

Udall	Warren	Wicker
Warner	Whitehouse	Wyden

NAYS—4

Corker	Sasse
Lee	Sessions

NOT VOTING—5

Alexander	Moran	Vitter
Graham	Schatz	

The bill (H.R. 3236) was passed.

VOTE EXPLANATION

• **Mr. VITTER.** Mr. President, I unequivocally support the passage of a 3-month extension to the Federal highway program. I would like the Record to reflect my support for the 3-month extension, as well as for a long-term highway bill. Unfortunately, I will be notably absent for the vote on the 3-month extension—but not without just cause. A week ago today, Lafayette, LA—a vibrant, wonderful city in the heart of Acadiana—was rocked by a senseless tragedy that took the lives of two of its residents. I believe it is imperative Louisianians come together as a community, and I will be in Lafayette today to stand with and support family members of the victims. Earlier today, the Senate passed its version of the highway reauthorization bill, known as the DRIVE Act. With the passage of the DRIVE Act and the 3-month extension today, the Senate has laid the foundation for Members of both Chambers to work together and produce a long-term highway reauthorization bill. ●

PROHIBITING FEDERAL FUNDING OF PLANNED PARENTHOOD FEDERATION OF AMERICA—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Utah.

50TH ANNIVERSARY OF MEDICARE AND MEDICAID

Mr. HATCH. Mr. President, as you may have heard, today marks the 50th anniversary of both Medicare and Medicaid. While the last half century has seen a pretty robust debate about the merits of these programs, today there is no question that they provide significant and vital elements to our Nation's safety net.

This week many are celebrating the lives that have been saved and improved by Medicare and Medicaid over the last 50 years. While this is appropriate, I hope that we will also take the time to look at how these programs will function over the next 50 years.

Let's start with Medicare. Medicare is, quite simply, a massive program designed to provide care to our Nation's seniors. Currently, it covers more than 50 million beneficiaries—roughly one-sixth of the current U.S. population—and processes more than 1 billion claims a year.

Last week the Medicare board of trustees issued its report for 2015, which once again detailed the fiscal challenges facing the Medicare Program. For example, in 2014 alone, we spent roughly \$613 billion on Medicare expenditures. That is roughly 14 per-

cent of the Federal budget and 3.5 percent of our gross domestic product for a single health care program. In coming years, these numbers are only going to go up as more baby boomers retire and become Medicare beneficiaries.

Over the next 10 years, the trustees project that the number of Medicare beneficiaries will expand by 30 percent. We will spend roughly \$7 trillion on the program as it expands, and by the end of that 10-year period we will be spending more on Medicare than on our entire national defense. Over the next 25 years, spending on the program as a percentage of GDP will grow by 60 percent, and by 2040 about \$1 out of every \$5 spent by the Federal Government will go to Medicare.

As spending on the program expands, so does its unfunded liabilities. Using the most realistic projections of the Centers for Medicare & Medicaid Services—remember, this is the government agency's most realistic projections—Medicare Part A by itself faces long-term unfunded liabilities of nearly \$8 trillion. The story is even worse with Medicare Part B and Part D, which unlike Part A, do not have a dedicated revenue stream. Medicare's trustees estimate \$24.8 trillion in additional taxes will need to be collected over the next 75 years to pay for Medicare Part B and Part D services.

When we look at the entire Medicare Program over the next 75 years, once again using CMS's most accurate projections, we are looking at \$37 trillion of spending in excess of dedicated revenues. Those numbers are astronomical. They are too large to even comprehend. So rather than talk about the numbers in broad terms, let's talk about what they mean for seniors and beneficiaries.

As I mentioned, Medicare Part A, which includes the Hospital Insurance, or HI, Program has a dedicated funding stream. It is paid for by a 2.9-percent payroll tax split between employers and workers, and under ObamaCare that rate went up by an additional 0.9 percent on wages over \$200,000 for single tax filers and \$250,000 for married couples.

Due in large part to the financial downturn, Part A ran a deficit—meaning that expenditures for the program exceeded income from the tax—every year between 2008 and 2014. Last year that deficit reached \$8.1 billion in just 1 year.

Because of the economic recovery and the increased tax rates, Part A is projected to generate surpluses between 2015 and 2023. However, after that, deficits are projected to return, and by 2030 the Part A trust fund will officially be bankrupt and the Medicare Program will be unable to pay full benefits to seniors. Let me say that again. In 15 years, Medicare Part A will be bankrupt.

All of this, of course, assumes that current law remains unchanged and Congress is unable to reform the pro-

gram. I don't think I would be going too far out on a limb to suggest that reforms to Medicare are absolutely necessary if we are going to preserve the program for future generations. Furthermore, I don't think it would be outlandish to suggest that Congress should begin working on such reforms immediately to avoid future cliffs, standoffs, and the usual accompanying political brinkmanship. I am not the only one saying that.

The Medicare trustees themselves said in last week's report that "Medicare still faces a substantial financial shortfall that will need to be addressed with further legislation. Such legislation should be enacted sooner rather than later to minimize the impact on beneficiaries, providers, and taxpayers."

These are not the words of fiscal hawks in the Republican Congress. The Medicare board of trustees is comprised of six members, four of whom are high-ranking officials in the Obama administration, including Treasury Secretary Jack Lew, Labor Secretary Thomas Perez, Health & Human Services Secretary Sylvia Burwell, and acting Social Security Commissioner Carolyn Colvin.

All of these officials signed on to a report recommending "further legislation" to reform Medicare and suggesting that it happen "sooner rather than later."

Let's keep in mind that we are only talking about Medicare. I haven't said anything yet about Medicaid, our other health care entitlement program, which also faces enormous fiscal challenges. Currently, Medicaid covers more than 70 million patients, and that number is growing thanks to expansions mandated under the so-called Affordable Care Act. Since the passage of ObamaCare, more than a dozen States have chosen to expand their Medicaid Programs and enrollments have surged well beyond initial projections. This has a number of people worried about added costs and additional strains on State budgets, particularly when the Federal share of the expanded program is set to scale back in 2 years. Already, without the expansion under ObamaCare, Medicaid took up nearly one-quarter of all State budgets. That is right: Nearly \$1 out of every \$4 spent at the State level goes to Medicaid, and that number is going to get much higher.

In the recent years, combined Federal and State Medicaid spending has come in around \$450 billion a year. By 2020, that number is projected to expand to around \$800 billion a year or more, and with all of this expansion—that increased fiscal burden and instability—we are not seeing improvements in care provided by the program.

Put simply, Medicaid is probably the worst health insurance in the country and the President's health care law did nothing to improve the quality of care provided by the program. Fewer and fewer doctors accept Medicaid because

it pays them so little, and the program's reimbursement formulas for prescription drugs limit beneficiaries' access to a number of important medications.

Ultimately, we are going to be spending more and more on Medicaid in the coming years—and as a result expanding our debts and deficits—without providing better care for beneficiaries.

