

SEC. 1293. SOUTH CHINA SEA INITIATIVE.

Notwithstanding any provision of section 1261, any assistance provided pursuant to subparagraph (A) of subsection (a)(1) of that section, or training provided pursuant to subparagraph (B) of that subsection, shall be provided in manner consistent with current law.

SA 2057. Mr. SANDERS submitted an amendment intended to be proposed to amendment SA 1463 proposed by Mr. MCCAIN to the bill H.R. 1735, to authorize appropriations for fiscal year 2016 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title X, add the following:

SEC. 1005. INDEPENDENT ASSESSMENT OF DEPARTMENT OF DEFENSE AUDIT AND FINANCIAL MANAGEMENT PROCESSES.

(a) INDEPENDENT ASSESSMENT.—

(1) ASSESSMENT REQUIRED.—The Secretary of Defense shall obtain from an entity independent of the Department of Defense selected by the Secretary for purposes of this section an assessment of the audit and financial management processes of the Department.

(2) COMPOSITION OF ASSESSMENT TEAM.—The assessment team used by the entity selected by the Secretary pursuant to paragraph (1) to conduct the assessment required pursuant to that paragraph shall be composed of individuals with extensive experience in audit and financial management of private sector and Federal agencies who are not currently participating in Financial Improvement and Audit Readiness (FIAR) activities for the Department or affiliated with organizations who are supporting such activities.

(3) ELEMENTS.—The assessment required pursuant to paragraph (1) shall include the following:

(A) A comparison of the audit and financial management processes of the Department with the audit and financial management processes of other appropriate Federal agencies, and appropriate private sector entities, including the qualifications of officials responsible for audit oversight and compliance, for purposes of identifying best practices to be adopted by the Department for its audit and financial management processes.

(B) An analysis of the progress and investments made by the Department under its Financial Improvement and Audit Readiness Plan, and a comparison of such progress and investment with the progress and investments made by other Federal agencies and appropriate private sector entities in audit and financial management processes, for purposes of determining the extent to which Department progress on financial management and audit readiness is consistent with results achieved by other appropriate Federal agencies and appropriate private sector entities.

(C) An identification of recommendations on policies and management and other activities that could be undertaken by the Department to enhance its audit and financial management processes in order to obtain and maintain clean audit opinions of its financial statement as effectively and efficiently as possible.

(4) ACCESS TO INFORMATION.—The Secretary shall ensure that the entity conducting the assessment required by paragraph (1) has ac-

cess to all the information, data, and resources necessary to conduct the assessment in a timely manner.

(5) REPORT.—The Secretary shall require the entity conducting the assessment required by paragraph (1) to submit to the Secretary and the congressional defense committees a report on the assessment by not later than one year after the date of the enactment of this Act.

(b) TRANSMITTAL.—Not later than 60 days after receiving the report described in subsection (a)(5), the Secretary shall transmit the report to Congress, together with the following:

(1) An analysis by the Secretary of the findings and recommendations of the report.

(2) A description of the response of the Department to such finding and recommendations.

(3) Such other matters with respect to the audit and financial management processes of the Department as the Secretary considers appropriate.

AUTHORITY FOR COMMITTEES TO MEET**COMMITTEE ON ENERGY AND NATURAL RESOURCES**

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on June 16, 2015, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate, on June 16, 2015, at 10 a.m., in room SD-430 of the Dirksen Senate Office Building to conduct a hearing entitled “Achieving the Promise of Health Information Technology: What Can Providers and the U.S. Department of Health and Human Services Do To Improve the Electronic Health Record User Experience?”

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on June 16, 2015, at 10 a.m., to conduct a hearing entitled “Federal Real Property Reform: How Cutting Red Tape and Better Management Could Achieve Billions in Savings.”

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. CORNYN. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on June 16, 2015, at 2:45 p.m.

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

SUBCOMMITTEE ON EAST ASIA, THE PACIFIC, AND INTERNATIONAL CYBER SECURITY

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations Subcommittee on East Asia, the Pacific, and International Cyber Security be authorized to meet during the session of the Senate on June 16, 2015, at 2:30 p.m., to conduct a hearing entitled “Strategic Implications of Trade Promotion and Capacity-Building in the Asia-Pacific Region.”

