to cover claims.'' State officials declined to elaborate.

The hourly rates listed in her contracts also have increased over time, from $110 in 2007 to $135-$165 this year.

Lawmakers expressed surprise when told by The Star that the state paid Verma's company $1.15 million in the past year alone.

''I had no idea her firm received that much money. I think it would come as a surprise to most legislators,'' Clere said. ''I think there's a larger issue of transparency and accountability as the state increasingly relies on contractors, including consultants. I'm all for harnessing the power of the private sector, and the key word is 'harness,' which suggests the state is in control. The question here is, 'Whose hands are on the reins?' ''

[From the Associated Press, Feb. 15, 2017]

PICK FOR MEDICARE POST FACES QUESTIONS ON INDIANA CONTRACTS

(By Brian Slodysko and Carla K. Johnson)

INDIANAPOLIS.—President Donald Trump's pick to oversee Medicare and Medicaid advised Vice President Mike Pence on health care issues while he was Indiana's governor, a post she maintained amid a web of business arrangements—including one that ethics experts say conflicted with her public duties.

A review by The Associated Press found Seema Verma and her small Indianapolis-based firm made millions through consulting agreements with at least nine states while also working under contract for Hewlett Packard. The company holds a financial stake in the health care policies Verma's consulting work helped shape in Indiana and elsewhere.

Her firm, SVC Inc., collected more than $6.6 million in consulting fees from the state of Indiana since 2011, records show. At the same time, records indicate she also received more than $1 million through a contract with Hewlett, the nation's largest operator of state Medicaid claims processing systems.

Last year, her firm collected an additional $316,000 for work done for the state of Kentucky as a subcontractor for HP Enterprises, according to documents obtained by AP through public records requests.

In financial disclosures posted this week, Verma reported she has an agreement to sell SVC Inc. to Health Management Associates of Lansing, Michigan, within 90 days of her confirmation.

In a statement, a spokesman for Verma said there was no conflict of interest and added that she has the support of former officials who served with her under Pence.

Her firm was ''completely transparent in regards to its relationship with HP and that there was never a conflict of interest,'' spokesman Marcus Barlow said in a statement.

A spokesman for Pence did not respond to a request for comment.

Verma faces a Senate Finance Committee hearing on Thursday. Democrats in Washington are aware of many of her consulting arrangements, and have broader concerns about her philosophy about government entitlement programs, lack of background in Medicare and inexperience leading a large organization.

As a trusted adviser to Pence, she had an office in the state government center and took on duties usually reserved for state administrators. Verma was also widely respected for her grasp on policy and designed a federal Medicaid waiver that allowed Pence to undertake his own conservative expansion of the program while still accepting money made available through the Affordable Care Act.

Verma did not specifically address how she would handle decisions related to HP in a letter to the Department of Health and Human Services that was released this week. The letter outlined her plan for managing potential conflicts of interest should she be confirmed by the Senate to lead the Centers for Medicare & Medicaid Services. Her relationship with HP was first reported by the Indianapolis Star in 2014.

Legal and ethics experts contacted by AP say Verma's work for Hewlett, and offshoot HP Enterprises, raised questions about where her loyalties lay—to the company, or to state taxpayers.

Richard Painter, former President George W. Bush's chief ethics lawyer, called Verma's arrangement a ''conflict of interest'' that ''clearly should not happen and is definitely improper.''

Such arrangements are typically prohibited for rank-and-file state employees under Indiana's ethics rules and laws, but they're murkier when it comes to consulting work. Contractors have often replaced state employees in a GOP bid to drive down the number of public employees, distinctions between the two can be hard to discern.

''She was cloaked with so much responsibility and so much authority, people thought she was a state employee,'' said Debra Minot, a former head of Indiana's Family and Social Services Agency under Pence who worked with Verma.

Indiana University law professor David Orentlicher compared Verma's dual employment to an attorney who represents both the plaintiff and the defense in a lawsuit. It's also similar to federal contract negotiator with a side job for a company they regularly negotiate with, he said.

''If you have one person on both sides of the negotiating, they can't negotiate hard for both sides,'' said Orentlicher, a former Indiana Democratic state lawmaker.

There was at least one instance where Verma crossed the line in Indiana when she was dispatched by HP to help smooth over a billing dispute, said Minot.

''It was never clear to me until that moment that she, in essence, was representing both the agency and one of our very key contractors,'' said Minot, who was removed as head of the agency by Pence over her disagreements with Verma. ''It was just shocking to me that she could play both sides.''

State contracts show Verma's duties to Indiana and Hewlett have overlapped at times. One agreement she held with the state's social services agency required her to ''provide technical assistance'' to state contractors, as well as the governor's office. Another duty was ''contract development and negotiation'' with vendors, which included HP and HP Enterprises

Verma reported her salary with SVC is $480,000 and her business income from the company as nearly $2.2 million.

[From Electronic Data Systems Corporation, Jan. 7, 2008]

INDIANA AWARDS EDS NEW $209 MILLION MEDICAID CONTRACT

AGREEMENT EXTENDS 16-YEAR RELATIONSHIP WITH HOOSIER STATE

INDIANAPOLIS.—EDS, Indiana's Medicaid partner since 1991, has been awarded a $209.9 million, six-and-a-half-year contract to upgrade and continue to maintain the state's Medicaid Management Information System.

The new contract will leverage EDS' leading-edge interchange Health System, which serves as an industry model and is in operation or being implemented in more than a dozen states, including Kansas, Oklahoma, Pennsylvania and Kentucky. Among the upgrades are a Web-based tool that will enable health care providers to electronically enroll in the Medicaid program as well as a number of internal processes.

EDS will continue as fiscal agent to the state and its 27,000 health care providers, who care for more than 800,000 recipients and comprise the nation's 17th-largest Medicaid program.

The agreement includes a seven-month phase to design, develop, test and implement the additional features followed by a six-year management term.

The contract, which was signed in late December, extends a 16-year relationship between EDS and Indiana.

The EDS solution will provide Indiana with enhanced transparency as it implements Gov. Mitch Daniels package of Medicaid reforms such as the Healthy Indiana Plan, which provides health coverage to previously uninsured Indiana residents, and the movement of aged, blind and disabled residents to a care management model. It also will continue claims processing coverage for other Indiana health programs.

''At the conclusion of the procurement process, it was evident that EDS was able to bring great value and experience to the taxpayers of Indiana,'' said Mitch Roob, Family and Social Services Administration Secretary. ''The technology and insight that EDS has to offer will be a tremendous asset as we continue to make great strides in new, innovative programs, such as the Healthy Indiana Plan.''

''As Indiana's technology partner for more than a decade and a half, EDS understands the Healthy Indiana Plan and the state's goal to cover its uninsured residents,'' said Sean Kenny, vice president, EDS Global Health Care. ''Our continued relationship will provide stability not only for the current Medicaid program, but also for future reforms.''

''Long relationships are reflections of earned trust and understanding of cultures and goals,'' said Barbara Anderson, vice president, EDS U.S. Government Health Care. ''Over the years, Indiana and EDS together have delivered program efficiencies to enable reforms and help push forward vital, new programs to improve health outcomes for Hoosiers.''

EDS is the nation's largest provider of Medicaid and Medicare process management services, administering more than $100 billion in benefits a year. EDS processes about 1 billion Medicaid claims annually, more than any other company, and provides fiscal

agent services/Medicaid information technology support for 21 states. Through its global healthcare services and solutions, EDS touches more than 200 million patient lives each day.

ABOUT EDS

EDS (NYSE: EDS) is a leading global technology services company delivering business solutions to its clients. EDS founded the information technology outsourcing industry 45 years ago. Today, EDS delivers a broad portfolio of information technology and business process outsourcing services to clients in the manufacturing, financial services, healthcare, communications, energy, transportation, and consumer and retail industries and to governments around the world. Learn more at eds.com.

The statements in this news release that are not historical statements, including statements regarding the amount of new contract values, are forward-looking statements within the meaning of the federal securities laws. These statements are subject to numerous risks and uncertainties, many of which are beyond EDS' control, which could cause actual results to differ materially from such statements. For information concerning these risks and uncertainties, see EDS' most recent Form 10–R. EDS disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

[From Hewlett-Packard Development Company, Nov. 21, 2013]

FSSA EXECUTIVE TOUR

(By John Wanchick)

PRESENTERS

John Wanchick, Account Executive; Scott Mack, HPES Regional Manager, State Health and Human Services; Jason Schenk, HPES Sales; Heather Lee, Claims Director; Doug Weinberg, CFO and Third Party Liability Director; Sandra Lowe, Provider and Member Services Director; Rebecca Siewert, Managed Care Director; Beth Steele, Long Term Care Director; Lisa Pierce, Audit and Compliance Director; Maureen Hoffmeyer, Publications Director; Patrick Hogan, System Director; Darren Overfelt, ITO Director; Bev Goodgame, PMO and Business Analysis Director; Julie Sloma, DDI Project Manager; Pat Steele, Operations Manager; Seema Verma, Executive Healthcare Policy Consultant.

INDIANA CORE MMIS HP-SVC PARTNERSHIP

Provides innovative services to support Medicaid Policy; External Scan: Monitoring federal regulatory environment, Financial, demographic, utilization, public health data, Best practices; Support Goal & Objective Setting Process; Develop and Maintain Program Policy; State Plan Maintenance: Support with State plan and waivers.

MARCH 30, 2012.

Ethics Opinion

DEAR MS. VERMA: Thank you for contacting our office. I understand you are requesting ethics advice to determine whether a conflict of interest would arise under the Indiana Code of Ethics set forth in 41 I.A.C. 1–5 (''Code of Ethics'') if SVC, Inc. d/b/a Seema Verma Consulting (''SVC'') entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with the Indiana Family and Social Services Administration (''FSSA''). In your inquiry, you explain that SVC is an Indiana Corporation that provides a range of consulting services on health policy, including policy and legislative analysis, grant and proposal development, project and grants management, managing community and stakeholder relationships, survey and evaluation design and data analysis. You further explain that SVC is currently a contractor to the State of Indiana (''State''), specifically FSSA. Pursuant to this contractual relationship, I understand that SVC provides overall management, project leadership and support for the Indiana State-Operated Health Insurance Exchange Level One Grant Activities. You also state that SVC has been a long-standing contractor to HP and its predecessors-in-interest, Electronic Data Systems Corporation and EDS Information Services L.L.C. You indicate that SVC and HP have entered into discussions about a new contractual arrangement between the parties. Generally, the draft proposal you've submitted along with your request for an informal advisory opinion indicates that SVC would assist HP in their efforts relating to work on State's Medicaid Management Information System (MMIS).

The threshold question in this case is whether the Code of Ethics applies to SVC. The Code of Ethics applies to a current or former state officer, employee, and special state appointee and a person who has a business relationship with an agency. SVC is neither a state officer nor a special state appointee. The term ''employee'' is defined in 1.C. 4–2–6–1(a)(8) to include an individual who contracts with an agency for personal services. In this case, the contract between SVC and FSSA appears to be a personal services contract. However, SVC is not an individual, it is a corporation. Because SVC is not an individual, SVC would not be considered to be an ''employee'' as the term is defined.

It would appear that SVC would be a ''person who has a business relationship with an agency.'' Specifically, the term ''person'' is defined to include a corporation. I.C. 4–2–6–1(a)(12). SVC is a corporation. Furthermore, a business relationship includes the dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing a pecuniary interest in a contract with an agency. I.C. 4–2–6–1(a)(5)(A)(i). SVC has a contract with FSSA, a state agency. Accordingly, the Code of Ethics would apply to SVC as it applies to a ''person who has a business relationship with an agency.''

While the Code of Ethics contains fifteen rules, including two that specifically address conflicts of interest, the only rule in the Code of Ethics that applies to a person who has a business relationship with an agency is the Donor Restrictions rule set forth in 42 IAC 1–5–2. The Donor Restrictions rule prohibits a person who has a business relationship with an employee's agency from providing any gifts, favors, services, entertainment, food, drink, travel expenses or registration fees to the employee if the employee would not be permitted to accept the item under 42 IAC 1–5–1, the Gifts rule.

As a person who has business relationship with an agency, SVC is not subject to the conflict of interest rules set forth in the Code of Ethics. Accordingly, a conflict of interest under the Code of Ethics would not arise for SVC if it entered into a consulting agreement with Hewlett-Packard Company (''HP'') to assist HP on a contract HP has and/or would have with FSSA.

Thank you again for contacting our office. I hope this information is helpful. Please note that this response does not constitute an official advisory opinion. Only the State Ethics Commission may issue an official advisory opinion. This informal advisory opinion allows us to give you quick, written advice. The Commission will consider that an employee or former employee acted in good faith if it is determined that the individual committed a violation after receiving advice and the alleged violation was directly related to the advice rendered. Also, remember that the advice given is based on the facts as I understand them. If this e-mail misstates facts in a material way, or omits important information, please bring those inaccuracies to my attention.

Sincerely,

CYNDI CARRASCO,
Executive Director, Indiana State Ethics Commission.

Mr. WYDEN. Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. MORAN). Under the previous order, the question is, Will the Senate advise and consent to the Verma nomination?

Mr. WYDEN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: The Senator from Georgia (Mr. ISAKSON).

