

transparency of the negotiating process and ensure that the American people stay informed. It also contains provisions I pushed for to require negotiators to ensure that trade agreements protect digital trade as well as trade in physical goods and services. With the importance of digital trade in the 21st-century economy, it is essential that any new trade promotion reauthorization include new guidelines specifically targeted at digital trade. I previously introduced legislation to help ensure that the free flow of digital goods and services is protected, and I am pleased that the bipartisan deal that was reached includes many of the measures I have advocated.

The best way to solve the challenges facing our Nation is for Democrats and Republicans to come together to develop solutions. We have done a lot of that so far in the Republican-led Senate, and I look forward to doing a lot more of it.

I hope those Democrats who have opposed trade promotion authority in the past will join the White House and Senate Republicans to pass this important bill for American workers and businesses and make the TPA reauthorization our next bipartisan achievement.

Mr. President, I wish to add that we also have a bill that would require Congress to approve any nuclear arms agreement with Iran—also a very big bipartisan bill, as it was reported out of the Senate Foreign Relations Committee.

These are things which can be accomplishments for the American people. It starts with getting the Senate functioning and operating again, where people have the opportunity to come to the floor and debate these issues, to offer amendments, and to get those amendments voted on. That is what our commitment has been in the Senate. I argue—and I think the record bears this out—that it is making a very consequential difference in terms of the things we are able to get done for the American people. I certainly hope we can continue that pattern.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

#### STEVE GLEASON ACT

Mr. VITTER. Mr. President, I rise in strong support of S. 984, the Steve Gleason Act, to help thousands of victims of ALS and other related diseases all across the United States.

This bipartisan, straightforward bill would give immediate relief to those folks with ALS, or Lou Gehrig's disease, who are facing significant problems accessing necessary medical equipment as a result of three recent changes in Medicare that prohibit access on every level.

It is important to note that this wasn't a problem until the administration governing Medicare made it a problem a few months ago. They affirmatively changed policy, changed

rules, and created these significant access problems. We are talking about devices that are critical for patients who have lost their ability to speak, to communicate directly with friends, families, doctors, to call 911 in case of emergency, to write letters to loved ones. These devices allow these patients to speak and communicate in light of their loss of voice and other functions.

This issue was first brought before Congress last year when thousands of patients, patient advocates, and device manufacturers brought to our attention the devastating consequences of this new Medicare policy. Patients were actually having their devices taken away. Many were not allowed to own their devices or were not permitted to unlock their devices in order to use all of the technological functions, all of which continue to be problems and to prevent patients from leading much more independent lives. As a result, Members on both sides of the aisle wrote a letter with more than 220 Members advocating on behalf of this patient population to reverse the Medicare administration decision.

The Senate has that same opportunity for bipartisanship today, to support this legislation on a strong bipartisan basis. In that spirit, I thank Senator KLOBUCHAR of Minnesota and Senator KING of Maine, who have been completely supportive and aggressive in getting this bill to the finish line. They understand the importance of putting patients first and fixing this extremely misguided and harmful Medicare regulation that has had a truly devastating impact on the lives of ALS patients, as well as stroke victims and other folks facing significant paralysis.

On Tuesday evening, before the Senate overwhelmingly passed a permanent doc fix, the Senator from Oregon and I reached an agreement that he would run the hotline on this legislation, the Steve Gleason Act, and pass this bill for our constituents. That is what we are working on today, and that is what I absolutely hope to complete today to get this necessary, important, bipartisan language across the finish line.

Of course, the ALS Association, a national network group, is completely supportive.

Mr. President, I ask unanimous consent to have printed in the RECORD a letter dated January 27, 2015, on this topic from the ALS Association.

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

JANUARY 27, 2015.

Hon. CATHY MCMORRIS RODGERS,  
*House of Representatives,*  
*Washington, DC.*  
Hon. DAVID VITTER,  
*U.S. Senate,*  
*Washington, DC.*

DEAR REPRESENTATIVE MCMORRIS RODGERS AND SENATOR VITTER: I am writing on behalf of The ALS Association to express our strong support for your legislation that

would help preserve access to speech generating devices (SGDs) and accessories such as eye tracking technology that are needed to access SGDs by people with ALS who have lost mobility. The Association applauds your leadership on these critically important issues and is committed to continuing to work with you to enact this legislation as soon as possible.