Between Medicare and Medicaid, we will spend more than \$12 trillion over the next decade with precious few improvements to show for it. Former CBO Director Doug Elmendorf referred to these two programs as “our fundamental fiscal challenge.” If you look at the numbers and the dramatic expansion projected in the coming years, he was right. Keep in mind, we still have Social Security, which faces nearly \$11 billion in unfunded liabilities over the long term as well as the exhaustion of one of its trust funds, the disability trust fund, by the end of next year and complete exhaustion by 2034.

Separately, these three major entitlement programs present unique challenges that have to be addressed in order to preserve them—and our Nation's safety net—for future generations. Combined, they threaten to swallow up our government and take our economy down with it.

Once again, these aren't doomsday scenarios. No one seriously disputes the fact that absent real and lasting reforms, our entitlement programs present real threats to our fiscal well-being. The disputes typically arise when we begin talking about the specifics of reform. Some would just as soon use the looming entitlement crisis as a political weapon to scare current and near beneficiaries into believing the other side wants to take their benefits away. Others support the idea of entitlement reform in principle but are too afraid to sign on to any specific proposals out of fear it would be used against them in the next election cycle.

This dynamic has resulted in a long-standing stalemate, where the possibility of real reform has, for years now, seemed remote. However, recently we have seen signs that it may in fact be possible to overcome this stalemate.

Earlier this year, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015, a bipartisan bill, which among other things repealed and replaced the Medicare sustainable growth rate, or SGR, formula. Now, repealing SGR was, in and of itself, a significant improvement to the Medicare Program, but there are other Medicare reforms in the law as well. These include a limitation on so-called Medigap first-dollar coverage and more robust means testing for Medicare Parts B and D.

These aren't fundamental Medicare reforms, and they will not move the program from its massive projected deficits into future solvency, but keep in mind that for years the idea of bipartisan Medicare reform seemed like a

pipedream. Yet with passage of the SGR bill, we were able to take a meaningful first step toward this all-important goal.

Of course, the first step is only a first step if it precedes additional steps, and that is what we need now. Congress must take additional steps to improve these programs and preserve them for our children and grandchildren. As the chairman of the committee with jurisdiction over these programs, I have been actively engaged in the effort to reform our entitlement programs.

In 2013, when I was still the ranking member, I put forward five separate proposals to reform Medicare and Medicaid. All of them were serious, commonsense ideas that had received bipartisan support in the recent past. I shared these ideas at every opportunity. I put out documents, fact sheets, and gave numerous speeches on the floor. I even passed them along directly to President Obama, although I didn't ever get a response from him. Two of those ideas were, at least partially, included in the legislation we passed to repeal SGR. The other three ideas, as far as I am concerned, are still on the table.

I have also teamed up with leaders in the House to call on the disability community and other stakeholders to help us come up with ideas to address the impending exhaustion of the Social Security disability trust fund. I have introduced legislation to improve the administration and fiscal integrity of the disability insurance program.

In other words, I stand ready and willing to work with any of my colleagues—from either party or from either Chamber—to address the coming entitlement crisis before it is too late. I have put my own ideas on the table, but I don't think the debate should be limited to my ideas. I invite all of my colleagues to come forward so we can work together to find solutions to these massive problems.

I know that when I think about these problems, my thoughts turn to my 23 grandchildren and 16 great-grandchildren—and everybody else's grandchildren and great-grandchildren—who will suffer from any promises we fail to keep and will pay the price of any mistakes we fail to correct.

On this landmark anniversary of the Medicare Program, I urge my colleagues to also consider future generations of Americans and the costs and burdens we will pass on to them if we fail in this endeavor.

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

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

NUCLEAR AGREEMENT WITH IRAN

Mr. SULLIVAN. Mr. President, I rise to talk about the important agreement that we are debating here on the Senate floor—the Iran nuclear agreement. I want to begin by saying that there seems to be, as we debate this and as we hold hearings, a growing sense of frustration as we do what is really our sacred duty here in the Senate—to review, debate, and, ultimately, to vote on this agreement as to whether it is something that is going to keep our country secure or undermine the national security of the United States and our allies. This frustration stems from a number of sources. Let me just name a few.

First, I think many Democrats and Republicans feel there has been a dismissive attitude from the administration with regard to this agreement and a dismissive attitude, actually, towards the American people on whether the Congress should weigh in on this agreement, should represent their constituents on something that is this important to the national security of the United States of America.

I mention this because if you look at the last several months, every step of the way the administration has tried to cut out the role of the Congress. Initially, they said it was an Executive agreement and Congress would have no role. Well, I don't think our constituents liked that, and certainly, the Senate didn't like that. So we started debating the Iran Nuclear Agreement Review Act.

The President said he was going to veto it. Again, that was dismissive of this body and the American people. Fortunately, this body had a very strong veto-proof majority. We are debating it—but not because they wanted us to but because we are representing our constituents who know how important this is.

Then the agreement is taken to the United Nations before we weigh in on it at all. Members of the United Nations, citizens from other countries, are voting on this agreement before we had the opportunity. Again, bipartisan Democrats and Republicans said: Secretary Kerry, don't do that. It is an affront to the American people. But they did it. So we are debating it, and that is important. But that attitude of dismissiveness of this body and the people we represent is frustrating.

There is a second reason there is frustration in the Senate, and it stems from the fact that we are not sure that we are getting the straight scoop. We are not sure we are getting all the documents. The law requires every document to this agreement come to this body. Yet we found out 2 weeks ago that there is a very important agreement, the agreement between the IAEA and Iran on implementation of this agreement. How did we find out about that? One of my colleagues, Senator COTTON, got on a plane, went to IAEA headquarters in Vienna, and found that

out—again, frustration. We are not receiving all of the documents, as required by law, to be able to review.

Third, in terms of frustration, there is a sense that as we are doing our duty here, as we are digging into this agreement, as we are reading it, as we are reaching out to experts, as we are trying to understand it, as we are questioning administration witnesses at hearings, as we are doing our required and sacred due diligence, we are told time and again that the plain language of the agreement doesn't appear to mean what it means. This is frustrating. This is particularly true with regard to sanctions.

Let me give you a few examples. First we had a closed briefing. Almost every Member of the Senate came to that briefing a couple of weeks ago. There was a big question. Was there a grandfather provision with regard to sanctions; meaning, if you are a company and you rush to Iran right now and cut some deals and sanctions are later imposed, does the mere fact that you jumped in early mean that you are grandfathered away from these sanctions? Well, a lot of people had questions.

The Secretary of State looked at 100 Members of the Senate and said: There is no grandfather clause in this agreement. There is no grandfather clause in this agreement.

This is paragraph 37 of the agreement. I am just going to quote it, because it certainly sounds like a grandfather clause to me: "In such event [that sanctions are reimposed], these provisions"—in this paragraph—"would not apply with retroactive effect to contracts signed between any party and Iran or Iranian individuals and entities prior to the date of application . . ." That is when the agreement starts to be implemented.

That sounds like a grandfather clause. Now, maybe there are elements here, maybe there are special circumstances that make it not a grandfather clause, but the Secretary of State was in front of all of us saying that there is no grandfather clause. It is hard to square that with the plain language of this agreement.