Mr. DURBIN. I announce that the Senator from Michigan (Mr. PETERS) is necessarily absent.

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The result was announced—-yeas 55, nays 43, as follows:

[Rollcall Vote No. 86 Ex.]

YEAS—-55

Alexander	Flake	Paul
Barrasso	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Heitkamp	Rounds
Cassidy	Heller	Rubio
Cochran	Hoeven	Sasse
Collins	Inhofe	Scott
Corker	Johnson	Shelby
Cornyn	Kennedy	Strange
Cotton	King	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	Manchin	Toomey
Donnelly	McCain	Wicker
Enzi	McConnell	Young
Ernst	Moran	
Fischer	Murkowski	

NAYS—-43

Baldwin	Gillibrand	Reed
Bennet	Harris	Sanders
Blumenthal	Hassan	Schatz
Booker	Heinrich	Schumer
Brown	Hirono	Shaheen
Cantwell	Kaine	Stabenow
Cardin	Klobuchar	Tester
Carper	Leahy	Udall
Casey	Markey	Van Hollen
Coons	McCaskill	Warner
Cortez Masto	Menendez	Warren
Duckworth	Merkley	Whitehouse
Durbin	Murphy	Wyden
Feinstein	Murray	
Franken	Nelson	

NOT VOTING—-2

Isakson	Peters

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I move to reconsider the vote, and I move to table the motion to reconsider.

The PRESIDING OFFICER. The question is on agreeing to the motion to table.

The motion was agreed to.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 23, Daniel Coats to be Director of National Intelligence.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence.

Mitch McConnell, Michael B. Enzi, David Perdue, Bob Corker, John Hoeven, Lamar Alexander, Bill Cassidy, John Barrasso, Dan Sullivan, Tim Scott, James Lankford, Tom Cotton, Mike Rounds, James M. Inhofe, Chuck Grassley, Roy Blunt, Richard Burr.

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move that the Senate proceed to executive session to consider Calendar No. 19, Herbert R. McMaster, Jr., to be Lieutenant General.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

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

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Lt. Gen. Herbert R. McMaster, Jr., to be Lieutenant General.

John McCain, Roger F. Wicker, John Hoeven, David Perdue, Pat Roberts, Mike Crapo, Ben Sasse, Tom Cotton, Mike Rounds, Mitch McConnell, Thom Tillis, James Lankford, Richard Burr, Marco Rubio, Jerry Moran, Richard C. Shelby, James E. Risch.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum calls be waived.

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

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

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

The motion was agreed to.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR

Mr. McCONNELL. Mr. President, I move to proceed to H.J. Res. 42.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

A joint resolution (H.J. Res. 42) disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

MORNING BUSINESS

REMEMBERING MILTON METZ

Mr. McCONNELL. Mr. President, today I wish to pay tribute to a legend in broadcasting. For decades, radio listeners in Kentucky and across the eastern United States tuned in to hear Milton Metz. El Metzo, as he was affectionately known, passed away in January of this year at the age of 95.

Known for his show, ''Metz Here,'' Milton provided fair and well-informed news for thousands of listeners. In his time at WHAS radio in Louisville, KY, Milton almost became part of listeners' families. During his years on the air, he covered a wide variety of topics and helped his listeners sort out the issues of the day.

Like so many other Kentuckians, I grew up tuning into Milton's shows. When I first ran for Jefferson County judge/executive, I appeared on his show. We talked about the issues in my campaign, and although he asked tough questions, he was always fair. Milton welcomed differing opinions and treated his guests and callers with civility. He became a staple of political campaigns, and I appeared on his show multiple times in my campaigns for the U.S. Senate.

Milton represented a different age of diplomatic and gracious programming that listeners of all opinions and interests listened to and trusted. He also made a name for himself covering the Kentucky Derby. Frequently appearing in ''Millionaires Row,'' Milton interviewed celebrities and guests who came to Louisville for the ''Fastest Two Minutes in Sports.'' In 1989, he was inducted into the Kentucky Journalism Hall of Fame, an honor he surely deserved.

I ask my colleagues to join me in recognizing the life and career of Milton Metz, a true radio pioneer. He earned great acclaim in Kentucky and across the Nation, and his legacy will not soon be forgotten.

The Courier-Journal published an article on Milton Metz's career. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Courier-Journal, Jan. 12, 2017]

LOCAL RADIO LEGEND MILTON METZ DEAD AT 95

(By Andrew Wolfson)

Milton Metz, a pioneer in broadcasting in Louisville and the longtime host of the talk show ''Metz Here'' on WHAS Radio, died Thursday, according to former colleagues Wayne Perkey and Terry Meiners.

He was 95 and died at Magnolia Springs, a senior living facility, Perkey said.

''El Metzo,'' as he was affectionately known, began at the station in 1946. ''Metz Here'' debuted July 30, 1959, with the title ''Juniper 5–2385,'' after its phone number, and ended on June 10, 1993.

''Every time Milton Metz clicked on the mic, people across middle America were guaranteed wit, wisdom, and balance,'' Meiners said.

''On or off the air, Milton was first and foremost a gentleman, bringing grace and intellect into a sometimes inelegant media landscape,'' Meiners said. ''Rest easy, brother. You blazed a beautiful trail and we shall follow.''

Perkey said Metz was a role model and father figure for a younger generation of broadcasters that included Meiners, Perkey and Jack Fox.

''He was not afraid to ask difficult questions, but he tried to be fair,'' Perkey said. ''He had a great wit and he showed it. I loved him because he was Milton.''

Bob Johnson, a retired political reporter on WHAS Radio and TV, said that unlike contemporary talk radio, his show never featured ''talking heads shouting at each other.''

''He had a sweet, gentle nature and his graciousness carried over into his work on the air,'' said Johnson, later a Courier-Journal reporter. ''I was very fond of him.''

Perry Metz said his father enjoyed ''a good joke, a long conversation and listening to different points of view.

''If civility is old-fashioned, you could say he was old-fashioned,'' said the younger

Metz, who followed in his father's footsteps and now runs public radio and TV stations at Indiana University in Bloomington.

Metz could be serious on the air but at a roast held when he retired he recalled how a publicity agent had called plugging his client's appearance.

''She's written 'Why Diets Don't Work,' '' the agent said. ''But if that doesn't appeal to you, we could talk about her new book, 'The One-Hour Orgasm.' ''

He also carefully guarded his age.

In an interview with Courier-Journal columnist Torn Dorsey in 1993, he would only say, ''Let's just say I'm older than Diane Sawyer and younger than Mike Wallace.'' Wallace was 75 at the time.

Sportscasting legend Cawood Ledford, who spent 22 years at WHAS with Metz, once recalled that when Metz started his program back in the 1950s the dial was full of talk shows.

Ledford joked that he would like to say that Metz's popularity drove the other shows off the air, but the truth was that Metz simply outlived them all.

He was born in Cleveland to a Russian-born father and English-born mother and started his radio career in the 1930s in Cleveland after graduating from Ohio State University.

After serving in the army in World War II, he joined the staff at WHAS radio in 1946. The same year, Milton began recording Talking Books at American Printing House for the Blind.

''Metz Here'' became the longest-running show in Louisville and one of the longest-running in the country. On WHAS-TV, he co-hosted and co-produced ''Omelet,'' a talk and interview program for nine years and was the Channel 11 weatherman for 19 years.

He also interviewed countless celebrities on the first Saturday in May during WHAS-TV's traditional marathon pre-race show before the Kentucky Derby, where he was a fixture on ''Millionaire's Row.''

Metz was inducted into the Kentucky Journalism Hall of Fame in 1989.

Joe Elliott, who took over Metz' time slot after he Metz retired, said that Metz was a legend, not only in Kentucky but to listeners through the Midwest and up and down the East Coast, who caught his show on WHAS's 50,000-watt clear channel transmitter.

''What I loved about Milton was that he was a master at everything he did,'' Elliott said.

Elliott and Perkey said Metz would record shows in the afternoon on WHAS-FM, then a classical station, then do a daily business report on WHAS-AM, then the weather for TV, then his talk show, then the 11 p.m. news on television.

''He did everything and anything he needed to do,'' said Elliott.

Perry Metz said his father was pained by the coarseness of contemporary talk radio.

''Anyone who listened to ''Metz Here'' knew it was a show based on listeners, not him,'' Perry Metz said. ''You could listen to him for years and not know his views.''

''People would call him from across the country and across the political spectrum because they knew they could speak their piece and he wouldn't try to show them up or embarrass them.''

REMEMBERING A. DUANE SCHWARTZ

Mr. MCCONNELL. Mr. President, today I wish to honor the life of a devoted public servant, A. Duane Schwartz, who passed away earlier this year.

Duane was widely admired for his strong fidelity to the law and his dedication to justice. For 20 years, he served the Western District of Kentucky as the head of the criminal division of the U.S. attorney's office and, during that time, successfully prosecuted the Imperial Wizard of the Ku Klux Klan in Louisville. He also helped end what was then the largest methamphetamine lab in the Midwest. Duane fought for justice and left his community better than he found it.

He also worked to keep government accountable to the people. As a leader in Operation Boptrot, Duane led the undercover investigation against and eventual conviction of many State legislators for taking bribes.

Duane earned the praise of multiple U.S. attorneys under whom he worked and was awarded the Justice Department's Special Achiever Award by Attorney General Janet Reno in 1999.

I was proud to know Duane as a classmate in law school. Even back then, he was known for his integrity, commitment, and warmth. I would like to extend my deepest condolences to his wife, Ann, and I would ask all of my colleagues here to join me in honoring this distinguished servant of the law.

The Courier-Journal published an article on Duane's career. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Courier-Journal, Jan 11, 2017]

VETERAN PROSECUTOR A. DUANE SCHWARTZ DIES

(By Andrew Wolfson)

A. Duane Schwartz, who supervised the prosecution of public corruption probe Operation Boptrot as the longtime head of the criminal division of the U.S. Attorney's office in Louisville, died Saturday at his home. He was 74.

Schwartz was diagnosed seven years ago with Alzheimer's disease, according to his daughter, Jennifer Scutchfield, an attorney and city council member in Lexington.

During two separate tenures in the office, Schwartz successfully prosecuted the Imperial Wizard of the Ku Klux Klan in Louisville as well as defendants responsible for the then-largest methamphetamine lab in the Midwest, according to a citation from the Justice Department.

He led the prosecution of Boptrot, the undercover investigation that resulted in conviction of more than a dozen state legislators from 1992 to 1995 for taking bribes and other inducements.

More recently, in 1999, he tried and convicted Brennan Callan for partially sinking the Belle of Louisville, winning a 30-month sentence and an order for $987,000 in restitution.

Former U.S. Attorney Joe Whittle in an interview Wednesday called Schwartz ''an all-American guy'' and one of the best prosecutors he ever worked with.

''I valued his counsel on whether to prosecute or not,'' Whittle said. ''He was a moral man.''

John Kuhn, the current U.S. attorney, said in a statement that Schwartz was ''universally recognized as an outstanding prosecutor, a sage leader, and a warm, faithful, loving friend. Duane elevated the quality of our work and strengthened our commitment to justice.''

Schwartz ran track and played basketball, baseball and football at Atherton High School, and despite a car accident that he later said ruined his knees, he was recruited by several universities before deciding on the University of Kentucky, where his father wanted him to go so he could see him play.

But coach Blanton Collier left after Schwartz's freshman year and his successor, Charlie Bradshaw, ''turned football into a nightmare,'' Schwartz said years later when he was honored by Atherton. His experience is cited in author Shannon Ragland's ''The Thin Thirty: The Untold Story of Brutality, Scandal and Redemption Schwartz's for Charlie Bradshaw's 1962 Kentucky Football Team.'' Schwartz switched to baseball, won a scholarship and lettered in the sport for three years.

After graduating from UK's law school in 1967, he returned to Louisville, where he was general counsel for Tube Turns, served from 1971 as a prosecutor in the U.S. attorney's office, and then left to work for 10 years as regional counsel for the U.S. Postal Service. He returned to the U.S. attorney's office where he was chief of the criminal section for 20 years until his retirement in 2004.

He was honored by Attorney General Janet Reno for superior service in 1999 and also won the Justice Department's special achiever award.

REMEMBERING DR. DAVID STEVENS

Mr. MCCONNELL. Mr. President, today I wish to pay tribute to Dr. David Stevens, a tireless advocate for public health in Kentucky who passed away at the age of 87. He dedicated his life to serving others, and he leaves behind a legacy of vision and leadership.

For 16 years, David served in the Lexington-Fayette Urban County Government. As a councilmember, he was a leading voice and advocate to make his community a healthier place to live.

Before his service in local government, David was an orthopedic surgeon. His career included two decades as the chief of staff of Shriner's Hospital for Children, an international nonprofit that provides healthcare to children, regardless of a family's ability to pay.

In 1968, he helped found the Central Kentucky Blood Center to help hospitals across Kentucky have reliable access to blood from donors. The center has grown over the years, and it has become a local partner in healthcare across the Commonwealth.

David served on numerous other boards and commissions, all of which support the health, culture, and prosperity of the region. He also passed his expertise on to the next generation by mentoring in medicine, public service, and philanthropy.

