

correct the hernia when he was 4 days old.

It turned out that the hole in the hernia was large. His intestines, spleen and one kidney were up in his chest. The skilled surgeon was able to close the hole and properly arrange the organs. Thankfully, Jim Beau did not have to go on a heart/lung bypass machine, but he was on a ventilator for 12 days and on oxygen for 36 days. In total, he was in the NICU for 43 days before he was able to go home.

He is now a healthy, high-spirited 4-year-old and a delight to be around.

Fortunately for my family and thousands of similar families across the United States, a number of physicians are doing incredible work to combat CDH. The CDH survival rate at Shands Children's Hospital in Gainesville, FL, where my grandson was treated, is one of those fine centers. The survival rate of CDH babies born at Shands is between 80 percent and 90 percent.

Dr. David Kays, the head physician and who performed my grandson's surgeries, uses gentle ventilation therapy as opposed to hyperventilation. Gentle ventilation therapy is less aggressive and therefore protects the underdeveloped lungs.

Dr. Kays published a paper in the *Annals of Surgery* in October 2013 regarding his work with CDH babies. He and his colleagues reviewed 208 CDH patients to analyze the impact of the timing of the hernia repair on babies born with CDH. This study found that those with more severe CDH may benefit from repair before ECMO, while those with a less severe hernia have higher survival rates and reduced need of ECMO if the repair surgery is delayed at least 48 hours after birth, as was the case with Jim Beau. This conclusion is a vital step in the development of a risk-specific treatment strategy for management of CDH. The final line of Dr. Kays' paper should be noted:

[T]he survival attained in this large and inclusive series of patients with CDH should be reassuring to physicians and parents faced with a new prenatal diagnosis of CDH.

My family was very lucky that Jim Beau's defect was caught before he was born, and that he was in the right place to receive excellent care for his CDH.

The resolution Senator CARDIN and I introduced is important because it will bring awareness to this birth defect, and this awareness will save lives. Although hundreds of thousands of babies have been diagnosed with this defect, the causes are still unknown and more research is needed. Every year more is learned and there are more successes. We are making good progress and we must continue our efforts.

I hope my colleagues will join me in supporting this legislation to bring awareness to CDH.

TAIWAN RELATIONS ACT 35TH ANNIVERSARY

Mr. MANCHIN. Mr. President, I wish to celebrate the 35th anniversary of the

enactment of the Taiwan Relations Act, TRA, which has served as a tangible symbol of the unbreakable friendship between the United States and Taiwan. Today, the partnership between our two countries is stronger than ever.

The 1979 Taiwan Relations Act provides the framework for our official engagements with Taiwan, which marked the end of our official diplomatic ties. For 35 years the TRA has facilitated a partnership committed to facilitating trade, investment, security cooperation, and promoting regional security.

The bilateral achievements made through the TRA have allowed our citizens to create innovative and lasting advancements to the world economy. Today, Taiwan stands as our 12th largest trading partner, and in 2013, the United States and Taiwan traded over \$63 billion in goods and services. This bilateral relationship has supported thousands of jobs in both countries, and we must remain committed to the mutual gains this collaboration can provide.

I applaud our West Virginia businesses that have recognized the potential of the Taiwanese economy and exported over \$41 million in commodities, high-tech goods, and services to Taiwan last year. We must build on this strong foundation while helping Taiwan meet its needs for foreign sources of energy. I will continue to seek opportunities for further trade integration with Taiwan and shared economic prosperity.

I look forward to working hand-in-hand with our friends in Taiwan to ensure the next generation of American leaders can stand where I stand today, 35 years from now, and celebrate several more decades of peaceful and vibrant collaboration.

ARMENIAN GENOCIDE ANNIVERSARY

Mr. MARKEY. Mr. President, the Armenian genocide is sometimes called the "forgotten genocide." But every April, we come together to remember and commemorate the Armenian genocide and to declare that we will never forget.

In order to prevent future genocides, we must clearly acknowledge and remember those of the past. For many years the Congress has had before it a resolution which clearly affirms the factual reality that the Armenian genocide did occur. I was a strong and vocal supporter of the genocide resolution for my entire tenure in the House, and I am proud to have joined Senator MENENDEZ and Senator KIRK in introducing the Armenian genocide resolution in the Senate.