Let me give another example—the much-touted snapback provisions in the agreement. Secretary Lew, the Secretary of the Treasury, has talked about how we have a strong snapback provision, how it is going to be prompt, and how it is powerful. These are terms that he has been using in testimony. In many ways I think Members of this body, Democrats and Republicans, see that the effectiveness of this entire deal might hinge on this so-called snapback provision. The more I read about our sanctions and how they work in this agreement, the more questions I have, because to this Senator the snapback provision seems to be an illusion. It actually seems to be aimed back at the United States. I don't think we should be calling it a snapback provision. Maybe it should be called the boo-

merang provision, because it is aimed at us.

Let me talk a little bit more in detail about this. First, the term "snapback" was not in the agreement. It is a good term—catchy—and sounds good. It is actually a term used in trade negotiations when a party violates a trade agreement. Trade agreements will have snapback provisions where we raise tariffs on goods immediately. That is a snapback. But that is not what is going on here. That is not what is going to happen here. The practical reality of sanctions, particularly economic sanctions, is that there is no snap when you put them in. It is a slog.

Let me give you an example. In my experience, I worked with many people at the beginning of our efforts in the Bush Administration, during 2006, 2007, and 2008, to start economically isolating Iran. What does that mean? Well, what we did is we leveraged the power of the U.S. economy in close coordination with the Congress of the United States, and we went to countries and companies that were big investors in Iran, say, in the oil and gas sector, and we told them that they needed to start divesting out of the largest sponsor of terrorism in the world or the Congress of the United States might look to sanction their company or limit their access to the American market. We were leveraging the authority of the Congress and the power of our economy to get countries—yes, many of which were our allies—such as Norway, Germany, France, and Japan to divest and economically isolate Iran. That took months and years to accomplish. It was a slog. There was no snap.

What do we see today? European companies—it is in the newspapers every day—European CEOs, senior administration officials in Germany, and government officials are already in Tehran. Already, there are companies looking to set up shop, looking to invest billions, as they did before. They are there now. This deal is not even done yet. They are there. They cannot wait, licking their chops to reinvest in one of the—not one of the biggest, the biggest terrorist regime in the world, which has done more to kill Americans than probably any country in the world in the last 30 years. Of course, this is disappointing, but this history is a reminder to all of us that the sanctions regime Secretary Kerry talks about—and we certainly did have Iran surrounded in terms of sanctions—which was a 110-percent-American-led sanctions regime, involving Democrats, Republicans, this Congress, and the Bush administration. Yes, a lot of credit goes to the Obama administration on this economic isolation of Iran, which is what brought them to the table to begin with.

If we reimpose sanctions, there certainly won't be a "snap" when it happens. It will be slow. It will be a slog again trying to convince reluctant Europeans, Russians, and Chinese to pull out of the market once again.

Finally, I just want to say one other thing, and it goes back again to the plain language of the agreement, where again the snapback provision, so-called snapback provision, seems aimed back at us, the boomerang provision.

I posed a hypothetical to Secretary Kerry, Secretary Lew in a closed session, in a Senate Armed Services session yesterday to try and get specifics on what would happen in certain situations. I gave them this hypothetical: Let's assume sanctions are lifted in the next 6 to 9 months. These are called Annex II sanctions. It is a huge list of sanctions, the most powerful sanctions our country has placed on Iran. All of them—financial, oil, market—are going to be lifted in 6 to 9 months. Let's assume that happens.

As we are already seeing, European companies, other countries, certainly the Chinese, Russians, Japanese, are going to be rushing into this market, investing billions once again. Assume the Iranian economy is going to start humming with all of this new investment, the lifting of sanctions. A senior Iranian official recently said they are looking for \$120 billion of new investment by 2020. They are likely going to get a lot of it, and they are abiding by the deal—no violations of any of the nuclear aspects of this deal. Then, what I think is very likely, sometime within the next 3, 4, 5, 6, 7 years, Iran commits a major act of terrorism. Let's say they kill more American troops. Let's say they blow up a consulate or embassy somewhere. They are the world's largest state sponsor of terrorism. It doesn't look as though they want to do anything but continue to do that, so that is a very likely scenario. When that happens, this body reapplies sanctions. It looks at Annex II, some of our most powerful sanctions. We are very upset—bipartisan. We reapply sanctions. The President, whoever that is, signs it because that President, he or she is very upset, and we reimpose serious Annex II sanctions.

Now, what happens then? I think what is going to happen, very likely at that point, is Iran is going to look at this agreement, and they are going to cite either paragraph 26 or paragraph 37. Let me read you both of those. Again, this is the plain language of the statute.

Paragraph 37. Iran has stated that if sanctions are reinstated in whole or in part, Iran will treat that as grounds to cease performing its commitments under the entire agreement.

Another provision. Iran has stated it will treat the reintroduction or reimposition of the sanctions specified in Annex II as grounds to cease performing its commitments under the agreement.

That is in the agreement. So, you see, if we reimpose sanctions as part of the snapback, Iran can look at this agreement and say: I'm done. I'm walking. I can legally leave this agreement. They can legally leave this agreement with a humming economy, on the verge

of a breakout of a nuclear weapon, still being the largest state sponsor of terrorism, and they can say: Hey, I complied with the agreement. The United States reimposed sanctions. I told them what I was going to do, and they do it.

Again, bottom line, if we use the so-called snapback provision, it certainly appears from the language of this agreement that the deal is done. So I have asked Secretary Kerry and Secretary Lew twice now: How is that an improper reading of the agreement? Secretary Lew, the Secretary of the Treasury, is trying to argue we are reading that language wrong. He says Annex II sanctions—the big American sanctions, which are what has kept Iran down and what has brought them to the table—can be reimposed if they are reimposed for nonnuclear violations like terrorism.

When I read this agreement, that seems to be a bit of a stretch. Certainly there is a lot of ambiguity, but it is also clear the Iranians clearly won't agree with that reading. They don't agree with that reading. This was filed—I ask unanimous consent to have this printed in the RECORD. This is the Iranian letter dated 20 July 2015, to the United Nations Security Council. It is their interpretation of the agreement.

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

UNITED NATIONS SECURITY COUNCIL,

New York, NY, July 20, 2015.

Re Letter dated 20 July 2015 from the Permanent Representative of the Islamic Republic of Iran to the United Nations addressed to the President of the Security Council

I have the honour to enclose herewith a text entitled "Statement of the Islamic Republic of Iran following the adoption of United Nations Security Council resolution 2231 (2015) endorsing the Joint Comprehensive Plan of Action" (see annex).

I should be grateful if you would arrange for the circulation of the present letter and its annex as a document of the Security Council.

GHOLAMALI KHOSHROO,

Ambassador, Permanent Representative.