In addition to his professional accomplishments, David was known as a well-rounded gentleman with a dry wit. At the age of 83, he hiked a 60-mile journey through Philmont Scout Reservation in New Mexico with his son and 15-year-old grandson.

The University of Kentucky honored him with the Honorary Alumnus Award, and DePauw University awarded him the Old Gold Goblet for professional achievement and service.

I am proud to say that I knew David. Over the years, I developed a deep respect for his work on behalf of his community. A man who dedicated his time, skill, and passion to those around him, I know that countless Kentuckians will remember his good works. I know that I will.

I would like to extend my deepest condolences to his son, Dr. Scott Stevens, and all of David's family and friends. As one of the countless individuals impacted by David's life, I can say with great certainty that he will be deeply missed.

REMEMBERING CHARLES ANTHONY ''C.A.'' WILLIAMS

Mr. MCCONNELL. Mr. President, today I wish to honor the life of Charles Anthony ''C.A.'' Williams, of London, KY, who passed away after a long career of public service and great creativity.

During a lifetime of achievement, C.A. had many professions. He served his community as a Laurel County clerk and his Nation in the U.S. Army. He traveled the country driving a semi-truck, and he shared his deep faith as a gospel music singer and songwriter.

In each of these endeavors, C.A showed his passion, his skill, and his love. Through his music and his witness, C.A. fulfilled his greatest desire in life. Mr. Kip Jervis, one of C. A.'s nephews, remembered that his uncle ''had a made-up mind of where he was headed, and he made it his mission to take everyone he could with him.'' This drive led C.A. to share his story and his faith.

His passion continued throughout his battle with brain cancer. After a 1989 diagnosis, C.A. faced every day with optimism, knowing that ''he was a winner either way.'' After a long fight, C.A. recovered from cancer and continued to write music.

Reverend Gene Greene, the pastor of Carmichael Pentecostal Church in East Bernstadt, remembered C.A.'s immense talent. During his long drives in his semi-truck, C.A. would write gospel songs, a practice that became his greatest joy. He released some of these songs in an album called ''Magnificent Jesus.'' For a man of so many talents, this album was one of C.A.'s proudest accomplishments.

C.A. left behind three loving children, Brittany, Brooklyn, and Israel, and his sister, Connie. I know that the memories of C.A.'s love for them will help ease their pain. Elaine and I send our deepest condolences to the entire Williams family, and I know that C.A. will be remembered fondly by everyone he inspired with his faith, his dedication, and his music. He was a good man, and I am proud to say he was my friend.

RECOGNIZING YOUNG VERMONTERS FOR THEIR COMMITMENT TO REFUGEES

Mr. LEAHY. Mr. President, Vermont is known far and wide as a tourist destination for all seasons. From our celebrated ski slopes to our stunning and world-renowned fall foliage, Vermont draws travelers from near and far, from nearby States and from Canada, our neighbor to the north. What many don't realize is that Vermont has also become home to refugees and asylum seekers from Iraq, Syria, Bosnia, Sudan, and elsewhere. These men, women and children enrich our communities and inspire us all.

One Vermont community, Rutland, last year announced that it would welcome refugees fleeing the catastrophic civil war in Syria. The town was preparing to welcome 100 refugees. Nine arrived. When President Trump issued his appalling and disastrous executive order banning admission to refugees from Syria and six other nations, the remaining 91 individuals were prevented from coming to Vermont.

I have heard from hundreds of Vermonters outraged by President Trump's Executive actions to close our borders to those seeking refuge. Also deeply concerning is the President's clear intent on targeting Muslim refugees. The freedom of religion, enshrined in the First Amendment of our Constitution and defended through the ages by generations of Americans, should not be squandered to promote an unfounded fear.

The voices raised in opposition to these executive orders cross the spectrum. I want to include in the RECORD some of those voices: students at Rutland High School, some of whom have formed the New Neighbors Club, to help welcome refugee students who will attend Rutland City Public Schools.

Emma writes: ''I am a 9th grader from Rutland High School. We should continue to support immigration in Vermont and the United States. These people deserve a good life and don't deserve what they have to go through.''

Carolyn writes: ''I'm from Rutland, Vermont, and I believe that refugee resettlement is an important issue. We have the opportunity to make a change in these people's lives and make new relationships and bonds in our lives. They need a support system so why can't that be us?''

Lea writes: ''This immigration ban is a big problem to me. I don't like that our country is stopping people from coming to our country. I know many people are afraid of what could happen to us. But we are all human and they are humans looking for safety.''

Lily writes, ''Everyone deserves the same amount of respect and understanding that we afford to anyone. The refugees obviously need our help and we are completely capable of building a community that is ready and willing to accept the refugees.''

Jessica writes: ''I can understand these fears, but they also clearly come from an inhumane and misinformed point of view. Without immigration in the past, no one would be here, and it is simply un-American to deny freedom from persecution to refugees and other immigrants.''

Emma writes: ''With all of the recent stigma regarding the Refugee Resettlement Plan, Rutland's program has recently gone static. At Rutland High School, we have a club that helps raise money and eventually welcome the refugees. Please make all the movement possible to make these people feel welcome in our state. We don't want to be stuck on the wrong side of history.''

Victoria writes: ''I feel that it is incredibly important for us to help refugees who are in desperate need of a second chance at life. As a global superpower of a country, it seems absurd to me that we are accepting so few refugees to our communities, as we could be helping with the global refugee crisis a whole lot more by actually trying to mitigate it.''

Ian writes: ''The refugees should come to Rutland because we are devoted to helping integrate them into our community. Several of the students here are devoting every Friday to getting together and coming up with great ideas on how we can incorporate them.''

Kjersti writes: ''As a citizen in the United States, I believe the diversity is what makes this country beautiful, and the fact that someone is exempt from the freedom and is turned away because of their diversity is not what this country stands for.''

Noah writes: ''I believe we should let people immigrate to Vermont because the people in these countries are living in terrible living conditions. Everyone in this world is equal so there's no reason not to let them in. They just want a chance at a safe life.''

Ashleah writes: ''We should continue to support immigration for the Syrian refugees into our community. This is such a great opportunity for Rutland to experience more diversity and more culture. Our small city would benefit greatly from allowing refugees to come and live with us.''

Kelsey writes: ''People who are safe and living comfortably should do their best to help those that need it. I feel by turning them away and denying them help we are being inhuman and cruel.''

Caitlin writes: ''I believe immigration should be accepted in all areas of this country. I strongly support the idea of people wanting to make a better life for themselves. I choose to take a stand against anti-immigration for I believe it is essential to make America better.''

Greta writes: ''These Syrians are people who have gone through atrocities and deserve our help. They will also promote understanding and diversity in our community amidst this political climate of fear mongering. Welcoming Syrian refugees will only be beneficial for Rutland and United States, and is upholding the value of America and human rights.''

And Elizabeth writes: ''I am disappointed with how our current administration is portraying our nation to the rest of the world. I think the people of the United States are stronger, more loving, and kinder people than what is being shown, and I think we need to take individual action in order to show this.''

The voices of these young Vermonters are emblematic of what I hear from Vermonters across our State. We all want to keep our country safe; of that, there is no question. But President Trump's travel ban ignores the clear fact that refugees are the most stringently vetted travelers to the United States. His Executive order provokes and plays on fear. It does not make us safer.

Benjamin Franklin once famously said, ''Those who give up essential liberty, to purchase a little temporary safety, deserve neither liberty nor safety.'' I hope all Senators will listen to the words of these young Vermonters. President Trump's Executive order does little to enhance our security, but does great damage to the freedoms that are the cornerstone of our good and great Nation.

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. 16–81, concerning the Department of the Army's proposed Letter(s) of Offer and Acceptance to Singapore for defense articles and services estimated to cost $66 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.

Enclosures.

TRANSMITTAL NO. 16–81

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: Singapore.

(ii) Total Estimated Value:

Major Defense Equipment* $42 million.

Other $24 million.

Total $66 million.

(iii) Description and Ouantity or Ouantities of Articles or Services under Consideration for Purchase:

Major Defense Equipment (MDE):

Two thousand (2,000) XM395 Accelerated Precision Mortar Initiative (APMI) rounds.

Non-MDE includes: U.S. Government and contractor services, mortar tube compatibility testing and/or modification, and other associated support equipment and services.

(iv) Military Department: Army (VGG).

(v) Prior Related Cases, if any: None.

(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: March 13, 2017.

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

POLICY JUSTIFICATION

Government of Singapore—XM395 Accelerated Precision Mortar Initiative (APMI) Rounds

The Government of Singapore has requested a possible sale of two thousand (2,000) XM395 Accelerated Precision Mortar Initiative (APMI) rounds; U.S. Government and contractor services; and other associated support equipment and services. The total estimated cost is $66 million.

This proposed sale will contribute to the foreign policy and national security of the United States by helping to improve the security of a friendly country which has been, and continues to be an important partner and force for political stability and economic progress in the Asia Pacific region.

The Government of Singapore intends to use these defense articles and services to modernize its armed forces to meet current and future threats, to strengthen its homeland defense, and to provide greater security for its economic infrastructure. The Government of Singapore will have no difficulty absorbing XM395 APMI mortar rounds into its armed forces.

The proposed sale of this equipment and support does not alter the basic military balance in the region.

The prime contractor will be Orbital ATK. There are no known offset agreements proposed in connection with this potential sale.

Implementation of this proposed sale will require U.S. Government personnel or U.S. contractor representatives to travel to Singapore for a period of one (1) week for equipment fielding and acceptance testing by the Quality Assurance Team.

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

TRANSMITTAL NO. 16–81

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 XM395 Accelerated Precision Mortar Initiative (APMI) is a Global Position System (GPS), Precise Positioning Service (PPS) guided 120mm high explosive mortar cartridge capable of enemy defeat with low collateral damage. It utilizes a Precision Light-Weight Universal Mortar Setting System (PLUMSS) that contains an Improved Platform Integration kit (iPIK) to load GPS coordinates, mission trajectory and fuze mode data into the mortar round. The GPS PPS crypto key is loaded into the iPIK by system key loader PYQ–10. Both the XM395 and the iPIK contain a Selective Availability Anti-Spoofing Module (SAASM). The XM395 has 90% commonality with the Army's M1156 Precision Guided Kit. The overall system classification is SECRET.

2. XM395 utilizes the Army's M782 Multi-Option for Artillery (MOFA) Proximity Height of Burst (HOB) Technology. The HOB sensor is comprised of components with technologies deemed as state of the art, requiring specialized production skills. The sensitive/critical technology is primarily in the design, development, production and manufacturing of the components (integrated circuits and assembly), and the integration methodology required to integrate those components onto an assembly to process embedded data (the software—algorithm—working parameters). The overall system classification is SECRET.

3. Disclosure of this technology could result in an adversary developing countermeasures, thus lessening the effect of the projectile. Disclosure of test data, countermeasures, vulnerability/susceptibility analyses, and threat definition could allow reverse engineering and use by an adversary for possible use against U.S. and Coalition forces. Compromise could jeopardize the U.S. inventory through jammer development by adversaries. The risk of compromise has been assessed as moderate. Risk is reduced for fuze/munitions if adequately controlled and protected in storage and on the battlefield. Risk is mitigated by the prevention of disclosure of sensitive classified information (the know-how, software, and associated documentation).

4. A determination has been made that the recipient country can provide 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.

5. All defense articles and services listed in this transmittal have been authorized for release and export to Singapore.

AGRICULTURE INDUSTRY MERGERS

Mr. GRASSLEY. Mr. President, I ask unanimous consent to be printed in the RECORD the concerns of the Summit Agricultural Group regarding three mergers in the agriculture industry. Specifically, this group is concerned with the mergers between Bayer AG and Monsanto, DuPont and Dow Chemical, and China National Chemical Corporation—ChemChina—and Syngenta AG. The paper states that ''the mergers of these international agrochemical and seed giants will significantly reduce competition and innovation in the agricultural sector, and will cause irreparable harm to the American farmer via increased input costs.''

As my colleagues are aware, I have long been concerned about concentration and competition in the agriculture sector. Increased concentration in the industry could significantly reduce choice and raise the price of chemicals and seed for farmers, which ultimately can affect choice and costs for consumers. Moreover, further consolidation could diminish crucial research

and development initiatives which drive have innovation and technological advances for the agricultural sector. I have also raised concerns about the competitive advantages that are likely to result from the ChemChina-Syngenta transaction.

I have written several letters to both the Justice Department and the Federal Trade Commission expressing my concerns and asking that they carefully review these mergers and collaborate, as appropriate, on their analysis of the impact on the agricultural industry. These regulators need to take a hard look at both the efficiencies and the benefits that the merging companies believe will result from these transactions, as well as the concerns raised by independent and small players in the market, farmers, and consumers.

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

EXECUTIVE SUMMARY: AGRICULTURE MERGERS

Background: Bayer AG and Monsanto, DuPont and Dow Chemical, and China National Chemical Corporation (ChemChina) and Syngenta AG have all announced their intentions to merge. The mergers of these international agrochemical and seed giants will significantly reduce competition and innovation in the agricultural sector, and will cause irreparable harm to the American farmer via increased input costs.