This is the 99th anniversary of the Armenian genocide, yet the suffering will continue for Armenians and non-Armenians alike as long as the world allows denial to exist and prevail. It is long overdue for the United States to join the many other nations that have

formally recognized the Armenian genocide.

That is why today's passage by the Senate Foreign Relations Committee of the genocide resolution in advance of the 99th anniversary is so historic. I was proud to vote for this important resolution today in committee, and I will keep fighting to ensure its passage by the full Senate. I will continue to work with the Armenian-American community to build a prosperous and bright future for the Armenian people.

We must continue to stand with our ally Armenia to address the challenges they face. Armenia is confronted with blockades by Turkey and Azerbaijan—one of the longest lasting blockades in modern history. The United States must provide increased assistance to Armenia, work to promote trade with Armenia, and work to reestablish the Turkish Government's commitment to normalized relations. And the United States should work to facilitate a closer relationship between Armenia and Europe.

The Armenian people are true survivors. Despite repeated invasions, loss of land, and the loss of between one-half and three-quarters of their population in the genocide, the people of Armenia have prevailed.

We have a shared responsibility to ensure that the Armenian people are able to build their own independent and prosperous future. Together we can continue to build an Armenia that is respected and honored by its allies and neighbors. But for this to happen, there needs to be universal acknowledgement of the horror that was the Armenian genocide.

TRIBUTE TO MARION LOOMIS

Mr. BARRASSO. Mr. President, after 38 years with the Wyoming Mining Association, Marion Loomis is retiring.

Marion started his career in the early 1970s with the State of Wyoming's Department of Economic Planning and Development as an economic development geologist. In one of his first jobs, he ran the fuel allocation office during the Arab oil embargo in 1973. In 1976, he joined the Wyoming Mining Association and was made executive director in 1991. His vast knowledge and experience are tremendous assets to the State and its people, and we are grateful for his service.

In Wyoming, we have adopted the Code of the West as our official State code of ethics. Marion Loomis personifies the code. This list of ten ideals every man and woman should live by perfectly describes Marion's personal—and professional—demeanor. Marion Loomis takes quiet pride in his work. With his advocacy, Wyoming has seen exponential growth in the coal industry. When he began, Wyoming produced 8 million tons of coal annually. Today, around 400 million tons of Wyoming coal are mined and shipped nationwide—and worldwide.

Marion has never been one to boast or brag. Instead, he lets his accomplishments speak for themselves. In the past 40 years, Wyoming's production of trona has grown from 1 mine that produced 300,000 tons per year to 4 mines which produce over 10 million tons annually. When he speaks, people listen. They know that his opinions reflect a lifetime of study and are tough, balanced, and fair.

Throughout his career, Marion Loomis has been a champion for Wyoming energy. He was a steadfast leader for the Wyoming Mining Association during several boom and bust cycles in energy development. The State's uranium production is a prime example. He witnessed a booming industry stagnate in the 1990s. Today, it has emerged again as a valuable resource. Marion has always promoted Wyoming as a key player in our Nation's quest for energy independence. He truly does ride for the brand, and his leadership is inspiring.

Marion retired from the Wyoming Mining Association earlier this month. He will be missed, but he has left both the association and the industry stronger, thanks to his dedication and hard work. In the days ahead, Marion plans to fish the streams of Wyoming's Bighorn Mountains, where he and his wife have a cabin. I cannot think of a more fitting reward for a job—and a career—well done.

NATIONAL HEALTHCARE DECISIONS DAY

Mr. NELSON. Mr. President, I wish to recognize National Healthcare Decisions Day, which is next Wednesday, April 16, a day to educate the public about advance care planning and encourage them to have conversations with loved ones to plan for end-of-life decisions. I am pleased that over 50 organizations—representing health providers, communities of faith, the legal community, and the public sector—in Florida are participating in the day's events.

This issue has been important to me throughout my career, and as the chairman of the Senate's Special Committee on Aging, I had the opportunity to chair a hearing on end-of-life care last June. We found that polls show most Americans would like to talk about their advanced care needs, but they do not know how or with whom to have these conversations. In fact, only about 20 percent of Americans have executed an advanced directive, in part due to a lack of knowledge about planning.