Re Annex to the letter dated 20 July 2015 from the Permanent Representative of the Islamic Republic of Iran to the United Nations addressed to the President of the Security Council

STATEMENT OF THE ISLAMIC REPUBLIC OF IRAN
FOLLOWING THE ADOPTION OF UNITED NATIONS SECURITY COUNCIL RESOLUTION 2231 (2015) ENDORSING THE JOINT COMPREHENSIVE PLAN OF ACTION

1. The Islamic Republic of Iran considers science and technology, including peaceful nuclear technology, as the common heritage of mankind. At the same time, on the basis of solid ideological, strategic and international principles, Iran categorically rejects weapons of mass destruction and particularly nuclear weapons as obsolete and inhuman, and detrimental to international peace and security. Inspired by the sublime Islamic teachings, and based on the views and practice of the late founder of the Islamic Revolution, Imam Khomeini, and the historic Fatwa of the leader of the Islamic Revolution, Ayatollah Khamenei, who has declared all weapons of mass destruction

(WMD), particularly nuclear weapons, to be Haram (strictly forbidden) in Islamic jurisprudence, the Islamic Republic of Iran declares that it has always been the policy of the Islamic Republic of Iran to prohibit the acquisition, production, stockpiling or use of nuclear weapons.

2. The Islamic Republic of Iran underlines the imperative of the total elimination of nuclear weapons, as a requirement of international security and an obligation under the Treaty on the Non-Proliferation of Nuclear Weapons. The Islamic Republic of Iran is determined to engage actively in all international diplomatic and legal efforts to save humanity from the menace of nuclear weapons and their proliferation, including through the establishment of nuclear-weapon-free zones, particularly in the Middle East.

3. The Islamic Republic of Iran firmly insists that States parties to the Treaty on the Non-Proliferation of Nuclear Weapons shall not be prevented from enjoying their inalienable rights under the Treaty to develop research, production and use of nuclear energy for peaceful purposes without discrimination and in conformity with articles I and II of the Treaty.

4. The finalization of the Joint Comprehensive Plan of Action (JCPOA) on 14 July 2015 signifies a momentous step by the Islamic Republic of Iran and the E3/EU+3 to resolve, through negotiations and based on mutual respect, an unnecessary crisis, which had been manufactured by baseless allegations about the Iranian peaceful nuclear programme, followed by unjustified politically motivated measures against the people of Iran.

5. The JCPOA is premised on reciprocal commitments by Iran and the E3/EU+3, ensuring the exclusively peaceful nature of Iran's nuclear programme, on the one hand, and the termination of all provisions of Security Council resolutions 1696 (2006), 1737 (2006), 1747 (2007), 1803 (2008), 1835 (2008), 1929 (2010) and 2224 (2015) and the comprehensive lifting of all United Nations Security Council sanctions, and all nuclear-related sanctions imposed by the United States and the European Union and its member States, on the other. The Islamic Republic of Iran is committed to implement its voluntary undertakings in good faith contingent upon same good-faith implementation of all undertakings, including those involving the removal of sanctions and restrictive measures, by the E3/EU+3 under the JCPOA.

6. Removal of nuclear-related sanctions and restrictive measures by the European Union and the United States would mean that transactions and activities referred to under the JCPOA could be carried out with Iran and its entities anywhere in the world without fear of retribution from extraterritorial harassment, and all persons would be able to freely choose to engage in commercial and financial transactions with Iran. It is clearly spelled out in the JCPOA that both the European Union and the United States will refrain from reintroducing or reimposing the sanctions and restrictive measures lifted under the JCPOA. It is understood that reintroduction or reimposition, including through extension, of the sanctions and restrictive measures will constitute significant non-performance which would relieve Iran from its commitments in part or in whole. Removal of sanctions further necessitates taking appropriate domestic legal and administrative measures, including legislative and regulatory measures to effectuate the removal of sanctions. The JCPOA requires an effective end to all discriminatory compliance measures and procedures as well as public statements inconsistent with the intent of the agreement.

Iran underlines the agreement by JCPOA participants that immediately after the adoption of the Security Council resolution endorsing the JCPOA, the European Union, its member States and the United States will begin consultation with Iran regarding relevant guidelines and publicly accessible statements on the details of sanctions or restrictive measures to be lifted under the JCPOA.

7. The Islamic Republic of Iran will pursue its peaceful nuclear programme, including its enrichment and enrichment research and development, consistent with its own plan as agreed in the JCPOA, and will work closely with its counterparts to ensure that the agreement will endure the test of time and achieve all its objectives. This commitment is based on assurances by the E3/EU+3 that they will cooperate in this peaceful programme consistent with their commitments under the JCPOA. It is understood and agreed that, through steps agreed with the International Atomic Energy Agency (IAEA), all past and present issues of concern will be considered and concluded by the IAEA Board of Governors before the end of 2015. The IAEA has consistently concluded heretofore that Iran's declared activities are exclusively peaceful. Application of the Additional Protocol henceforth is intended to pave the way for a broader conclusion that no undeclared activity is evidenced in Iran either. To this end, the Islamic Republic of Iran will cooperate with the IAEA, in accordance with the terms of the Additional Protocol as applied to all signatories. The IAEA should, at the same time, exercise vigilance to ensure full protection of all confidential information. The Islamic Republic of Iran has always fulfilled its international non-proliferation obligations scrupulously and will meticulously declare all its relevant activities under the Additional Protocol. In this context, the Islamic Republic of Iran is confident that since no nuclear activity is or will ever be carried out in any military facility, such facilities will not be the subject of inspection.

8. The Joint Commission established under the JCPOA should be enabled to address and resolve disputes in an impartial, effective, efficient and expeditious manner. Its primary role is to address complaints by Iran and ensure that effects of sanctions lifting stipulated in the JCPOA will be fully realized. The Islamic Republic of Iran may reconsider its commitments under the JCPOA if the effects of the termination of the Security Council, European Union or United States nuclear-related sanctions or restrictive measures are impaired by continued application or the imposition of new sanctions with a nature and scope identical or similar to those that were in place prior to the implementation date, irrespective of whether such new sanctions are introduced on nuclear-related or other grounds, unless the issues are remedied within a reasonably short time.

9. Reciprocal measures, envisaged in the dispute settlement mechanism of the JCPOA, to redress significant non-performance are considered as the last resort if significant non-performance persists and is not remedied within the arrangements provided for in the JCPOA. The Islamic Republic of Iran considers such measures as highly unlikely, as the objective is to ensure compliance rather than provide an excuse for arbitrary reversibility or means for pressure or manipulation. Iran is committed to fully implement its voluntary commitments in good faith. In order to ensure continued compliance by all JCPOA participants, the Islamic Republic of Iran underlines that in case the mechanism is applied against Iran or its entities and sanctions, particularly Security

Council measures, are restored, the Islamic Republic of Iran will treat this as grounds to cease performing its commitments under the JCPOA and to reconsider its cooperation with the IAEA.

10. The Islamic Republic of Iran underlines the common understanding and clearly stated agreement of all JCPOA participants that affirms that the provisions of Security Council resolution 2231 (2015) endorsing the JCPOA do not constitute provisions of the JCPOA and can in no way impact the performance of the JCPOA.