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

PRIVILEGES OF THE FLOOR

Mrs. McCASKILL. Mr. President, I ask unanimous consent that MAJ Rick Trimble, an Army fellow in my office, be granted the privilege of the floor for the remainder of the year.

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

ORDERS FOR WEDNESDAY, JUNE 17, 2015

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Wednesday, June 17; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; that following leader remarks, the Senate be in a period of morning business for 1 hour, with Senators permitted to speak therein, and that the time be equally divided, with the Democrats controlling the first half and the majority controlling the final half; lastly, that all time during morning business and the adjournment of the Senate count postcloser on the substitute amendment No. 1463.

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

ORDER FOR ADJOURNMENT

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

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

The Senator from Illinois.

KING V. BURWELL DECISION

Mr. DURBIN. Mr. President, there is a case pending before the U.S. Supreme Court that is being followed very closely. It is the case of King v. Burwell. It is a case that really is challenging one of the fundamental premises of the Affordable Care Act.

The Affordable Care Act was passed 4 or 5 years ago here in the Senate and in the House and signed by President Obama. Because of it, over 11 million

Americans have chosen or reenrolled in a health insurance plan, most with a tax subsidy that makes their coverage affordable. The subsidy is based on their income. In the private market, millions more now have access to expanded coverage for preventive health services, such as mammograms or flu shots, without any cost sharing.

Because of the Affordable Care Act, a person no longer needs to stay in a job simply to carry health insurance or be denied coverage because of a pre-existing condition. Because of this law, prescription drugs for seniors cost a lot less. There was a time not that long ago that if a member of your family—for instance, one of your children—had a history of diabetes or mental illness, they might find themselves in a position where the family couldn't afford to buy health insurance. But the new Affordable Care Act said: You cannot discriminate against a person or family because there is a preexisting health condition.

The reason that works, the reason why insurance companies can still get by covering people who are sick is that there is also a requirement that people carry health insurance. That means healthy people need to buy health insurance as well as those who are sick and worried about coverage in the future. That enlarges the pool and diminishes the cost to the applicant for health insurance who is suffering from a preexisting condition.

This month, the Supreme Court will make a decision in the case of *King v. Burwell*. The plaintiffs in this case have made an unusual argument. They claim that Congress intended to provide tax credits to help people buy health insurance only in insurance marketplaces established by each State but not in the Federal marketplace.

I was here during the debate. I was here when we passed the Affordable Care Act. I can tell you that absolutely no one made that argument that I heard on the floor of the Senate. Overwhelmingly, those who were in exchanges—in either State or Federal exchanges—were treated the same way when we calculated the cost and savings of the Affordable Care Act.

If Republicans get their way—and some of them are rooting for the Supreme Court to eliminate the subsidy—6.5 million people will lose their Federal tax subsidy for health insurance. According to the Urban Institute, premiums for people able to purchase insurance would increase by 35 percent. Now, \$12 billion in uncompensated care would be shifted to hospitals and Americans with employer-based insurance, making a ruling in favor of King in the Supreme Court a tax increase on everyone.

Here is how it works: If you have people—millions across the country—who have health insurance because of the Affordable Care Act and they lose their health insurance, they are still going to get sick. When they get sick, they

will show up at a hospital. Nine times out of ten—maybe more—the hospital will treat them even if they can't pay. Their expenses and costs will be passed on to someone else who comes to that hospital, someone with health insurance.

Ultimately, everyone who has health insurance is going to subsidize those who don't. I don't think that is a very fair or wise system. If the *King v. Burwell* decision goes the wrong way, it may move us toward that.

There are some in the other party who say they have an alternative plan to the Affordable Care Act. The House and the Senate Republicans have already voted to repeal subsidies for working families by voting to repeal the law. I lost track in the House; I think it is 57 times, 58 times they have voted to repeal the Affordable Care Act. They have come out with a plan that they say would restore the subsidies, but it eliminates the requirement that people carry insurance. It eliminates what is known as the individual mandate.