Our hearing also touched on some commonsense solutions that individuals have used to broach this topic with their loved ones. For example, Aging with Dignity, an organization based in my home State of Florida, has created a simple resource called Five Wishes that is focused on things that are meaningful for patients and families, rather than a system of advance

care planning dictated exclusively by the terms of doctors and lawyers. Five Wishes takes into account personal, emotional, and spiritual needs as well as medical wishes. With a straightforward, easy-to-complete questionnaire, Five Wishes takes end-of-life decision-making out of the emergency room and into the living room.

There are also areas where the Federal Government could help alleviate some of the barriers individuals face in trying to complete an advance directive. We know many people could use the assistance of a trusted health care provider in completing an advance directive. In 2010, the Centers for Medicare and Medicaid Services—CMS—included advance care planning as a reimbursable item as part of the annual wellness visit for Medicare beneficiaries under the Affordable Care Act. Unfortunately, just a short time later, CMS reversed itself and removed this service as reimbursable. I hope this decision is revisited.

At the same time, there are efforts at the State level. For example, in Florida, a consortium of health care providers, faith-based groups, and the legal profession are collaborating to establish the Physician Orders for Life-Sustaining Treatment program to ensure that advance directives are honored.

It is my hope Congress will support the goals of National Healthcare Decisions Day. Advance care planning is a desired health service and should be a normal part of health care. Advance care planning can empower individuals and allow adults to voice their medical treatment preferences. Together, we can ensure Americans' wishes for medical care at the end of their lives are respected and achieved.

MEDICARE PHYSICIAN PAYMENT SYSTEM

Mr. FRANKEN. Mr. President, recently the Senate failed to permanently repeal the current system of automatic payment cuts for physicians who treat Medicare patients and to replace it with a more sensible system for reimbursing physicians. Instead, the Senate voted—yet again—to pass a short-term patch to this broken system, which postponed these payment cuts for one more year.

After talking with Medicare providers in my State, I decided to oppose this legislation since it provides only a bandaid for a wholly broken system. I believe that an enduring solution is possible and absolutely necessary, and I will continue to fight for a more sustainable replacement that rewards physicians for the high-quality care they deliver.

Minnesota is No. 1 in the Nation when it comes to the quality of the health care that we provide. If our system of reimbursement could reward providers for their efficiency and quality—rather than the quantity of the services they administer—we could im-

prove the value of the care that our seniors receive while rewarding providers who keep patients healthy. We can do that by overhauling the Medicare physician payment formula and implementing a system that rewards health care value over volume, and there has never been a better moment to do that than now. Over the past 10 years, Congress has spent \$150 billion on short-term fixes; the Congressional Budget Office estimated earlier this year that the cost of permanently repealing the formula and replacing it with a more sustainable program now would be even lower than that total so far. For the first time since the passage of our current formula, there was bipartisan, bicameral legislation to fully repeal the Medicare physician payment formula and replace it with a payment system that would better reward physicians for providing high-value care.

We have a unique opportunity to permanently solve this problem. Temporary patches—like the one just passed—only perpetuate the instability created by the annual threat of payment reductions. This instability is bad for patients and bad for providers. Take, for example, the young physician from Rogers, MN who recently called my office to discuss how proposed payment cuts would affect his practice and his future. As a father and a new surgeon, this doctor described the challenges of paying off high levels of debt and starting a new practice in a time of financial uncertainty. Temporary fixes will not help this young doctor to establish a practice and provide the best possible care to his patients. Stopgap measures fail to address the underlying problem with the way Medicare pays for physician services, and I am tired of postponing good policies that help support high-quality providers in Minnesota.

It is clear that now is time to permanently repeal and replace the Medicare physician payment formula. That is why I did not support the legislation to temporarily patch our provider payment system and why I am committed to working towards a permanent solution that would put in place a payment system to reward high-value care.

My goal is to make sure that Medicare beneficiaries, now and in the future, have access to high-quality, affordable health care services. To achieve this, Medicare must be on sound financial footing and be prepared to meet the needs of an aging baby boomer generation.

Replacing Medicare's broken system of provider payments with a system to promote high-value care is a critical step in this direction. I remain committed to helping to take this step.

Mr. CHAMBLISS. Mr. President, I rise today to pay tribute to an invaluable member of my staff on the Select Committee on Intelligence, Andrew Kerr. Andrew has been a familiar face around the committee for the last 7 years, but he will leave us shortly to return to the State Department. I am