11. The Government of the Islamic Republic of Iran is determined to actively contribute to the promotion of peace and stability in the region in the face of the increasing threat of terrorism and violent extremism. Iran will continue its leading role in fighting this menace and stands ready to cooperate fully with its neighbours and the international community in dealing with this common global threat. Moreover, the Islamic Republic of Iran will continue to take necessary measures to strengthen its defence capabilities in order to protect its sovereignty, independence and territorial integrity against any aggression and to counter the menace of terrorism in the region. In this context, Iranian military capabilities, including ballistic missiles, are exclusively for legitimate defence. They have not been designed for WMD capability, and are thus outside the purview or competence of the Security Council resolution and its annexes.

12. The Islamic Republic of Iran expects to see meaningful realization of the fundamental shift in the Security Council's approach envisaged in the preamble of Security Council resolution 2231 (2015). The Council has an abysmal track record in dealing with Iran, starting with its acquiescing silence in the face of a war of aggression by Saddam Hussain against Iran in 1980, its refusal from 1984 to 1988 to condemn, let alone act against, massive, systematic and widespread use of chemical weapons against Iranian soldiers and civilians by Saddam Hussain, and the continued material and intelligence support for Saddam Hussain's chemical warfare by several of its members. Even after Saddam invaded Kuwait, the Security Council not only obdurately refused to rectify its malice against the people of Iran, but went even further and imposed ostensibly WMD-driven sanctions against these victims of chemical warfare and the Council's acquiescing silence. Instead of at least noting the fact that Iran had not even retaliated against Saddam Hussain's use of chemical weapons, the Council rushed to act on politically charged baseless allegations against Iran and unjustifiably imposed a wide range of sanctions against the Iranian people as retribution for their resistance to coercive pressures to abandon their peaceful nuclear programme. It is important to remember that these sanctions, which should not have been imposed in the first place, are the subject of removal under the JCPOA and Security Council resolution 2231 (2015).

13. Therefore, the Islamic Republic of Iran continues to insist that all sanctions and restrictive measures introduced and applied against the people of Iran, including those applied under the pretext of its nuclear programme, have been baseless, unjust and unlawful. Hence, nothing in the JCPOA shall be construed to imply, directly or indirectly, an admission of or acquiescence by the Islamic Republic of Iran in the legitimacy, validity or enforceability of the sanctions and restrictive measures adopted against Iran by the Security Council, the European Union or its member States, the United States or any other State, nor shall it be construed as a waiver or a limitation on the exercise of any related right the Islamic Republic of Iran is

entitled to under relevant national legislation, international instruments or legal principles.

14. The Islamic Republic of Iran is confident that the good-faith implementation of the JCPOA by all its participants will help restore the confidence of the Iranian people, who have been unduly subjected to illegal pressure and coercion under the pretext of this manufactured crisis, and will open new possibilities for cooperation in dealing with real global challenges and actual threats to regional security. Our region has long been mired in undue tension while extremists and terrorists continue to gain and maintain ground. It is high time to redirect attention and focus on these imminent threats and seek and pursue effective means to defeat this common menace.

Mr. SULLIVAN. You want to know what the Iranians say about the reimposition of so-called snapback sanctions? Here is what they say: It is clearly spelled out in the agreement that both the European Union and the United States will refrain from reintroducing or reimposing the sanctions—now they are talking about Annex II sanctions—and restrictive measures lifted under the agreement. It is understood that reintroduction or reimposition, including through extension of the sanctions and restrictive measures, will constitute significant nonperformance which would relieve Iran from its commitments to this agreement in whole or in part.

My colleague Senator AYOTTE from New Hampshire yesterday asked Secretary Kerry and Secretary Lew about this provision. They did not give a clear answer because there is no clear answer. Right now there is huge disagreement between the United States and Iran on the language in the agreement on whether, to what degree, these so-called snapback provisions will work or will undermine our national security interests, which is what I believe they will do.

I have asked the administration to quit using that term. It is not in the agreement. The language makes clear that it is going to take years. There is no "snap." If we ever use it, that is it for the agreement. They have not given the Members of this body a straightforward answer on that issue. We need to keep asking these kinds of questions. We need to keep doing our due diligence, but we need clarity. The American people need clarity, not spin, on critical issues such as this side IAEA agreement, which nobody seems to have read, and we certainly have not seen; the grandfather clause, which certainly looks like a grandfather clause, but now we are told by Secretary Kerry is not a grandfather clause; and perhaps, most importantly, this so-called snapback provision which I believe is illusory and is aimed at us, not at the pariah state that we are all concerned about, and that is Iran.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I ask unanimous consent that the Senator from Delaware, Mr. COONS, and I be

permitted to proceed as in morning business.

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

(The remarks of Ms. COLLINS and Mr. COONS pertaining to the introduction of S. 1911 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Oregon.

50TH ANNIVERSARY OF MEDICARE AND MEDICAID

Mr. WYDEN. Mr. President, 50 years ago today, President Lyndon Johnson signed into law the Social Security Act amendments that created Medicare and Medicaid. Our country slammed the door on the days when far too many older people languished in poverty without the financial security that comes from affordable, high-quality health care. It was a day when sick, older people were warehoused on poor farms and in almshouses. Just picture that. On the edge of town we had older people, literally without a shred of dignity, in what came to be known as almshouses. But Lyndon Johnson and others said that had to be changed, and five decades ago it did. Today, more than 100 million Americans have access to high-quality health care thanks to Medicare and Medicaid.

We can measure the remarkable success of these programs in so many ways, but in my judgment, one of the most important and most appealing aspects of Medicare and Medicaid is their ability to grow, their ability to change, and their ability to evolve to meet the needs of our country. The reality is that Medicare in 2015 is very different from Medicare in 1965. Medicare in 1965 was about something like a broken ankle. If it was a serious break, you would be in the hospital—Part A. If it was not a particularly serious break, you would go to the doctor—that was Part B. That was Medicare circa 1965. Today, Medicare is about chronic illness, it is about cancer, it is about diabetes, it is about stroke, and it is about heart disease. You put Alzheimer's in, and that is well more than 90 percent of the Medicare Program. So it is a very different Medicare Program today than it was in 1965.

One of the aspects of Medicare and Medicaid I find so appealing is they have shown a certain ability, a sense of creativity, to always evolve with the times.

What I would like to do is take a few minutes to describe how I think Medicare and Medicaid are going to change in the next 50 years because I think there are some remarkable developments ahead. I see my wonderful colleague from the Senate Committee on Finance. She has been very involved in a number of these changes that have been so exciting in Medicare and Medicaid.

What I am going to do this afternoon is just take a few minutes to talk about four or five trends that I think

are going to be led by these two programs that have done so much for seniors and vulnerable people in our country.

The first is, I believe Medicare and Medicaid are going to lead a revolution in caring for vulnerable people at home. Our health care programs are going to give seniors more of what they want, which is to secure treatment at home where they are more comfortable. I think people are going to be amazed to see that seniors will get more of what they want, which is treatment at home—in Michigan, in Oregon, in Nebraska—and we now have hard information that it will be less expensive for older people to get what they want.