There were some who argued—and I am one of them—that the individual mandate is a question of personal responsibility. If you want to drive a car in my State of Illinois, you need automobile insurance. It isn't a question of you making a decision. The State requires it because if you are going to be in that automobile and if you get in an accident, the victim in the other car shouldn't have to bear the expense of damage to their car or personal injury, the person responsible for the accident should, and the only way that works is if everybody carries automobile insurance.

If you want to buy a home in my State and I think in almost every State, the mortgage company requires fire insurance. If a fire destroys that home, the mortgage company will get paid the proceeds and will not end up with an empty bag.

Similarly, when it comes to health insurance, the individual mandate says: We think everyone should buy health insurance. We will help those in low-income categories with subsidies because we think everyone should have health insurance. That is what is behind the individual mandate.

If you eliminate the individual mandate, you will be back in the situation where people seeking health insurance will be those who are the most vulnerable and sick, those with preexisting conditions. That makes it tough to create an insurance pool that makes sense when it comes to risk.

According to the American Academy of Actuaries, putting out a plan that eliminates the individual mandate will really be of no help. That bill would only delay the onset of higher insurance premiums and loss of coverage for millions of Americans. The Affordable Care Act puts families in charge of their care instead of insurance companies. It expands health care coverage, lowers health care cost, makes Medi-

care stronger, and lowers the deficit. I don't know why there is opposition to any of those elements.

Before the enactment of the Affordable Care Act, 50 million Americans didn't have health insurance, while health care costs for working families and small businesses were increasing out of sight. The Affordable Care Act changed that, and 11 million people of the 50 million now have private health insurance. Millions more are now covered by Medicaid. And for the first time ever, insurance companies have to live up to their promise of being there when you really need them.

Many in the other party have argued that this is not the way to do it and that there should be a viable alternative. I would like them to meet a couple of people from my home State.

The Supreme Court could put in jeopardy health insurance coverage for Ariana Jimenez. Ariana lives in Chicago and works part time as a nursing assistant at a community health center. Ariana pays \$52 a month for her basic health insurance premium—\$52 a month. When asked what would happen to her coverage if the Supreme Court took away her tax credit, Ariana simply said: I wouldn't be able to afford it.

In Illinois, over 800,000 people—in my State of about 12.5 million, 13.5 million—800,000 people in Illinois now have health insurance through the marketplace created by the Affordable Care Act or through Medicaid, and 240,000 people purchased a plan through the Illinois marketplace with a subsidy. I might say that the only marketplace is a Federal marketplace. If the Supreme Court decides in favor of the plaintiffs, a quarter-million people in my home State will not be able to afford their health insurance.

What happens to everyone else? If the Court rules for King, the plaintiff in this lawsuit, consumers in the individual market in States such as Illinois who use the Federal marketplace would face premium increases of 47 percent—\$1,600 a year more that people would have to pay for health insurance.

A few years ago, Domingo Carino found out he had a health condition that required medication and he could not afford it. Thanks to the Affordable Care Act and help from the staff at the Asian Human Services Family Health Center in Chicago, Domingo found good health insurance. He pays \$11 a month. Domingo's plan not only allows him to afford his medication, but it also keeps him in a position where he has access to a primary care physician. According to Domingo, he can now live without worrying about how to afford his medication.

For Domingo and millions like him, tax credits provided by the Affordable Care Act are literally a lifesaver.

Over 54 million people benefit from Medicaid. Before the Affordable Care Act, two out of three people on Medicaid were pregnant women and children. That is 36 million of our most vulnerable Americans. Medicaid also

provides for people with disabilities. Before the Affordable Care Act, almost 3 million people were covered by Medicaid in Illinois, and more than half of the children born in our State were covered by Medicaid. Since the Affordable Care Act, another 530,000 people have signed up for Medicaid. That means that finally these people can get better from a condition they couldn't afford to treat. I call that a success.