Market Structure: Many view market share in terms of retail sales; however, the underlying structure should be examined to determine competitive dynamics. Almost all commercial seed sold for planting a crop is composed of germplasm ''genetics'' and transgenic traits, which are genes inserted to alter the seed, for example Monsanto's Roundup® gene made plants tolerant to Roundup® herbicide. When an independent seed company, say Becks Hybrids, wants to sell seed they need to acquire a license to both the germplasm and transgenic trait, and pay the licensor both germplasm and trait fees on each bag of seed they sell. Without access to high yielding and performing germplasm, the addition of the transgenic traits is almost irrelevant. Plainly stated: If you have a gene that makes a horse that runs faster, but no horses, it's a problem.

Competitive Issues: Given this, concentration of germplasm into few companies would give them the ability to bundle their germplasm, transgenic traits, and chemicals together, creating significant pricing power. Further, because germplasm is the building block of the seed it would significantly reduce incentives for independent innovation—if a new trait is discovered, what options would a third party have to combine with competitive germplasm and get to market? Lastly, independent seed companies would be irreparably harmed given the need to acquire germplasm from potentially two companies that control 90% + of all genetics in the market.

Practical Historical Examples: When the Roundup® chemical came off-patent, Monsanto was able to increase the Roundup Ready® seed trait licensing fee by multiples to offset the revenue decline. More recently, when Monsanto's Roundup Ready® seed trait was about to come off-patent they gave it to the market. However, other germplasm breeding companies had already committed breeding programs to the new patented Roundup Ready 2 Yield® technology. Given the 5–6 years required to breed a new trait into germplasm, when farmers had the ability to buy the now generic Roundup Ready® trait, there was and is no competitive germplasm to put it in. Plainly put, more consolidation will only serve to increase the prevalence of anti-competitive actions caused by consolidated ownership of germplasm, transgenic traits, and chemicals.

DETAILED DISCUSSION: AGRICULTURE MERGERS

Background: Bayer AG and Monsanto, DuPont and Dow Chemical, and China National Chemical Corporation (ChemChina) and Syngenta AG have all announced their intentions to merge in 2017. The mergers of these international agrochemical and seed giants will significantly reduce competition and innovation in the agricultural sector, and will do irreparable harm to the American farmer.

Market Share Dominance: Corn is the single most important grain crop in the U.S., grown on 94 million acres with a finished crop worth $50 billion. The U.S. grows 40% of the world's corn supply, exported 13% of the crop in 2016, and corn is an important component of the positive U.S. trade balance of $35 billion stemming from agriculture. As the graph at right shows, if these mergers are allowed to proceed, two companies: Dow-DuPont and Bayer-Monsanto would effectively control the U.S. corn market at the most basic level—the germplasm. Breeding with germplasm for higher yields and agronomic performance is still the number one factor for success on the farm.

While industry data shows Monsanto has 36% of the seed corn market, it uses a licensing model whereby the independent seed companies (the other 17% in the table below) effectively distribute Monsanto hybrid seed corn and traits through their own brands, paying Monsanto two different royalties: one for germplasm (genetics) and one for the transgenic traits. Further, Monsanto licenses out different, and many would argue inferior, germplasm to the independent seed companies than the germplasm it uses in its own brands. The smaller independent seed companies receive inferior germplasm to the larger independent seed companies, and may pay a higher royalty per unit to do so. DuPont primarily sells its hybrid seed corn through its own sales channels.

Soybeans are the most important oilseed crop in the U.S., planted on 84 million acres, and representing a finished crop of $35 billion at the farm level in 2016. As with corn, Monsanto uses a licensing model to distribute soybean genetics and traits through independent companies. Monsanto has 90% market share in soybean transgenic traits through their own brands, independent licensees, and through licensing to DuPont and Syngenta.

Syngenta and DuPont have paid-up licenses for the Monsanto soybean transgenic traits, which means the Syngenta and DuPont germplasm and breeding programs are all on the Monsanto transgenic trait platform. With the paid-up license to the Monsanto soybean transgenic traits, Syngenta and DuPont have a margin opportunity on the transgenic trait royalty to take market share from the independent seed companies.

To illustrate the power of the germplasm performance, Monsanto agreed to give its first-generation transgenic trait Roundup Ready® to the market, as it was coming off patent. The problem is the other companies with germplasm breeding programs had already committed their breeding efforts to the new patented Roundup Ready 2 Yield® technology. Since it takes 5–6 years to breed a new trait into high performing germplasm, by the time farmers had the ability to buy the now generic Roundup Ready® transgenic trait, there was and is no competitive germplasm available to put it in.

Barriers to Entry: Given the costs and timelines for the development of transgenic traits and plant breeding, new competition and innovation will be limited. Transgenic traits have to be integrated into the germplasm without impacting the crop in other negative ways. As noted in corn, the germplasm is controlled primarily by two companies: Bayer-Monsanto and DuPont-Dow, with ChemChina-Syngenta having a small share. In soybeans, Bayer-Monsanto would control over 90% of the soybean transgenic traits that are contained in the Monsanto, DuPont, and Syngenta soybean germplasm.

As agriculture is a global market, new transgenic traits have to be approved in all export countries in order for a U.S. farmer to be comfortable knowing there will be a market for his crop. The current international transgenic regulatory approval process can take over 8 years and can cost in excess of $150 million per trait. This international regulatory burden means that only the largest companies have the means and capabilities to get a new transgenic trait approved for use by U.S. farmers. This limits the ability for any company with new transgenic traits ever getting them to the market. Aside from the enormous expense, the control of the high performing germplasm and required transgenic trait platforms, almost certainly eliminates the entry of new innovation and trait technologies by any company other than those contemplating the mergers. In the past ten years China has used its regulatory approval process as a trade tool, which makes the acquisition of Syngenta by ChemChina (a state-owned enterprise) even that much more unsettling.

Ability to Bundle: Aside from fertilizer, a farmer has to buy seeds (inclusive of transgenic traits), seed treatments, and crop protection chemicals (herbicides, fungicides, and insecticides) each year. Given the vertical integration and dominant market position of these companies, major bundling opportunities exist. These companies will have the opportunity to require farmers to buy seed, seed treatments, and crop protection chemicals even though superior chemistry or generic alternatives may exist. Often these bundles of seeds, traits, seed treatments, and crop protection chemicals are part of the patent protection these companies have in place, or in connection with sales promotions and programs. It is impossible for an independent seed company to compete with this type of vertical bundling opportunities. Monsanto has already been accused of bundling its Roundup® herbicide with the access to its seed and traits, even though a generic version of glyphosate herbicide is readily available to farmers at a fraction of the price.

International Implications: As the graph on the right indicates, these companies have significant market share in crop protection chemicals on a global basis. The same holds true for their seeds and transgenic traits in the countries which have approved their cultivation including Argentina, Brazil, and Canada. The impacts on the farmers in these countries will no doubt be the same as in the U.S.

Near-Term and Long-Term Negative Impact: If these mergers are allowed to proceed there will be negative impacts through-out agribusiness. Research for new transgenic traits and other biotech innovations will be stifled as the ability to take such traits to the market in competitive genetics will be controlled by two companies. The ability to stack any new traits and/or technology will be controlled by the patent protections the merging companies hold on their germplasm and related trait technologies.

In the near-term, the existing independent seed companies who rely on licensing from

Monsanto for their corn and soybean germplasm and traits to be sold in their brands will be squeezed given that the new merged companies will need to increase market share and profits for their shareholders to justify the mergers. Independent seed companies cannot compete with the bundling opportunities and margins that the merged companies will enjoy with their combined product offerings.

In the longer term, the American farmer will lose as the remaining oligopoly uses their market power, bundling of products, and limited competition to increase the costs for every acre planted. This in turn will increase the costs for consumers in all markets touched by production agriculture.

MESSAGE FROM THE HOUSE RECEIVED DURING ADJOURNMENT

ENROLLED JOINT RESOLUTIONS SIGNED

Under the authority of the order of the Senate of January 3, 2017, the Secretary of the Senate, on March 10, 2017, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker had signed the following enrolled joint resolutions:

H.J. Res. 37. Joint resolution disapproving the rule submitted by the Department of Defense, the General Services Administration, and the National Aeronautics and Space Administration relating to the Federal Acquisition Regulation.

H.J. Res. 44. Joint resolution disapproving the rule submitted by the Department of the Interior relating to Bureau of Land Management regulations that establish the procedures used to prepare, revise, or amend land use plans pursuant to the Federal Land Policy and Management Act of 1976.

H.J. Res. 57. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to accountability and State plans under the Elementary and Secondary Education Act of 1965.

H.J. Res. 58. Joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to teacher preparation issues.

Under the authority of the order of the Senate of January 3, 2017, the enrolled joint resolutions were signed on March 13, 2017, during the adjournment of the Senate, by the President pro tempore (Mr. HATCH).

MESSAGE FROM THE HOUSE

At 2:03 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. 720. An act to amend Rule 11 of the Federal Rules of Civil Procedure to improve attorney accountability, and for other purposes.

H.R. 725. An act to amend title 28, United States Code, to prevent fraudulent joinder.

H.R. 985. An act to amend the procedures used in Federal court class actions and multidistrict litigation proceedings to assure fairer, more efficient outcomes for claimants and defendants, and for other purposes.

The message also announced that pursuant to section 2 of the Migratory Bird Conservation Act (16 U.S.C. 715a), and the order of the House of January 3, 2017, the Speaker appoints the following Member of the House of Representatives to the Migratory Bird Conservation Commission: Mr. Thompson of California.

MEASURES REFERRED

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

H.R. 720. An act to amend Rule 11 of the Federal Rules of Civil Procedure to improve attorney accountability, and for other purposes; to the Committee on the Judiciary.

H.R. 725. An act to amend title 28, United States Code, to prevent fraudulent joinder; to the Committee on the Judiciary.

H.R. 985. An act to amend the procedures used in Federal court class actions and multidistrict litigation proceedings to assure fairer, more efficient outcomes for claimants and defendants, and for other purposes; to the Committee on the Judiciary.

EXECUTIVE AND OTHER COMMUNICATIONS

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

EC–996. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Streptomycin; Pesticide Tolerances for Emergency Exemptions'' (FRL No. 9957–65) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–997. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Oxytetracycline; Pesticide Tolerances for Emergency Exemptions'' (FRL No. 9959–19) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–998. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Flupyradifurone; Pesticide Tolerances for Emergency Exemptions'' (FRL No. 9958–75) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Agriculture, Nutrition, and Forestry.

EC–999. A communication from the General Counsel of the Federal Housing Finance Agency, transmitting, pursuant to law, the report of a rule entitled ''Freedom of Information Act Implementation'' (RIN2590–AA86) received in the Office of the President of the Senate on March 9, 2017; to the Committee on Banking, Housing, and Urban Affairs.

EC–1000. A communication from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting, pursuant to law, the report of a rule entitled ''Energy Conservation Program: Energy Conservation Standards for Commercial Prerinse Spray Valves'' (RIN1904–AD31) received in the Office of the President of Senate on March 7, 2017; to the Committee on Energy and Natural Resources.

EC–1001. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval of California Air Plan Revisions, Yolo-Solano Air Quality Management District'' (FRL No. 9958–43–Region 9) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Environment and Public Works.

EC–1002. A communication from the Director of the Regulatory Management Division, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled ''Approval of California Air Plan; Owens Valley Serious Area Plan for the 1987 24-Hour PM10 Standard'' (FRL No. 9958–80–Region 9) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Environment and Public Works.

EC–1003. A communication from the Director of Congressional Affairs, Office of New Reactors, Nuclear Regulatory Commission, transmitting, pursuant to law, the report of a rule entitled ''Enforcement Guidance Memorandum 15–002, Revision 1: Enforcement Discretion for Tornado-Generated Missile Protection Non-Compliance'' (EGM 15–002) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Environment and Public Works.

EC–1004. A communication from the Board Members, Railroad Retirement Board, transmitting, pursuant to law, an annual report relative to the Board's compliance with the Government in the Sunshine Act during calendar year 2016; to the Committee on Homeland Security and Governmental Affairs.

EC–1005. A communication from the Chairman, National Endowment for the Humanities, transmitting, pursuant to law, the Endowment's Performance and Accountability Report for fiscal year 2016 and the Uniform Resource Locator (URL) for the report; to the Committee on Homeland Security and Governmental Affairs.

EC–1006. A communication from the Management and Program Analyst, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled ''Airworthiness Directives; The Boeing Company Airplanes'' ((RIN2120–AA64) (Docket No. FAA–2016–6670)) received in the Office of the President of the Senate on March 7, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1007. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Drawbridge Operation Regulation; Sturgeon Bay, Sturgeon Bay, WI'' ((RIN1625–AA09) (Docket No. USCG–2017–0050)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1008. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Special Local Regulation; Black Warrior River; Tuscaloosa, AL'' ((RIN1625–AA08) (Docket No. USCG–2017–0032)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1009. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Special Local Regulation; Black Warrior River; Tuscaloosa, AL'' ((RIN1625–AA08) (Docket No. USCG–2017–0034)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1010. A communication from the Attorney-Advisor, U.S. Coast Guard, Department

of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Operational Equipment Test; Bellingham Bay; Bellingham, WA'' ((RIN1625–AA00) (Docket No. USCG–2016–0084)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1011. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Loop Parkway Bridge—Long Creek, Hempstead, NY'' ((RIN1625–AA00) (Docket No. USCG–2017–0019)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1012. A communication from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled ''Safety Zone; Columbia River, Sand Island, WA'' ((RIN1625–AA00) (Docket No. USCG–2017–0118)) received in the Office of the President of the Senate on March 8, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1013. A communication from the Deputy Chief, Enforcement Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 1.80(b) of the Commission's Rules: Adjustment of Civil Monetary Penalties to Reflect Inflation'' (DA 16–1453) received in the Office of the President of the Senate on March 6, 2017; to the Committee on Commerce, Science, and Transportation.