In the Affordable Care Act, I was able to author a provision with our colleague, the distinguished Senator from Massachusetts, Mr. MARKEY, the Independence At Home Program. This program has already shown it can save more than \$3,000, on average, for every patient who takes part.

So picture that. This is not an example of reducing the Medicare guarantee—these guaranteed secure benefits that older people in every part of America rely on. This is about protecting the Medicare guarantee and doing it in a way that keeps seniors happier and costs less money. That is a pretty good package by anybody's calculation.

In my home State of Oregon, the Medicaid Program also has a smart policy that tracks this focus on caring for the vulnerable at home. In effect, what Oregon Medicaid has done is allow health care providers to offer services that go beyond what many might consider the textbook definition of a medical service. It is all about keeping people healthier at home and out of the emergency room. So instead of waiting to treat broken ankles or wrists, perhaps in a hospital emergency room, after a senior falls again and again and again, what we are now doing in Oregon Medicaid is saying the staff of this program will visit the senior's home and perhaps replace the broken floorboards or the dangerous rugs that are causing the seniors to slip again and again and go to the hospital emergency room.

Think about that. You could help a little bit at home by replacing a dangerous rug or you could have somebody slip and fall again and again and again and go to the hospital emergency room. Again, replacing that dangerous rug wouldn't probably meet the clinical definition of a medical service as it was always determined in years past, but now we are seeing it as part of having older people in a position to be at home, where they are more comfortable, for less money.

The second significant development where I think Medicare and Medicaid are going to lead is on pharmaceuticals. I think the pricing of prescription drugs in the future is going to be connected in some fashion to the

value of treatment. We have seen remarkable changes in pharmaceuticals. The reality is that in the last 10 years we have seen real cures for illnesses where there was a death sentence perhaps a decade ago, but the sticker prices on some of these pharmaceuticals are astronomical. For so many working-class families and seniors of modest means, they look at these prices and say this just defies common sense, and they seem to get more expensive over time. Sometimes there is a six-figure pricetag.

The reality is Medicare and Medicaid weren't set up for these kinds of costs. The experts at the Congressional Budget Office are starting to ring the alarm bell, particularly about the health of Medicare Part D. Addressing this issue is going to take a lot of vigorous debate in the Congress, but it can't be ducked any longer.

Senator GRASSLEY and I have been working for about a year now in looking into SOVALDI, one of the hepatitis C drugs, which has had enormous ramifications for health programs—Medicare, Medicaid, and others—and we are continuing our work.

Third, in addition to pharmaceuticals and home care, I think Medicare is going to lead the revolution for open access to health care data. Again, Senator GRASSLEY and I have put a lot of sweat equity into the issue of data transparency in Medicare. It paid off in 2014, when the Obama administration, to its credit, opened up a massive trove of information. The wave of disclosure that began, particularly with doctors—and the Wall Street Journal reported this very extensively—must keep rolling forward.

The next step is turning open data into valuable tools and getting them into patients' hands. Health care data, packaged the right way, ought to help seniors and others choose doctors and nursing homes. It ought to help figure out which hospitals and specialists excel in certain areas, and it ought to help show exactly what you get for your dollar with various treatments or doctors.

Fourth, I believe Medicare is going to lead the debate on improving end-of-life care. All the roads with respect to end-of-life care, in my view, point toward patients having more choices and a better quality of life. In my view, we ought to make sure patients are in the driver's seat. In this regard, I was very pleased the Obama administration announced just a few days ago a real breakthrough in terms of end-of-life care. I think we have all had the debate. We certainly had that debate in the Affordable Care Act, where we heard about seniors not being given the opportunity to choose life, to choose cures, and they were going to, in effect, be receiving what amounted to death sentences.

In the Affordable Care Act, I was able to get included a provision that made it clear that is not what this debate would be all about. For the first time it

would be possible for an individual who is receiving hospice care to also have the option for curative care. In other words, they would not have to sacrifice one for the other. That is very important to patients because even when patients are contemplating the prospect of hospice care, they want to know—because it is almost in our gene pool as Americans, as Nebraskans, and Oregonians—whether there may be a cure. Maybe our ingenuity will come up with a cure, and they want to have that hope. Now they are going to have it.

The result of the change is called concurrent care—the Care Choices model. For the first time patients and families will be in the driver's seat and they will not have to give up the prospect of curative care in order to get hospice. For the first time we are giving those who want treatment in hospice some real flexibility.

Next, I think Medicare is going to go further to protect Americans with catastrophic coverage. The reality is that millions of Americans who are younger than 65 are protected against the huge expense of an accident or serious illness. This is an area where I think Medicare, having led in so many areas with the kind of creative genius I have described—going to show the way on home care, pharmaceuticals, end-of-life care, and more access to data—that most advocates for seniors say Medicare has a little catching up to do. Seniors ought to have the safety of an out-of-pocket maximum in Medicare.

I know this is an area I very much look forward to talking to my colleague from Michigan about. She has been a wonderful advocate for seniors throughout all her career in public service. I think colleagues on the Committee on Finance of both political parties are going to say, if there is catastrophic protection in the private sector, it is high time we have it for seniors on Medicare. I think this is an area we will also be talking about.

I want to wrap up with one last point; that is, about Medicaid. I also believe more States are going to come around and expand their Medicaid Programs. It took nearly two decades for all 50 States to adopt Medicaid initially, so there is already a history of this unfolding over time.

When we look at the numbers, we see the proposition and the benefit of expanding Medicaid is not exactly some kind of theoretical notion. A new study shows there is a gulf opening in terms of access to health care between States that have expanded Medicaid and States that have not.

In our country, everybody should have access to medical care, regardless of their ZIP Code, but it is not only a question of what is best for the health of our people, it can often be pretty important to a State's economy. A recent study found that Kentucky and their cost of covering new Medicaid patients will be far outstripped by the other economic benefits of expanding the program. In my view, more States are

likely to do the right thing by their citizens and their economies, and the gulf between those States that cover individuals on Medicaid and those that do not will narrow.

Mr. President, I am going to close on a little bit of a personal note. My background is working with older people. Years ago I was director of the Oregon Gray Panthers. It was an extraordinary honor to be able to do this. Those were the days when if a town had a lunch program for older people, it was considered a big deal. Senator STABENOW was starting her career in the Michigan Legislature, and she remembers those days. It was a big deal when a town just had a lunch program where older people could congregate. That was considered a pretty serious array of senior services because you could get a few things there where older people got lunch.

So as we have heard, now we are looking at the opportunities for extraordinary innovation.

Elizabeth Holmes was here today and had a chance to visit with several Members. She has taken the whole notion of personalized medicine—and personalized medicine where in effect an individual could order their own test, and it costs only a few dollars. The State of Arizona has already embraced it. She is talking to government officials about something that would empower patients and would make sense from a health quality standpoint and from the standpoint of cost.