It is interesting, too, that now that people on Medicaid can shop at different hospitals, traditional hospitals that serve the poor—there is one, Stroger Hospital, which used to be Cook County Hospital, in Chicago—have to change the way they do business. They are competitive now. They realize that Medicaid patients can go shopping at another hospital. The administrator at Stroger Hospital told the doctors and staff: Be on your toes. Provide better care. We are competing for business now. These Medicaid recipients can go to every hospital.

According to a recent Gallup poll, the uninsured rate has dropped 3½ percentage points from 2013 to 2014. In Illinois, the uninsured rate dropped 4½ percent during that same period.

The Affordable Care Act includes several changes meant to help slow the growth in health care costs. The CBO this week forecast lower private health insurance premiums. Health care spending per enrollee has slowed in the private insurance market and also in Medicare and Medicaid.

Instead of paying hospitals for the services they provide, because of the ACA, hospitals are paid to make people well. If their patients have to go back to the hospital, many of the hospitals are penalized for that. Despite climbing readmission rates since 2007, those rates started to fall with the Affordable Care Act. Hospitals are responding to the incentives in the Affordable Care

Act and more of their patients are getting better and staying better.

The solvency of the Medicare Part A trust fund is now 13 years longer than it was prior to the passage of the Affordable Care Act—which means it will be solvent for 13 more years—which the trustees in 2010 said had “substantially improved” the financial status of the trust fund.

The law also helps seniors with the cost of prescription drugs by closing the doughnut hole. There was that moment in time when seniors weren't covered by Medicare Part D and had to reach into their savings account. Since the passage of the Affordable Care Act, people with Medicare in Illinois have saved over \$554 million on prescription drugs. We closed the doughnut hole with the Affordable Care Act. That is an average savings for each senior in Illinois of \$925. Those who want to abolish the Affordable Care Act have some explaining to do to seniors who are pretty happy that they have a helping hand when it comes to paying for drugs.

It is my hope that the Supreme Court does the right thing and realizes Congress never intended to have tax subsidies go to only some Americans and not others. I have always said the Affordable Care Act is not a perfect law. As I have said several times on the floor of the Senate, the only perfect law was carried down a mountain by Senator Moses on clay tablets. Ever since, we have tried our best to put a law together that serves the purposes of our Nation. We do our best, but we can always improve it. The same thing is true for the Affordable Care Act.

I hope the time comes—and I hope the Supreme Court doesn't force this sooner rather than later—when we can have a constructive, bipartisan conversation about the Affordable Care Act. It is not a perfect law. It can be improved. There are parts of it on

which I would gladly work with Republicans to change.

I have told my friends in the restaurant business that I know they are concerned about the number of hours employees have to work to be covered and how many employees work at the restaurant and so forth. All of those things can be and should be addressed. If they are addressed in a positive and constructive way, we can improve this law and make it serve the American people better. I think that is why we were elected.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 6:15 p.m., adjourned until Wednesday, June 17, 2015, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

AFRICAN DEVELOPMENT FOUNDATION

LINDA THOMAS-GREENFIELD, AN ASSISTANT SECRETARY OF STATE (AFRICAN AFFAIRS), TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE AFRICAN DEVELOPMENT FOUNDATION FOR THE REMAINDER OF THE TERM EXPIRING SEPTEMBER 27, 2015, VICE JOHNNIE CARSON.

LINDA THOMAS-GREENFIELD, AN ASSISTANT SECRETARY OF STATE (AFRICAN AFFAIRS), TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE AFRICAN DEVELOPMENT FOUNDATION FOR A TERM EXPIRING SEPTEMBER 27, 2021. (REAPPOINTMENT)

OVERSEAS PRIVATE INVESTMENT CORPORATION

JOHN MORTON, OF MASSACHUSETTS, TO BE EXECUTIVE VICE PRESIDENT OF THE OVERSEAS PRIVATE INVESTMENT CORPORATION, VICE MIMI E. ALEMAYEHOU.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES AIR FORCE UNDER TITLE 10, U.S.C., SECTION 624:

To be colonel

ENRIQUE J. GWIN