EC–1014. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled ''Amendment of Section 73.202(b), FM Table of Allotments, FM Broadcast Stations (Red Lake, Minnesota)'' ((MB Docket No. 05–142) (DA 16–371)) received in the Office of the President of the Senate on March 7, 2017; to the Committee on Commerce, Science, and Transportation.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. CRAPO, from the Committee on Banking, Housing, and Urban Affairs, with amendments:

S. 327. A bill to direct the Securities and Exchange Commission to provide a safe harbor related to certain investment fund research reports, and for other purposes.

By Mr. CRAPO, from the Committee on Banking, Housing, and Urban Affairs, without amendment:

S. 444. A bill to amend the Investment Company Act of 1940 to expand the investor limitation for qualifying venture capital funds under an exemption from the definition of an investment company.

S. 462. A bill to require the Securities and Exchange Commission to refund or credit certain excess payments made to the Commission.

By Mr. CRAPO, from the Committee on Banking, Housing, and Urban Affairs, with amendments:

S. 484. A bill to amend the Investment Company Act of 1940 to terminate an exemption for companies located in Puerto Rico, the Virgin Islands, and any other possession of the United States.

By Mr. CRAPO, from the Committee on Banking, Housing, and Urban Affairs, without amendment:

S. 488. A bill to increase the threshold for disclosures required by the Securities and Exchange Commission relating to compensatory benefit plans, and for other purposes.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. UDALL (for himself, Mr. TESTER, and Ms. CANTWELL):

S. 607. A bill to establish a business incubators program within the Department of the Interior to promote economic development in Indian reservation communities; to the Committee on Indian Affairs.

By Mrs. FEINSTEIN (for herself, Mr. SCHUMER, Mr. DURBIN, Ms. KLOBUCHAR, Ms. CORTEZ MASTO, Mr. BOOKER, Mr. LEAHY, Mrs. SHAHEEN, Mr. COONS, Mr. BLUMENTHAL, Ms. HIRONO, Mr. MARKEY, Ms. BALDWIN, Ms. WARREN, Mr. CARPER, Mr. SANDERS, Mr. BENNET, Mrs. MURRAY, Mr. UDALL, Mr. KAINE, Mr. FRANKEN, Mr. SCHATZ, Mr. REED, Mrs. GILLIBRAND, Mr. MERKLEY, Ms. HASSAN, Mr. MURPHY, Mr. MENENDEZ, Mr. KING, Mr. WYDEN, Mr. CASEY, Mr. HEINRICH, Mr. CARDIN, Mr. VAN HOLLEN, Ms. DUCKWORTH, Mr. BROWN, Ms. STABENOW, and Ms. HARRIS):

S. 608. A bill to nullify the effect of the March 6, 2017 executive order that temporarily restricts most nationals from six countries from entering the United States; to the Committee on the Judiciary.

By Mr. MORAN (for himself, Mr. BLUMENTHAL, Mr. GRASSLEY, Ms. MURKOWSKI, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. BROWN, Mr. TESTER, and Mr. KING):

S. 609. A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. REED (for himself and Mr. GRASSLEY):

S. 610. A bill to promote transparency by permitting the Public Company Accounting Oversight Board to allow its disciplinary proceedings to be open to the public, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. FEINSTEIN (for herself and Mr. PORTMAN):

S. 611. A bill to amend the McKinney-Vento Homeless Assistance Act to meet the needs of homeless children, youth, and families, and honor the assessments and priorities of local communities; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 612. A bill to provide for the unencumbering of title to non-Federal land owned by the city of Tucson, Arizona, for purposes of economic development by conveyance of the Federal reversionary interest to the City; to the Committee on Energy and Natural Resources.

By Mr. FLAKE:

S. 613. A bill to amend the Public Utility Regulatory Policies Act of 1978 to provide for the consideration by State regulatory authorities and nonregulated electric utilities of whether subsidies should be provided for the deployment, construction, maintenance, or operation of a customer-side technology; to the Committee on Energy and Natural Resources.

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 614. A bill to require the Secretary of the Interior to establish a pilot program for commercial recreation concessions on certain land managed by the Bureau of Land Management; to the Committee on Energy and Natural Resources.

By Mr. BENNET (for himself and Mr. RUBIO):

S. 615. A bill to establish an alternative, outcomes-based process for authorizing innovative, high-quality higher education providers to participate in programs under title IV of the Higher Education Act of 1965; to the Committee on Health, Education, Labor, and Pensions.

By Mr. LEE (for himself and Mr. HATCH):

S.J. Res. 38. A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Environmental Protection Agency relating to ''Approval, Disapproval and Promulgation of Air Quality Implementation Plans; Partial Approval and Partial Disapproval of Air Quality Implementation Plans and Federal Implementation Plan; Utah; Revisions to Regional Haze State Implementation Plan; Federal Implementation Plan for Regional Haze''; to the Committee on Environment and Public Works.

ADDITIONAL COSPONSORS

S. 34

At the request of Mr. JOHNSON, the names of the Senator from Kentucky (Mr. PAUL), the Senator from Wyoming (Mr. ENZI) and the Senator from Florida (Mr. RUBIO) were added as cosponsors of S. 34, a bill to amend chapter 8 of title 5, United States Code, to provide for the en bloc consideration in resolutions of disapproval for ''midnight rules'', and for other purposes.

S. 108

At the request of Mr. HATCH, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 108, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices.

S. 109

At the request of Mr. GRASSLEY, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 109, a bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

S. 155

At the request of Mr. RUBIO, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 155, a bill to amend the National Labor Relations Act to permit employers to pay higher wages to their employees.

S. 170

At the request of Mr. RUBIO, the names of the Senator from New York (Mr. SCHUMER) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. 170, a bill to provide for nonpreemption of measures by State and local governments to divest from entities that engage in commerce-related or investment-related boycott, divestment, or sanctions activities targeting Israel, and for other purposes.

S. 198

At the request of Mr. RUBIO, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 198, a bill to require continued and enhanced annual reporting to Congress in the Annual Report on International Religious Freedom on anti-Semitic incidents in Europe, the safety and security of European Jewish communities, and the efforts of the United States to partner with European governments, the European Union, and civil society groups, to combat anti-Semitism, and for other purposes.

S. 200

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

S. 229

At the request of Mr. HEINRICH, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 229, a bill to provide for the confidentiality of information submitted in requests for the Deferred Action for Childhood Arrivals Program, and for other purposes.

S. 236

At the request of Mr. WYDEN, the names of the Senator from Washington (Mrs. MURRAY) and the Senator from Mississippi (Mr. WICKER) were added as cosponsors of S. 236, a bill to amend the Internal Revenue Code of 1986 to reform taxation of alcoholic beverages.

S. 242

At the request of Mr. CASSIDY, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 242, a bill to amend title 38, United States Code, to permit veterans to grant access to their records in the databases of the Veterans Benefits Administration to certain designated congressional employees, and for other purposes.

S. 276

At the request of Mr. FLAKE, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 276, a bill to amend title 28, United States Code, to divide the ninth judicial circuit of the United States into 2 circuits, and for other purposes.

S. 339

At the request of Mr. NELSON, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 339, a bill to amend title 10, United States Code, to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans' dependency and indemnity compensation, and for other purposes.

S. 366

At the request of Mr. ROUNDS, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. 366, a bill to require the Federal financial institutions regulatory agencies to take risk profiles and business models of institutions into account when taking regulatory actions, and for other purposes.

S. 372

At the request of Mr. PORTMAN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 372, a bill to amend the Tariff Act of 1930 to ensure that merchandise arriving through the mail shall be subject to review by U.S. Customs and Border Protection and to require the provision of advance electronic information on shipments of mail to U.S. Customs and Border Protection and for other purposes.

S. 382

At the request of Mr. MENENDEZ, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. 382, a bill to require the Secretary of Health and Human Services to develop a voluntary registry to collect data on cancer incidence among firefighters.

S. 387

At the request of Mr. PERDUE, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. 387, a bill to amend the Consumer Financial Protection Act of 2010 to subject the Bureau of Consumer Financial Protection to the regular appropriations process, and for other purposes.

S. 445

At the request of Ms. COLLINS, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor 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. 459

At the request of Mr. RUBIO, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of 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.

S. 479

At the request of Mr. BROWN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 479, a bill to amend title XVIII of the Social Security Act to waive coinsurance under Medicare for colorectal cancer screening tests, regardless of whether therapeutic intervention is required during the screening.

S. 484

At the request of Mr. MENENDEZ, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 484, a bill to amend the Investment Company Act of 1940 to terminate an exemption for companies located in Puerto Rico, the Virgin Islands, and any other possession of the United States.

S. 493

At the request of Mr. RUBIO, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. 493, a bill to amend title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes.

S. 512

At the request of Mr. BARRASSO, the name of the Senator from Arizona (Mr. FLAKE) was added as a cosponsor of S. 512, a bill to modernize the regulation of nuclear energy.

S. 528

At the request of Mr. TESTER, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 528, a bill to amend the Family and Medical Leave Act of 1993 to provide leave because of the death of a son or daughter.

S. 548

At the request of Ms. CANTWELL, the names of the Senator from New Hampshire (Mrs. SHAHEEN) and the Senator from Ohio (Mr. PORTMAN) were added as cosponsors of S. 548, a bill to amend the Internal Revenue Code of 1986 to reform the low-income housing credit, and for other purposes.

S. 563

At the request of Mr. HELLER, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 563, a bill to amend the Flood Disaster Protection Act of 1973 to require that certain buildings and personal property be covered by flood insurance, and for other purposes.

S. 568

At the request of Mr. BROWN, the names of the Senator from Rhode Island (Mr. REED), the Senator from Massachusetts (Mr. MARKEY), and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of S. 568, a bill to amend title XVIII of the Social Security Act to count a period of receipt of outpatient observation services in a hospital toward satisfying the 3-day inpatient hospital requirement for coverage of skilled nursing facility services under Medicare.

S. 574

At the request of Mr. MARKEY, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 574, a bill to restrict the use of funds for the long-range standoff weapon until the Secretary of Defense completes a Nuclear Posture Review that includes an assessment of the capabilities and effects of the use of the long-range standoff weapon, and for other purposes.

S.J. RES. 27

At the request of Mr. CASSIDY, the names of the Senator from Wyoming (Mr. ENZI) and the Senator from Kansas (Mr. MORAN) were added as cosponsors of S.J. Res. 27, a joint resolution disapproving the rule submitted by the

Department of Labor relating to ''Clarification of Employer's Continuing Obligation to Make and Maintain an Accurate Record of Each Recordable Injury and Illness''.

S.J. RES. 34

At the request of Mr. FLAKE, the name of the Senator from Kentucky (Mr. MCCONNELL) was added as a cosponsor of S.J. Res. 34, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Federal Communications Commission relating to ''Protecting the Privacy of Customers of Broadband and Other Telecommunications Services''.

S. CON. RES. 6

At the request of Mr. BARRASSO, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Montana (Mr. DAINES) were added as cosponsors of S. Con. Res. 6, a concurrent resolution supporting the Local Radio Freedom Act.

S. CON. RES. 7

At the request of Mr. ROBERTS, the names of the Senator from North Dakota (Ms. HEITKAMP) and the Senator from Missouri (Mr. BLUNT) were added as cosponsors of S. Con. Res. 7, a concurrent resolution expressing the sense of Congress that tax-exempt fraternal benefit societies have historically provided and continue to provide critical benefits to the people and communities of the United States.

S. RES. 76

At the request of Mr. CASEY, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from West Virginia (Mr. MANCHIN) were added as cosponsors of S. Res. 76, a resolution expressing support for the designation of March 21, 2017, as ''National Rosie the Riveter Day''.

S. RES. 81

At the request of Mr. MANCHIN, the names of the Senator from Wyoming (Mr. ENZI), the Senator from Colorado (Mr. GARDNER), and the Senator from Michigan (Ms. STABENOW) were added as cosponsors of S. Res. 81, a resolution recognizing the 196th anniversary of the independence of Greece and celebrating democracy in Greece and the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself and Mr. GRASSLEY):

S. 610. A bill to promote transparency by permitting the Public Company Accounting Oversight Board to allow its disciplinary proceedings to be open to the public, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. REED. Mr. President, I am reintroducing the PCAOB Enforcement Transparency Act along with Senator Grassley. This bill permits the Public Company Accounting Oversight Board, PCAOB, to make public the disciplinary proceedings it has brought against auditors and audit firms earlier in the process.