She is a young, very gifted woman. I believe she is a graduate of Stanford, my alma mater. I talked yesterday to her about this. I could just see the enthusiasm for the future of health care and what she has already been able to accomplish and what she is going to be able to do in the days ahead with this new focus on personalized medicine and tests that empower patients to make their own decisions about health care. As to the sums of money that are involved for the tests, I am not sure they are even going to be able to be processed by government computers because they are too small. We are going to save too much money. So there are going to be very exciting developments ahead for Medicare and Medicaid.

The last 50 years have been an extraordinary run for these programs. It is a personal thrill for me to have been involved in the early years of these programs. Now they are essential to the well-being of more than 100 million Americans.

We take this special day to kind of savor how much progress has been made from the days when America had poorhouses and almshouses for seniors to today, where Medicare is leading the way on home care and disclosing data and looking at new approaches with respect to health tests, such as what Elizabeth Holmes has been here to visit on. We can see that with Medicare and Medicaid, their particular genius is that they are always keeping up with the times and looking to new ap-

proaches that better meet the needs of older people and do it in an affordable fashion.

I will close by way of saying that I don't think there is a single area I have talked about—I know my colleague and the Chair are members of a different political parties—or I don't think there is a single issue that I have brought up here in the last 15 or 20 minutes that Democrats and Republicans can't find common ground on. In fact, Chairman HATCH in the Finance Committee, to his credit, has said that by the end of the year he wants Democrats and Republicans on our committee to produce a bill dealing with chronic illness—which, as I suggested, is what Medicare is all about and is responsible for 90 percent of the spending. So on that hopeful note, after an incredible 50-year run, I think the next 50 years are going to be even better. In the four or five areas that I have been talking about for a few minutes, I don't think there is a one of them where Democrats and Republicans can't find common ground.

I know my colleague from Michigan is waiting to speak. I will note as I wrap up that she has really been a leader in this field, particularly in getting Democrats and Republicans together. By the way, as she begins her speech, I would note that many Americans are going to receive better mental health care services in the years ahead largely due to the work—the bipartisan work—of my colleague on these issues.

So I am happy to wrap up my comments and look forward to hearing from my colleague from Michigan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, before my friend from Oregon leaves, I wish to make a couple of comments about our leader on the Finance Committee. Sitting and listening to him about his optimism and hopefulness really helps me have optimism so we can actually come together and get things done.

I can't think of anybody who, first of all, is more creative or willing to look at all kinds of ideas in order to be able to strengthen health care—Medicare, Medicaid—for quality and cost containment issues. Back during health care reform, I was proud to join Senator WYDEN on what I believe was an extremely thoughtful approach around health care. Again, I very much appreciate all that he does.

I have to say that I know he has reminded me many times about coming to the Senate and elected office from the early years with Gray Panthers and organizing for seniors. I come to public-service elected office after a big fight to save the county nursing home in Ingham County, Michigan. So we both came to public service fighting for health care for older Americans. It is my honor to continue to serve with him and also with the Senator from Pennsylvania, who has joined us on the floor as well.

I do in fact come to recognize the 50th anniversary of the signing of Medicare and Medicaid into law. I view these as great American success stories and the best about us in terms of our values. I think it is important, though, when we look at this, to sort of say: This is Thursday; we are going to do a "Throwback Thursday" moment here, and look at the context in which these programs were created.

There was the early 1960s. It was a time of great social upheaval. It was a time, frankly, of segregation and Jim Crow laws and a time also when there was no safety net for older Americans or Americans with disabilities when it came to the possibility of going to the doctor or getting the medical care that people needed. If someone was living in poverty, they simply could not afford to see a doctor to be able to get medical care for them or for their family.

But within the civil rights movement, our Nation became more attuned to the injustices of society for people of color as well as those in society who were struggling with illnesses—just basic health care needs—or with poverty.

In 1963, in his "I Have a Dream" speech, Martin Luther King challenged Americans to live out the true meaning of the creed of our Nation, the Declaration of Independence: that all men and women are created equal, and that all of us are entitled to life and liberty and the pursuit of happiness. I think that includes access to health care for ourselves and our families. Our country responded to that challenge through the passage of the Civil Rights Act and through the passage 50 years ago of legislation that created Medicare and Medicaid. This was a momentous event in our Nation's history. It demonstrated our willingness to take action to ensure that our Nation's laws were in line with our core values as a country. It is so important that we be working together to do that again. That is what we should be doing every day.

Let's remember that before the creation of Medicare, only half of our seniors had health insurance or could even find health insurance. That meant half of them were struggling probably to get the medical care they needed or they were going into an emergency room—which, by the way, is the most expensive way—to be treated rather than going to the doctor and getting preventative care and so on. We saw about half of our seniors and people with disabilities in that situation.

President Lyndon B. Johnson was the strong principled leader we needed in that moment, and 50 years ago he signed the Medicare bill into law. When he did, he said:

No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years.

The Medicare Program really is a great American success story that connects all of us together—each generation—and each generation has done its part to strengthen that, including our own. That is why it is so important that we not go backwards at this time. This is where, unfortunately, we see a real difference here in the Senate and the House and in the political discourse more broadly, because we have seen, unfortunately, a Republican budget—House and Senate—that has passed this year with almost \$500 billion in Medicare cuts, efforts to turn the system away from a universal program into something that—whether we call it vouchers or whether we have other names for it—would take away the confidence and ability for older people and people with disabilities to know they have health care, which is what Medicare is all about.

What we need to be doing instead of those things—and we even have Presidential candidates saying we should phase out Medicare. We should not be doing that. We should be working to ensure the programs' health and longevity so people are confident that, as they work and pay into the system—because, by the way, people are paying into this system—it will be there when they retire in terms of a health care system for them.

I also very much appreciate our ranking member in the Finance Committee talking about the new things we need to do. I will just mention one. When we look at Medicare, \$1 out of \$5 today is spent on Alzheimer's, as our ranking member knows. So many of us are working together. There are bipartisan efforts going on to tackle this question. Senator COLLINS from Maine and I have what is called the HOPE for Alzheimer's Act. Senator COLLINS is also working very hard and has in fact increased research, which is so important. But we need to know that we are doing everything we can to support Alzheimer's patients and their families and to find cures.

The exciting part is that we are seeing more and more opportunities through research. I have had so many conversations with researchers in Michigan and across the country. We are so close in so many areas to be able to break through if we don't go backwards on research funding, as unfortunately happens if we are not coming together and appropriately funding the budget.

So there are a lot of things we need to do: save dollars, increase quality, and make sure we are tackling the challenges right now of health care for older Americans. I am constantly reminded that in my State there are nearly half a million people right now who get their health care through Medicare and some 40 million nationwide.

I will talk for a minute now about the other path on that legislation, which is Medicaid. Now, that program came in response to a crisis in health

care for low-income Americans and those with disabilities as well, and it has been nothing less than a lifeline for people, saving lives now for 50 years. During this last great recession that we had, there were so many families struggling to pay for basic health care needs that Medicaid literally was the saving grace that helped them and their families get back on their feet.

Medicaid is especially vital to women. Nearly half of all births in our country are funded through Medicaid. It gives young women access to preventative services such as cancer screenings.