As you know, the Centers for Medicare and Medicaid Services (CMS) has taken a number of different actions that limit the ability of people with ALS to access SGDs and eye tracking technology. This includes: issuing a “coverage reminder” that would have prohibited coverage for SGDs that include non-speech technology such as email, internet access and environmental controls; routine denials of coverage for eye tracking; and implementing a “capped rental” payment system that requires people with ALS to first rent SGDs for a period of 13 months before owning the device. These policies have created significant problems for people with ALS who rely on SGDs for all of their communications needs. For example, under capped rental if a person is admitted to hospice, a hospital or a nursing facility during the rental period, Medicare payment for the SGD will cease. Moreover, capped rental also prohibits a person with ALS from upgrading their SGD during the rental period, which means they are not able to access email, the internet and environmental controls that are so critical to the day-to-day lives of people with ALS.

The Association strongly supported your efforts and those of nearly 200 of your colleagues who wrote to CMS expressing concern about these issues last year and we have worked with CMS and other stakeholders on these issues as well. We are grateful that CMS did take action to rescind the coverage reminder and initiate the process of revising the National Coverage Determination for SGDs. However, we do not anticipate that process to be completed until late July 2015 and it may not address the problems created by capped rental or denials of coverage for eye tracking. In short, these policies are having a significant negative impact on the lives of people living with ALS today and there is an urgent need to take action now. People with ALS, who have been robbed of the ability to speak and who will lose their life to ALS in an average of just two to five years, simply do not have time to wait.

Your legislation is a responsible approach to address an immediate problem and would help ensure the Medicare program meets the needs of the people it was created to serve. By restoring a person's ability to purchase an SGD and ensuring coverage for eye tracking technologies, your legislation will enable people with ALS to access the SGDs they need when and where they need them and ensure they also have access to the technologies that are so vital to living with this disease. We look forward to continuing to work with you in support of people with ALS.

Thank you again for your efforts to champion these critical issues and help ensure Medicare policies do not take away the voice of people with ALS.

Sincerely,

STEVE GIBSON,  
*Chief Mission Strategy and Public Policy  
Officer, The ALS Association.*

Mr. VITTER. The association has reached out to members all across the country and put in very concrete terms what this means to their members.

I wish to give one brief but very moving and significant example. It happens to be a woman from Oregon, the State of the ranking member of the committee. She was diagnosed with ALS in

January 2014. Her disease, unfortunately, has progressed rapidly. She is now close to fully paralyzed and has very limited use of her arms and hands, requiring loved ones to be with her at all times. Her respiratory system is also affected. She is struggling with the life-or-death decision of whether to have a tracheotomy procedure and go to mechanical ventilation or to enroll in hospice and essentially prepare to die. Her preference is to continue living, as she still enjoys life.

One important factor in the decision for her is that being able to communicate is a tremendous concern. While she still has some vocal ability to speak and to be understood currently, she knows that going on the vent will be the end of her spoken voice and her ability to vocalize, and she is very worried that if she decides to go on a vent and prolong her life, she may lose the ability to communicate with the outside world because of the changes in Medicare policy that prevent her from accessing email and Internet via this technology we are talking about. She is also very concerned that Medicare will deny coverage for the eye-tracking technology she will need in order to use the SGD—this significant technology we are talking about.

So, bottom line, she is worried that if she decides to continue living using mechanical ventilation, she will face the prospect of being locked up and having no means to communicate to help direct her care. Because of the limitations of SGD coverage, she may actually choose dying over living, because of that factor. It doesn't get more direct than that. It doesn't get more stark than that as to why we need to give these patients access to important communication technology through the Steve Gleason Act and why we need to act today, why we cannot delay this any longer.

Of course, Steve Gleason, for whom this act is named, is a superb advocate for the ALS community. He is the former New Orleans Saints player who famously blocked a punt in the Saints' first game back in the Superdome after Hurricane Katrina. After that tremendous feat and his NFL career, Steve was diagnosed with ALS. Just as he gave the city of New Orleans hope to rebuild after the devastating storm, through his organization Team Gleason, he gives the ALS community and their families hope with his "No White Flags" message.