Over 10 years ago, our markets were victimized by a series of massive financial reporting frauds, including those involving Enron and WorldCom. In response to this crisis, the Senate Committee on Banking, Housing, and Urban Affairs conducted multiple hearings, which produced consensus on a number of underlying causes, including weak corporate governance, a lack of accountability, and inadequate oversight of accountants charged with auditing public companies' financial statements.

In order to address the gaps and structural weaknesses revealed by the investigation and hearings, the Senate passed the Sarbanes-Oxley Act of 2002 in a 99-to-0 vote. Among its many provisions, this law called for the creation of a strong, independent board, the PCAOB, responsible for overseeing auditors of public companies in order to protect investors who rely on independent audit reports on the financial statements of public companies.

To conduct its duties, the PCAOB, under the oversight of the U.S. Securities and Exchange Commission, SEC, oversees more than 1,500 registered accounting firms, as well as the audit partners and staff who contribute to a firm's work on each audit. The board's ability to initiate proceedings to determine whether there have been violations of its auditing standards or rules of professional practice is an important component of its oversight.

However, unlike other oversight bodies, such as the SEC, the U.S. Department of Labor, the Federal Deposit Insurance Corporation, the U.S. Commodity Futures Trading Commission, the Financial Industry Regulatory Authority, and others, the Board's disciplinary proceedings are not allowed to be public without consent from the parties involved. Of course, parties subject to disciplinary proceedings have no incentive to consent to publicizing their alleged wrongdoing and thus these proceedings typically remain cloaked behind a veil of secrecy. In addition, the board's decisions in disciplinary proceedings are not allowed to be publicized until after the complete exhaustion of an appeals process, which can often take several years.

These PCAOB disciplinary proceedings create a lack of transparency that invites abuse and undermines the congressional intent behind the PCAOB, which was to shine a bright light on auditing firms and practices, and to bolster the accountability of auditors of public companies to the investing public.

Over the years, some bad actors have taken advantage of this loophole to shield themselves from public scrutiny and accountability. PCAOB Chairman James Doty has repeatedly stated in testimony provided to both the Senate and House of Representatives over the years that the secrecy of the proceedings ''has a variety of unfortunate consequences'' and that such secrecy is harmful to investors, the auditing profession, and the public at large.

For example, an accounting firm that was subject to a disciplinary proceeding continued to issue no fewer than 29 additional audit reports on public companies without any of those companies knowing about its PCAOB disciplinary proceedings. Disturbingly, investors and the public company clients of that audit firm were deprived of relevant information about the proceedings against the firm and the substance of any violations.

In addition to the reasons I have already provided, there are other reasons why the board's enforcement proceedings should be open and transparent.

First, the incentive to litigate cases in order to continue to shield conduct from public scrutiny as long as possible frustrates the process and requires the expenditure of needless resources by both litigants and the PCAOB.

Second, agencies such as the SEC have found open and transparent disciplinary proceedings to be valuable because they inform peer audit firms of the type of activity that may give rise to enforcement action by the regulator. In effect, transparent proceedings can serve as a deterrent to misconduct because of a perceived increase in the likelihood of ''getting caught.'' Accordingly, the audit industry as a whole would also benefit from timely, public, and nonsecret enforcement proceedings.

Our bill will make hearings by the PCAOB, and all related notices, orders, and motions, transparent and available to the public unless otherwise ordered by the Board. This would more closely align the PCAOB's procedures with those of the SEC for analogous matters.

Increasing transparency and accountability of audit firms subject to PCAOB disciplinary proceedings is a critical component of bolstering and maintaining investor confidence in our financial markets, while better protecting companies from problematic auditors. I hope our colleagues will join Senator Grassley and me in supporting this legislation to enhance transparency in the PCAOB's enforcement process.

By Mrs. FEINSTEIN (for herself and Mr. PORTMAN):

S. 611. A bill to amend the McKinney-Vento Homeless Assistance Act to meet the needs of homeless children, youth, and families, and honor the assessments and priorities of local communities; to the Committee on Banking, Housing, and Urban Affairs.

Mrs. FEINSTEIN. Mr. President, I rise today to introduce bipartisan legislation with my colleague Senator Portman that would align HUD homeless assistance with existing Federal children and youth programs and provide flexibility to local communities to use available resources to meet the needs that they identify.

According to the U.S. Department of Education, approximately 1.2 million children were homeless during the 2014 to 2015 school year; this is a 34-percent increase from the 939,903 homeless students in the 2009 to 2010 school year.

In California, over 229,000 children experienced homelessness in 2015, nearly four times the 65,000 homeless children in the State in 2003.

Unfortunately, the numbers reported by the HUD Point-in-Time count fail to reflect these increasing numbers.

According to the national 2015 HUD Point-in-Time count, there were only 206,286 people counted as homeless in households that included children, a fraction of the true number.

This is important because only those children counted by HUD are eligible for vital homeless assistance programs and included in local planning efforts. The rest of these children and families are simply out of luck.

The Homeless Children and Youth Act of 2017 would allow HUD homeless assistance programs to serve extremely vulnerable children and families, specifically those staying in motels or in doubled-up situations because they have nowhere else to go.

These families are especially susceptible to abuse and trafficking because they are often not served by a case manager and thus remain hidden from potential social service providers.

As a result of the current narrow HUD definition, communities that receive Federal funding through the competitive application process are unable to prioritize or direct resources to help these children and families.

This bill would provide communities with the flexibility to use Federal funds to meet local priorities. The bill requires the Secretary to assess the extent to which Continuums of Care use separate, specific, age-appropriate criteria for determining the safety and needs of children and unaccompanied youth and divert people to safe, stable, age-appropriate accommodations.

And I would note that the bill does not impose any new mandates on service providers.

Finally, this legislation improves data collection transparency by requiring HUD to report the point in time PIT count and the Annual Homeless Assessment Report, AHAR to include data on all categories of homelessness.

Mr. President, I am pleased that Senator Rob Portman has joined me as an original cosponsor on this bill. Homelessness continues to plague our Nation. If we fail to address the needs of these children and families today, they will remain stuck in a cycle of poverty and chronic homelessness.

It is our moral obligation to ensure that we do not erect more barriers for these children and families to access services when they are experiencing extreme hardship. I believe this bill is a commonsense solution that will ensure that homeless families and children can receive the help they need.

By Mr. LEE (for himself and Mr. HATCH):

S.J. Res. 38. A joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Environmental Protection Agency relating to ''Approval, Disapproval and Promulgation of Air Quality Implementation Plans; Partial Approval and Partial Disapproval of Air Quality Implementation Plans and Federal Implementation Plan; Utah; Revisions to Regional Haze State Implementation Plan; Federal Implementation Plan for Regional Haze''; to the Committee on Environment and Public Works.

APPOINTMENTS

The PRESIDING OFFICER. The Chair announces, on behalf of the Democratic leader, pursuant to Public Law 105–83, the reappointment of the following individual to serve as a member of the National Council on the Arts: the Honorable TAMMY BALDWIN of Wisconsin.

The Chair, on behalf of the President pro tempore, pursuant to Public Law 96–388, as amended by Public Law 97–84, and Public Law 106–292, reappoints the following Senators to the United States Holocaust Memorial Council: the Honorable BERNARD SANDERS of Vermont and the Honorable AL FRANKEN of Minnesota.

The Chair, pursuant to Executive order 12131, as amended and extended, appoints the following Senators to the President's Export Council: the Honorable AMY KLOBUCHAR of Minnesota and the Honorable KIRSTEN E. GILLIBRAND of New York.

The Chair, on behalf of the President of the Senate, pursuant to Public Law 85–874, as amended, reappoints the following Senator to the Board of Trustees of the John F. Kennedy Center for the Performing Arts: the Honorable MARK WARNER of Virginia.

The Chair, on behalf of the Vice President, pursuant to Public Law 94–304, as amended by Public Law 99–7, appoints the following Senators as members of the Commission on Security and Cooperation in Europe (Helsinki) during the 115th Congress: the Honorable BENJAMIN L. CARDIN of Maryland, the Honorable SHELDON WHITEHOUSE of Rhode Island, the Honorable TOM UDALL of New Mexico, and the Honorable JEANNE SHAHEEN of New Hampshire.

The Chair, on behalf of the President of the Senate, pursuant to Public Law 106–286, appoints the following Members to serve on the Congressional-Executive Commission on the People's Republic of China: the Honorable DIANNE FEINSTEIN of California, the Honorable JEFF MERKLEY of Oregon, and the Honorable GARY C. PETERS of Michigan.

ORDERS FOR TUESDAY, MARCH 14, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m., Tuesday, March 14; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; finally, that following leader remarks, the Senate resume consideration of H.J. Res. 42.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF LABOR—Continued

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator CRUZ.

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

The Senator from Texas.

Mr. CRUZ. Mr. President, I rise today to commend the Senate for taking up legislation that I have introduced, along with my colleague in the House, Chairman KEVIN BRADY, to reverse yet another instance of Executive overreach by the Obama administration.

H.J. Res. 42 passed the House 236 to 189, with support on both sides of the aisle, including nearly unanimous Republican support, and I urge my colleagues in this Chamber to swiftly approve this legislation and to send it to the President's desk for his signature.

In the bipartisan Middle Class Tax Relief and Job Creation Act of 2012, Congress permitted but did not require States to assess State unemployment compensation or insurance program applicants for drug usage under two circumstances: workers who had been discharged from their last job because of unlawful drug use and workers looking for jobs in occupations where applicants and employees are subject to drug testing.

The unemployment insurance program is designed to facilitate swift reemployment by requiring applicants to be able to work and actively seek employment in order to be eligible. The 2012 job creation act noted that if a worker lost a job due to drug usage, that worker would have established him- or herself as not being fully able or available to work.

Further, under appropriate State-level programs, States could choose to restrict benefits for individuals who fail drug tests as well as to design programs to help them overcome their drug use and become work-ready. A number of States have responded to this opportunity. We are not helping anyone by leaving them in the position where they are dependent on and addicted to drugs.

In Texas, for example, the Texas Legislature passed senate bill 21, which not

only sought to secure the quality of job applicants, but it also provided help to those who needed it but would not have sought out that help otherwise themselves.

The wording of the 2012 job creation act clearly shows that Congress specifically intended to provide States the ability to determine how to best implement these programs for their citizens. However, the Obama Department of Labor substantially narrowed the law to circumstances where testing is legally required, not merely allowed. Such an arbitrarily narrow definition undermines the ability of States to conduct drug testing in their programs, as permitted by Congress. This regulation is overly prescriptive. It removes State discretion regarding implementation, and it ignores years of congressional concern on both sides of the aisle.

I thank Chairman BRADY for taking the lead in the House on dealing with this overreach and for his leadership on H.J. Res. 42 to repeal this regulation.

This joint resolution has broad support, including from President Trump, Texas's Governor Abbott, Mississippi's Governor Bryant, Utah's Governor Herbert, and Wisconsin's Governor Walker. All are united in restoring the flexibility of the States to deal with the problem of drug use and drug addiction and to tailor their unemployment programs to meeting that problem.

This is yet another step in overturning the Obama administration's Executive overreach that has done so much damage. I encourage my colleagues on both sides of the aisle to support this measure and to return discretion to the States and to the people.

I yield the floor.

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 6:16 p.m., adjourned until Tuesday, March 14, 2017, at 2 p.m.

CONFIRMATION

Executive nomination confirmed by the Senate March 13, 2017:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SEEMA VERMA, OF INDIANA, TO BE ADMINISTRATOR OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

EXTENSIONS OF REMARKS

IN TRIBUTE TO JOHN BARTKOWSKI

HON. GWEN MOORE

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Monday, March 13, 2017

Ms. MOORE. Mr. Speaker, I rise today to recognize John Bartkowski who is retiring from the Sixteenth Street Community Health Centers on March 31, 2017. He retires as CEO and President at the organization after serving for nearly 30 years.

Mr. Bartkowski has spent much of his career at the Sixteenth Street Community Health Centers making an extraordinary impact on the lives of the people they serve through both innovation and growth. When John started at Sixteenth Street they had one storefront location and now have 5 sites. Over the decades he has led the organization as a tireless advocate and provider of quality care for community health concerns to make a real difference in the lives of the people they serve. 84 percent of the individuals they serve are Hispanic/Latino, 19 percent are uninsured and 65 percent are at 100 percent of the Federal Poverty Level or under. There is a huge need for quality bilingual services and Sixteenth Street Community Health Centers has met that need on all levels.

While at the helm of Sixteenth Street Community Health Centers some of John's most notable achievements in addition to expansion include: the creation of an Environmental Health Department to address lead poisoning and asthma issues, formation of HIV/AIDS outreach which was later expanded to a Department, addition of Behavioral Health Services, Accreditation by the Joint Commission and initiation of the Annual Celebrity Roast to raise funds for the clinic. While he could have been satisfied with maintaining a focus solely on the clinic, John Bartkowski sought to better the entire community. He applied for funding and worked with partners to improve blighted areas like the Menomonee Valley and brought bike trails and new businesses to the area. John truly believes in the concept that a society becomes more vibrant and productive when it is inclusive and he has walked that talk.

I am grateful to have had the opportunity to know and work with John Bartkowski for many years on a myriad of health issues. I join with friends and colleagues to congratulate him as he transitions into a different phase of his life.