Steve was my guest at the State of the Union speech this past January, and during his visit to Washington, we met with the Secretary of Health and Human Services, Sylvia Burwell, and started to gain huge momentum for the Steve Gleason Act.

This bill again reinstates long-standing Medicare policy—Medicare policy that was solid and true to these patients until recently—to offer immediate relief for patients experiencing incredible difficulty accessing this important technology and equipment.

The act expands access to advancements in technology in a fiscally responsible way.

Michelle Gleason, Steve's wife, summed up the story of ALS patients and their loved ones this way:

What causes me the most pain is the loss of his voice. I love hearing his voice. I want him to talk to me, and to our son Rivers. This disease takes his body; to take his voice just seems unfair.

We can offer a voice. It may not be the same voice but a voice for these struggling patients. This was their life-line. This was due them until recently, and now it is not because of this Medicare change.

I urge all of my colleagues to come together around this piece of bipartisan legislation. Let's pass this today and give a voice—a real voice, a meaningful voice—to these struggling victims.

Mr. President, this will become law because we have assurances from House leadership that they are eager to bring the bill to the House floor. They are eager to finish this important work to change the lives of patients across the country by giving them back their voice. So I urge us to come together to do this today, to not delay, to not wait longer, and to reinstate the voice for ALS patients struggling in this way all around the country.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

(The remarks of Mrs. GILLIBRAND pertaining to the introduction of S. 1027 and S. 1023 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mrs. GILLIBRAND. I yield the floor.

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. 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.

Mr. DURBIN. Mr. President, we are in morning business?

The PRESIDING OFFICER. The Senator is correct. There is 5½ minutes remaining.

#### LYNCH NOMINATION

Mr. DURBIN. Mr. President, it has been 165 days—5½ months—since the nomination of Loretta Lynch to be Attorney General was announced. Ms. Lynch has been pending on the Senate Executive Calendar for nearly 2 months. She was reported out of the

Senate Judiciary Committee in a bipartisan vote—nine Democrats and three Republicans—on February 26. This is a new record, sadly, in terms of delay in appointing an Attorney General. The last seven nominees to be Attorney General of the United States combined—combined—waited on the Senate floor 24 days—seven nominees, 24 days.

Sadly, Ms. Lynch has now been waiting over 50 days. Why? What is it about this nominee that causes so much of a problem? Nothing came up at the Judiciary Committee hearing to suggest a problem. Yes, she was appointed by Barack Obama. Yes, she has said she will serve this President. But when it came to her personally, there was nothing. In fact, we have this tradition that after the nominee has testified under oath, then experts are brought in. Each party can bring an expert in to testify for or against the Attorney General nominee. Senator PATRICK LEAHY, the ranking Democrat on Judiciary, said to the assembled group—I think there may have been 10 or 12 of these outside witnesses: Which of you, by show of hands, objects to the nomination of Loretta Lynch for Attorney General? Not a single one raised his hand—none. So even the witnesses that were brought to speak in negative terms all conceded that she should be Attorney General.

That is rare. It is rare to have a nominee with that kind of affirmation come out of the Senate Judiciary Committee—and for good reason. When you look at her record, you can understand why. This young woman has an extraordinary record of service. She grew up in North Carolina as the daughter of a minister and a school librarian. Her dad was there at her hearing. Her father was smiling as she recalled those instances when she was a very young girl, and he would sit her on his shoulders and take her to see the civil rights events that occurred when she was so young.

She received her undergraduate and law degrees from Harvard University. She has private sector experience at prestigious law firms. She has twice been confirmed unanimously by the Senate to serve as U.S. attorney for the Eastern District of New York. She served in that position with distinction.

Her nomination has been endorsed by a wide range of groups, representing law enforcement, prosecutors, bar associations, business leaders, civil rights organizations, and former Justice Department officials from both Democratic and Republican administrations. In what may be one of the most amazing ironies of this whole situation, Loretta Lynch has been recognized as a leader when it comes to prosecuting human traffickers. Why is that significant? Because the Republican leader announced that he was holding up her nomination until we passed a bill on human trafficking.

Here is a woman who, as a prosecutor and professional, has prosecuted the