Mr. Speaker, I am proud to honor John Bartkowski. The citizens of the Fourth Congressional District and the State of Wisconsin are privileged to have someone of his ability and dedicated service working on their behalf for so many years. I thank him for all that he has done and I am indeed honored for these reasons to pay tribute to John Bartkowski.

PERSONAL EXPLANATION

HON. GREG WALDEN

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Monday, March 13, 2017

Mr. WALDEN. Mr. Speaker, on Friday, March 10, 2016, I was unable to be present and missed the recorded votes on roll call no. 157 and 158 regarding H.R. 720, the Lawsuit Abuse Reduction Act. Had I been present, I would have voted NAY on Roll Call No. 157, and YEA on Roll Call No. 158.

ECONOMIC GROWTH IN JACKSON COUNTY, GA

HON. DOUG COLLINS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 13, 2017

Mr. COLLINS of Georgia. Mr. Speaker, I rise today to recognize the economic growth that Jackson County has experienced over the past year. The investment of new companies in the Ninth District of Georgia has brought hundreds of new jobs to our community, and it is my hope that this growth will continue for years to come.

For many years, companies have made their home alongside Interstate 85 in the middle of Jackson County. The continued growth of e-commerce, in addition to the demand for expedited shipping by customers, has made it necessary for companies such as Amazon, Williams-Sonoma, and Whole Foods to acquire regional distribution centers. We are eager to welcome these companies, as well as many others, to northeast Georgia.

In addition to the settlement of new companies in Jackson County, there have been multiple expansions that have been announced by already existing businesses and health centers. The continued growth of these companies shows that they have found a community in the Ninth District that is conducive to their businesses' future.

The number of companies that have decided to absorb industrial space in our district represents another notable step towards increased economic strength for our community. However, Jackson County is continuing to invest not only in the economic sector, but in the future of young men and women by creating a college and career academy. In fall of 2017, the county will submit a proposal for this academy, which has the potential to attract new industries to northeast Georgia, as well as to educate the young men and women of our community. Mr. Speaker, I applaud this holistic approach to community growth on the part of Jackson County.

HONORING THE 45TH ANNIVERSARY OF THE CAMILLUS ERIE CANAL PARK

HON. JOHN KATKO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, March 13, 2017

Mr. KATKO. Mr. Speaker, I rise today in honor of the 45th anniversary of the Camillus Erie Canal Park in my hometown of Camillus, New York.

Established in 1972, the Camillus Erie Canal Park is part of the Erie Canalway National Heritage Corridor in Upstate New York. It is maintained and operated by an entirely volunteer group dedicated to preserving and restoring the historic Erie Canal in the Town of Camillus.

The Camillus Erie Canal Park offers Central New Yorkers, tourists, and students from across New York State over 10 miles of historic walkways, boat rides along the Erie Canal, and museums showcasing the history of the canal.

Critical to the preservation of this historic site, members of the Camillus Erie Canal Society and many hardworking volunteers in our community worked to restore the 1842 Nine Mile Creek Aqueduct at the Camillus Erie Canal Park. This is the only restored navigable aqueduct in New York State and is listed on the National Registry of Historic Sites.

The Erie Canal stretches from Albany to Buffalo and has played a pivotal role in the socioeconomic development of New York State and our country. This corridor, which is celebrating its 200th anniversary this year, was recently designated a National Historical Landmark.

I am proud to recognize the 45th anniversary of the Camillus Erie Canal Park, as well as the Camillus Erie Canal Society for the incredible work they do to preserve the cultural heritage of the Erie Canal in Central New York.

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, March 14, 2017 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

MARCH 15

10 a.m.

Committee on Banking, Housing, and Urban Affairs

To hold hearings to examine assessing U.S. sanctions on Russia, focusing on the next steps.

SD–538

Committee on Commerce, Science, and Transportation

To hold hearings to examine unmanned aircraft systems, focusing on innovation, integration, successes, and challenges.

SD–106

Committee on Environment and Public Works

To hold hearings to examine innovative solutions to control invasive species and promote wildlife conservation.

SD–406

Committee on Homeland Security and Governmental Affairs

Business meeting to consider S. 34, to amend chapter 8 of title 5, United States Code, to provide for the en bloc consideration in resolutions of disapproval for ''midnight rules'', S. 21, to amend chapter 8 of title 5, United States Code, to provide that major rules of the executive branch shall have no force or effect unless a joint resolution of approval is enacted into law, S. 317, to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, S. 500, 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, S. 218, to restrict the inclusion of social security account numbers on documents sent by mail by the Federal Government, S. 188, to prohibit the use of Federal funds for the costs of painting portraits of officers and employees of the Federal Government, H.R. 274, to provide for reimbursement for the use of modern travel services by Federal employees traveling on official Government business, H.R. 366, to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department's vehicle fleet, an original bill entitled, ''Dr. Chris Kirkpatrick Whistleblower Protection Act'', an original bill entitled, ''Office of Special Counsel Reauthorization Act'', an original bill entitled, ''Follow the Rules Act'', an original bill entitled, ''Regulatory Accountability Act'', and the nomination of Elaine C. Duke, of Virginia, to be Deputy Secretary of Homeland Security.

SD–342

Committee on the Judiciary

To hold hearings to examine visas, focusing on investigating K–1 fiance fraud.

SD–226

10:30 a.m.

Committee on Appropriations

Subcommittee on Department of Defense

To hold closed hearings to examine a ballistic missile defense program update.

SVC–217

Committee on Appropriations

Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies

To hold hearings to examine STEM education, focusing on preparing students for the careers of today and the future.

SD–138

11 a.m.

Committee on Foreign Relations

To hold hearings to examine six years of war in Syria, focusing on the human toll.

SD–419

1:30 p.m.

Select Committee on Intelligence

To receive a closed briefing on certain intelligence matters.

SH–219

2:30 p.m.

Committee on the Judiciary

Subcommittee on Crime and Terrorism

To hold hearings to examine the Modus Operandi and toolbox of Russia and other autocracies for undermining democracies throughout the world.

SD–226

Committee on Veterans' Affairs

To hold hearings to examine GAO's high risk list and the Veterans Health Administration.

SR–418

3:30 p.m.

Committee on Armed Services

Subcommittee on Airland

To hold hearings to examine all arms warfare in the 21st century.

SR–232A

MARCH 20

11 a.m.

Committee on the Judiciary

To hold hearings to examine the nomination of Neil M. Gorsuch, of Colorado, to be an Associate Justice of the Supreme Court of the United States.

SH–216

MARCH 21

10 a.m.

Committee on Health, Education, Labor, and Pensions

To hold hearings to examine FDA user fee agreements, focusing on improving medical product innovation for patients.

SD–430

MARCH 22

9 a.m.

Committee on Health, Education, Labor, and Pensions

To hold hearings to examine the nomination of R. Alexander Acosta, of Florida, to be Secretary of Labor.

SD–430

10 a.m.

Committee on Veterans' Affairs

To hold a joint hearing with the House Committee on Veterans' Affairs to examine the legislative presentation of multiple veterans service organizations.

SD–G50

MARCH 29

3 p.m.

Committee on Small Business and Entrepreneurship

To hold hearings to examine how small businesses confront and shape regulations.

SR–428A

POSTPONEMENTS

MARCH 15

2:30 p.m.

Special Committee on Aging

To hold hearings to examine raising grandchildren in the opioid crisis and beyond.

SD–562

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S1753—S1782

Measures Introduced: Nine bills and one resolution were introduced, as follows: S. 607–615, and S.J. Res. 38. **Page S1778**

Measures Reported:

S. 327, to direct the Securities and Exchange Commission to provide a safe harbor related to certain investment fund research reports, with amendments.

S. 444, to amend the Investment Company Act of 1940 to expand the investor limitation for qualifying venture capital funds under an exemption from the definition of an investment company.

S. 462, to require the Securities and Exchange Commission to refund or credit certain excess payments made to the Commission.

S. 484, to amend the Investment Company Act of 1940 to terminate an exemption for companies located in Puerto Rico, the Virgin Islands, and any other possession of the United States, with amendments.

S. 488, to increase the threshold for disclosures required by the Securities and Exchange Commission relating to compensatory benefit plans. **Page S1778**

Measures Considered:

Department of Labor Rule—Agreement: Senate began consideration of H.J. Res. 42, disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants, after agreeing to the motion to proceed to consideration of the joint resolution. **Page S1772**

A unanimous-consent agreement was reached providing for further consideration of the joint resolution at approximately 2 p.m., on Tuesday, March 14, 2017. **Page S1781**

Appointments:

National Council on the Arts: The Chair announced, on behalf of the Democratic Leader, pursuant to Public Law 105–83, the reappointment of the following individual to serve as a member of the National Council on the Arts: Senator Baldwin. **Page S1781**

United States Holocaust Memorial Council: The Chair, on behalf of the President pro tempore, pursuant to Public Law 96–388, as amended by Public Law 97–84, and Public Law 106–292, reappointed the following Senators to the United States Holocaust Memorial Council: Senators Sanders and Franken. **Page S1781**

President's Export Council: The Chair, pursuant to Executive Order 12131, as amended and extended, appointed the following Senators to the President's Export Council: Senators Klobuchar and Gillibrand. **Page S1781**

Board of Trustees of the John F. Kennedy Center for the Performing Arts: The Chair, on behalf of the President of the Senate, pursuant to Public Law 85–874, as amended, reappointed the following Senator to the Board of Trustees of the John F. Kennedy Center for the Performing Arts: Senator Warner. **Page S1781**

Commission on Security and Cooperation in Europe (Helsinki): The Chair, on behalf of the Vice President, pursuant to Public Law 94–304, as amended by Public Law 99–7, appointed the following Senators as members of the Commission on Security and Cooperation in Europe (Helsinki) during the 115th Congress: Senators Cardin, Whitehouse, Udall, and Shaheen. **Page S1781**

Congressional-Executive Commission on the People's Republic of China: The Chair, on behalf of the President of the Senate, pursuant to Public Law 106–286, appointed the following Members to serve on the Congressional-Executive Commission on the People's Republic of China: Senators Feinstein, Merkley, and Peters. **Page S1781**

Coats Nomination—Cloture: Senate began consideration of the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence. **Page S1772**

A motion was entered to close further debate on the nomination, and, in accordance with the provisions of Rule XXII of the Standing Rules of the

Senate, a vote on cloture will occur on Wednesday, March 15, 2017. **Page S1772**

Prior to the consideration of this nomination, Senate took the following action:

Senate agreed to the motion to proceed to Legislative Session. **Page S1772**

Senate agreed to the motion to proceed to Executive Session to consider the nomination. **Page S1772**

McMaster Nomination—Cloture: Senate began consideration the nomination of Herbert R. McMaster, Jr., to be Lieutenant General. **Page S1772**

A motion was entered to close further debate on the nomination and, in accordance with the provisions of Rule XXII of the Standing Rules of the Senate, a vote on cloture will occur upon disposition of the nomination of Daniel Coats, of Indiana, to be Director of National Intelligence. **Page S1772**

Prior to the consideration of this nomination, Senate took the following action:

Senate agreed to the motion to proceed to Legislative Session. **Page S1772**

Senate agreed to the motion to proceed to Executive Session to consider the nomination. **Page S1772**

Nomination Confirmed: Senate confirmed the following nomination:

By 55 yeas to 43 nays (Vote No. EX. 86), Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services. **Page S1771**

Messages from the House: **Page S1777**

Measures Referred: **Page S1777**

Executive Communications: **Pages S1777–78**

Additional Cosponsors: **Pages S1778–80**

Statements on Introduced Bills/Resolutions: **Pages S1780–81**

Additional Statements:

Record Votes: One record vote was taken today. (Total—86) **Page S1771**

Adjournment: Senate convened at 2 p.m. and adjourned at 6:16 p.m., until 2 p.m. on Tuesday, March 14, 2017. (For Senate's program, see the remarks of the Majority Leader in today's Record on page S1781.)

Committee Meetings

(Committees not listed did not meet)

BUSINESS MEETING

Committee on Environment and Public Works: Committee announced following subcommittee assignments for the 115th Congress:

Subcommittee on Transportation and Infrastructure: Senators Inhofe (Chair), Capito, Boozman, Wicker, Fischer, Moran, Ernst, Sullivan, Shelby, Cardin, Sanders, Whitehouse, Merkley, Gillibrand, Markey, Duckworth, and Harris.

Subcommittee on Clean Air and Nuclear Safety: Senators Capito (Chair), Inhofe, Boozman, Wicker, Fischer, Moran, Ernst, Shelby,Whitehouse, Cardin, Sanders, Merkley, Gillibrand, Markey, and Duckworth.

Subcommittee on Fisheries, Water, and Wildlife: Senators Boozman (Chair), Inhofe, Capito, Wicker, Fischer, Rounds, Sullivan, Shelby, Duckworth, Cardin, Whitehouse, Merkley, Gillibrand, Booker, and Markey.

Subcommittee on Superfund, Waste Management, and Regulatory Oversight: Senators Rounds (Chair), Moran, Ernst, Sullivan, Harris, Sanders, and Booker.

Senators Barrasso and Carper serve as ex officio members of each subcommittee.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced:

Additional Cosponsors:

Reports Filed: There were no reports filed today.

Speaker: Read a letter from the Speaker wherein he appointed Representative Cheney to act as Speaker pro tempore for today. **Page H2055**

Communication from the Sergeant-at-Arms: The House received a communication from Paul D. Irving, Sergeant-at-Arms, wherein he notified the House that the time previously appointed for the next meeting of the House was to be 12 noon on Tuesday, March 14, 2017. Pursuant to clause 12(c) of rule I, the Sergeant-at-Arms notified the House that an imminent impairment of the place of reconvening at that time is due to the weather. Subsequently, the Chair announced that the rescheduling of the time of meeting for the House at 12 noon on Monday, March 13, 2017 had been communicated to the Members. **Page H2055**

Quorum Calls—Votes: There were no Yea and Nay votes, and there were no Recorded votes. There were no quorum calls.

Adjournment: The House met at 12 noon and at 12:02 p.m. stands in recess subject to the call of the Chair.

Committee Meetings

No hearings were held.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR TUESDAY, MARCH 14, 2017

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Armed Services: to hold hearings to examine information surrounding the Marines United website; to be immediately followed by a closed hearing in SR–222, 10 a.m., SD–G50.

Committee on Banking, Housing, and Urban Affairs: to hold hearings to examine reauthorization of the National Flood Insurance Program, 10 a.m., SD–538.

Committee on Commerce, Science, and Transportation: Subcommittee on Surface Transportation and Merchant Marine Infrastructure, Safety and Security, to hold hearings to examine continuing to improve truck safety on our nation's highways, 2:30 p.m., SR–253.

Committee on Energy and Natural Resources: to hold hearings to examine opportunities to improve American energy infrastructure, 10 a.m., SD–366.

Committee on Finance: to hold hearings to examine the nomination of Robert Lighthizer, of Florida, to be United States Trade Representative, with the rank of Ambassador, 10 a.m., SD–215.

Select Committee on Intelligence: to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH–219.

House

Committee on Rules, Full Committee, hearing on H.R. 1367, to improve the authority of the Secretary of Veterans Affairs to hire and retain physicians and other employees of the Department of Veterans Affairs, and for other purposes; H.R. 1259, the "VA Accountability First Act of 2017"; and H.R. 1181, the "Veterans 2nd Amendment Protection Act", 5 p.m., H–313 Capitol.

CONGRESSIONAL PROGRAM AHEAD

Week of March 14 through March 17, 2017

Senate Chamber

On *Tuesday*, at approximately 2 p.m., Senate will continue consideration of H.J. Res. 42, Department of Labor Rule.

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 Appropriations: March 15, Subcommittee on Department of Defense, to hold closed hearings to examine a ballistic missile defense program update, 10:30 a.m., SVC–217.

March 15, Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, to hold hearings to examine STEM education, focusing on preparing students for the careers of today and the future, 10:30 a.m., SD–138.

Committee on Armed Services: March 14, to hold hearings to examine information surrounding the Marines United website; to be immediately followed by a closed hearing in SR–222, 10 a.m., SD–G50.

March 15, Subcommittee on Airland, to hold hearings to examine all arms warfare in the 21st century, 3:30 p.m., SR–232A.

Committee on Banking, Housing, and Urban Affairs: March 14, to hold hearings to examine reauthorization of the National Flood Insurance Program, 10 a.m., SD–538.

March 15, Full Committee, to hold hearings to examine assessing U.S. sanctions on Russia, focusing on the next steps, 10 a.m., SD–538.

Committee on Commerce, Science, and Transportation: March 14, Subcommittee on Surface Transportation and Merchant Marine Infrastructure, Safety and Security, to hold hearings to examine continuing to improve truck safety on our nation's highways, 2:30 p.m., SR–253.

March 15, Full Committee, to hold hearings to examine unmanned aircraft systems, focusing on innovation, integration, successes, and challenges, 10 a.m., SD–106.

Committee on Energy and Natural Resources: March 14, to hold hearings to examine opportunities to improve American energy infrastructure, 10 a.m., SD–366.

Committee on Environment and Public Works: March 15, to hold hearings to examine innovative solutions to control invasive species and promote wildlife conservation, 10 a.m., SD–406.

Committee on Finance: March 14, to hold hearings to examine the nomination of Robert Lighthizer, of Florida, to be United States Trade Representative, with the rank of Ambassador, 10 a.m., SD–215.

Committee on Foreign Relations: March 15, to hold hearings to examine six years of war in Syria, focusing on the human toll, 11 a.m., SD–419.

Committee on Homeland Security and Governmental Affairs: March 15, business meeting to consider S. 34, to amend chapter 8 of title 5, United States Code, to provide for the en bloc consideration in resolutions of disapproval for "midnight rules", S. 21, to amend chapter 8 of title 5, United States Code, to provide that major rules of the executive branch shall have no force or effect unless a joint resolution of approval is enacted into law, S. 317, to provide taxpayers with an annual report disclosing the cost and performance of Government programs and areas of duplication among them, S. 500, 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, S. 218, to restrict the inclusion of social security account numbers on documents sent by mail by the Federal Government, S. 188, to prohibit the use of Federal funds for the costs of painting portraits of officers and employees of the Federal Government, H.R. 274, to provide for reimbursement for the use of modern travel services by Federal employees traveling on official Government business, H.R. 366, to amend the Homeland Security Act of 2002 to direct the Under Secretary for Management of the Department of Homeland Security to make certain improvements in managing the Department's vehicle fleet, an original bill entitled, ''Dr. Chris Kirkpatrick Whistleblower Protection Act'', an original bill entitled, ''Office of Special Counsel Reauthorization Act'', an original bill entitled, ''Follow the Rules Act'', an original bill entitled, ''Regulatory Accountability Act'', and the nomination of Elaine C. Duke, of Virginia, to be Deputy Secretary of Homeland Security, 10 a.m., SD–342.

Committee on the Judiciary: March 15, to hold hearings to examine visas, focusing on investigating K–1 finance fraud, 10 a.m., SD–226.

March 15, Subcommittee on Crime and Terrorism, to hold hearings to examine the Modus Operandi and toolbox of Russia and other autocracies for undermining democracies throughout the world, 2:30 p.m., SD–226.

Committee on Veterans' Affairs: March 15, to hold hearings to examine GAO's high risk list and the Veterans Health Administration, 2:30 p.m., SR–418.

Select Committee on Intelligence: March 14, to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH–219.

March 15, Full Committee, to receive a closed briefing on certain intelligence matters, 1:30 p.m., SH–219.

House Committees

Committee on Agriculture, March 15, Full Committee, hearing entitled ''Agriculture and Tax Reform: Opportunities for Rural America'', 10 a.m., 1300 Longworth.

March 16, Subcommittee on Biotechnology, Horticulture, and Research, hearing entitled ''The Next Farm Bill: Agricultural Research'', 10 a.m., 1300 Longworth.

March 16, Subcommittee on Conservation and Forestry, hearing entitled ''The Next Farm Bill: Forestry Initiatives'', 2 p.m., 1300 Longworth.

Committee on Appropriations, March 15, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, budget hearing on Corporation for Public Broadcasting, 10 a.m., 2358–C Rayburn.

March 16, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, hearing entitled ''Investing in the Future—Early Childhood Education Programs at the Department of Health and Human Services'', 10 a.m., 2358–C Rayburn.

March 16, Subcommittee on State, Foreign Operations, and Related Programs, hearing entitled ''Members' Day'', 10 a.m., HT–2 Capitol.

March 16, Subcommittee on Transportation, Housing and Urban Development, and Related Agencies, oversight hearing on Department of Transportation and Department of Housing and Urban Development, 10 a.m., 2358–A Rayburn.

Committee on Armed Services, March 15, Subcommittee on Emerging Threats and Capabilities, hearing entitled ''Crafting an Information Warfare and Counter-Propaganda Strategy for the Emerging Security Environment'', 3:30 p.m., 2118 Rayburn.

March 16, Subcommittee on Readiness, hearing entitled ''The Current State of the U.S. Navy'', 8 a.m., 2118 Rayburn.

March 16, Subcommittee on Oversight and Investigations, hearing entitled ''Oversight Review of Infrastructure Needs and Projects Ready for Immediate Implementation in the Nuclear Security Enterprise'', 2 p.m., 2212 Rayburn.

March 16, Subcommittee on Tactical Air and Land Forces, hearing entitled ''The Effect of Sequestration and Continuing Resolutions on Army Modernization and Readiness'', 3:30 p.m., 2118 Rayburn.

Committee on the Budget, March 15, Full Committee, markup on reconciliation submissions, 10 a.m., 1334 Longworth.

Committee on Education and the Workforce, March 15, Subcommittee on Higher Education and Workforce Development, hearing entitled ''Improving Federal Student Aid to Better Meet the Needs of Students'', 10 a.m., 2175 Rayburn.

March 16, Full Committee, hearing entitled ''Honoring Our Commitment to Recover and Protect Missing and Exploited Children'', 10 a.m., 2175 Rayburn.

Committee on Energy and Commerce, March 15, Subcommittee on Energy, hearing entitled ''Modernizing Energy Infrastructure: Challenges and Opportunities to Expanding Hydropower Generation'', 10 a.m., 2123 Rayburn.

March 15, Subcommittee on Digital Commerce and Consumer Protection, hearing entitled ''Disrupter Series: Advanced Materials and Production'', 10:15 a.m., 2322 Rayburn.

March 16, Subcommittee on Digital Commerce and Consumer Protection, hearing entitled ''Disrupter Series: Smart Communities'', 10:15 a.m., 2123 Rayburn.

March 16, Subcommittee on Environment, hearing entitled ''Reinvestment and Rehabilitation of Our Nation's Safe Drinking Water Delivery Systems'', 10:15 a.m., 2322 Rayburn.

Committee on Ethics, March 15, Full Committee, organizational meeting for the 115th Congress, 1:30 p.m., 1015 Longworth.

Committee on Financial Services, March 16, Subcommittee on Monetary Policy and Trade, hearing entitled ''Sound Monetary Policy'', 10 a.m., 2128 Rayburn.

March 16, Subcommittee on Housing and Insurance, hearing entitled ''Flood Insurance Reform: A Community Perspective'', 2 p.m., 2128 Rayburn.

Committee on Homeland Security, March 16, Subcommittee on Oversight and Management Efficiency,

hearing entitled ''Immigration Benefits Vetting: Examining Critical Weaknesses in USCIS Systems'', 9:30 a.m., HVC–210.

Committee on the Judiciary, March 15, Subcommittee on Immigration and Border Security, business meeting on adoption of the Subcommittee's Rules of Procedure and Statement of Policy for Private Immigration Bills and Statement of Policy on Federal Charters and Request DHS Departmental Reports on the Beneficiaries of H.R. 349, H.R. 780 and H.R. 461, 10 a.m., 2141 Rayburn.

March 15, Full Committee, markup on S. 305, the ''Vietnam War Veterans Recognition Act of 2017''; and H.R. 1393, the ''Mobile Workforce State Income Tax Simplification Act of 2017'', 11 a.m., 2141 Rayburn.

March 16, Subcommittee on Courts, Intellectual Property, and the Internet, hearing entitled ''Bringing Justice Closer to the People: Examining Ideas for Restructuring the 9th Circuit'', 10 a.m., 2141 Rayburn.

March 16, Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, hearing entitled ''Combating Crimes Against Children: Assessing the Legal Landscape'', 2 p.m., 2141 Rayburn.

Committee on Natural Resources, March 15, Subcommittee on Water, Power and Oceans, hearing entitled ''Examining the Creation and Management of Marine Monuments and Sanctuaries'', 10 a.m., 1324 Longworth.

March 16, Subcommittee on Federal Lands, hearing entitled ''Identifying Innovative Infrastructure Ideas for the National Park Service and Forest Service'', 10 a.m., 1324 Longworth.

Committee on Oversight and Government Reform, March 16, Full Committee, markup on H.R. 756, the ''Postal Service Reform Act of 2017''; and H.R. 760, the ''Postal Service Financial Improvement Act of 2017'', 1:00 p.m., 2154 Rayburn.

Committee on Small Business, March 16, Subcommittee on Economic Growth, Tax, and Capital Access, hearing entitled ''Cafeteria Plans: A Menu of Non-Options for Small Business Owners'', 10 a.m., 2360 Rayburn.

Committee on Transportation and Infrastructure, March 16, Subcommittee on Economic Development, Public Buildings, and Emergency Management, hearing entitled ''Building a 21st Century Infrastructure for America: The National Preparedness System'', 10 a.m., 2167 Rayburn.

Committee on Ways and Means, March 15, Subcommittee on Human Resources, hearing entitled ''Reauthorization of the Maternal, Infant, and Early Childhood Home Visiting Program'', 10 a.m., 1100 Longworth.

Next Meeting of the SENATE

2 p.m., Tuesday, March 14

Senate Chamber

Program for Tuesday: Senate will continue consideration of H.J. Res. 42, Department of Labor Rule.

Next Meeting of the HOUSE OF REPRESENTATIVES

Subject to the call of the Chair

House Chamber

Program for Wednesday: To be announced.

Extensions of Remarks, as inserted in this issue

HOUSE

Collins, Doug, Ga., E319
Katko, John, N.Y., E319
Moore, Gwen, Wisc., E319
Walden, Greg, Ore., E319

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