I would also again thank our ranking member and our chairman for including legislation on Medicaid and a series of bipartisan bills that just passed the Senate Finance Committee. The Quality Care for Moms and Babies Act is about making sure we have quality standards across the country for low-income moms who are pregnant, going through prenatal care, delivery, and for babies. Senator GRASSLEY from Iowa is my partner in that effort.

It is also critical to note that on Medicaid, actually 80 percent of the dollars goes to long-term care for low-income seniors. As I said in the beginning, when I got involved in this whole process of public service and elected office, it was because of a nursing home that took Medicaid and helped low-income seniors be able to have a nursing home. In fact, 80 percent of Medicaid goes for seniors in nursing homes and long-term care.

Unfortunately, as with Medicare, what we have seen in the budgets is this: Rather than working together to strengthen Medicaid, we have seen countless attacks over and over to cut funding, to block grant the program. Over \$1 trillion in the next 10 years to cut Medicaid was actually passed by the Republican majority in the House and the Senate.

That is not the direction we need to go in as we are celebrating the 50th anniversary of Medicare and Medicaid. We still have Governors who refuse to use funding that is available to them to cover their seniors in nursing homes under Medicaid or moms and babies, families—low-income working families.

We put into the Affordable Care Act the ability for people who are working in low-paying jobs to be able to have access to health care through Medicaid. Yet we still have 3.7 million Americans who can't get health care. It is not because the money is not there but because of politics. I think that is pretty outrageous.

Of the 3.7 million, 2 million are women. That is 2 million women who can't get health care services, whether it is screenings or mammograms, they can't get coverage for labor, delivery, and prenatal care. It is available. It is right there. It is not happening because of politics.

I am determined—as I know our ranking member is and my Democratic colleagues are as well—to make sure

we are standing up for Medicare and Medicaid every single day. Medicaid is a program that allows 72 million Americans—including nearly 13 million working Americans, low-income working Americans who have gotten coverage because of the Affordable Care Act—to be able to go to bed at night with the knowledge that if their children get sick, they will be able to take them to the doctor or for any of us, if our parents or grandparents need a nursing home, they will be able to have one.

Medicaid and the Children's Health Insurance Program together provide 33 million children with the ability to see a doctor, to get the operation they need, to be able to have their juvenile diabetes taken care of or other health care issues.

Today is not just an anniversary of programs. I think it is an opportunity to recommit ourselves to the ideals that created these programs, the values that are behind these programs, and to say that health care is pretty important to families.

Now, 50 years ago we decided for our seniors we were going to make sure they could live in dignity in retirement and know they were going to be able to get the health care they needed. People are living longer and healthier lives. People are living today because of Medicare, Social Security, and Medicaid, all together. That is a great thing. We should be celebrating the fact that President Johnson, working with the Congress, got that done.

I believe this is the kind of approach we need to continue to strengthen for future generations. There is a huge divide right now about what to do on these programs, unfortunately, but I can say that we as Democrats are recommitting ourselves to a strong Medicare Program and a strong Medicaid Program for the future for American families.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise as well—as the senior Senator from Michigan just told us—to highlight and celebrate this anniversary, 50 years for both Medicare and Medicaid.

I am going to focus my remarks on Medicaid and to say, first, that contrary to what we often hear about an important program such as this, Medicaid is working. Medicaid is helping tens of millions of Americans. We can all come up with ways to make changes, and we probably will over the next couple of years, but Medicaid is maybe one of the most underrated health care programs in recent American history, for sure, and it is not simply millions who are benefiting from Medicaid but tens of millions. There are 68 million Americans who are Medicaid beneficiaries nationally and 36 million of them are children.

When folks talk about families and children and the priority we place on helping our families, I hope that means

strengthening Medicaid, not slashing it, not destroying it, and not taking some of the steps that have been proposed in Washington over the last couple years.

It is interesting, about 45 percent of all births in the country are paid for by Medicaid. So 45 percent of the babies born in America are on this Earth because they have the Medicaid Program to pay for the cost of the birth, which is not inexpensive. On the other end of the age spectrum, about 60 percent of nursing home placements in the country come through Medicaid. This isn't a program for someone else far away. This is a program that affects most of America. A lot of lower middle income families and others have the opportunity to place a loved one in a nursing home because of Medicaid, as well as what I said about the births.

Another way to think about Medicaid is the impact on children across the country—not only children in urban areas or children in communities where most families are low-income. When you examine both health care for children as it relates to Medicaid and to children who receive health care through the Children's Health Insurance Program—which in Pennsylvania we call CHIP—in rural areas that number is very high. There was a study done last fall that 47 percent of rural children get their health care from either Medicaid or from the CHIP program—actually, a higher percentage of the children in rural areas than in urban areas.

This is serious business when we talk about highlighting the benefits of Medicaid—not just celebrating an anniversary but celebrating working and having a sense of purpose and solidarity about preserving Medicaid for our families and strengthening it where we can.

One of the reasons Medicaid has been so successful over time is because of some of the strategies that were embedded in the program many years ago, especially as it relates to children. We know Medicaid serves children. It serves individuals with disabilities. In fact, that is a big number as well. Now, 8.8 million nonelderly individuals with disabilities are Medicaid beneficiaries nationally. It serves individuals with disabilities. But when you focus just on children as a segment of Medicaid, here is what we find in one of the strategies put in place years ago: The so-called EPSDT—Early Periodic Screening, Diagnosis, and Treatment Program—that benefit is of substantial significance for the future of our children and therefore the future of our country. Early periodic screening, diagnosis, and treatment is responsible for making sure vulnerable children receive quality and comprehensive care. Private insurance companies should emulate in their care what is provided in the so-called EPSDT.

Twenty-five million low-income children have access to this important program through Medicaid. What is it? I

think it is evident from the name, but it is good to highlight what it means. First of all, the “early” part of it is the early access in identifying problems early. The second word is “periodic,” which means checking children's health at periodic age-appropriate intervals. “Screening” is self-evident, but maybe you don't remember what is behind the screening. It is providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems. The “screening” part of early periodic screening, diagnosis, and treatment is vital. “Diagnostic” is performing a diagnostic test to follow up when a risk is identified. “Treatment” is control, correct or reduce health problems when they are found.

This isn't just vital to the life of that child and his or her family and his or her ability to grow and learn in school and then succeed and get a job and contribute to our country, it is also important to the rest of us. We are going to be a much stronger country if children are the beneficiaries of preventative health care. We all know that. The data has been telling us that for decades. We are just starting to get about the business of finally, at long last, doing more preventative work in our health care system, just like Medicaid has been doing on behalf of children for many years. I think we are learning some lessons from Medicaid that can be applied to the rest of our health care system.

I know we are short on time because we have a number of people who want to make presentations today. I will reduce my remarks in this fashion. I will tell one story from my home State. Here is one example of a particular family, the Sinclair family. In this case, Owen Sinclair was born with a genetic defect with wide-ranging effects. His aorta wraps around his trachea and esophagus. He has trouble swallowing, jaundice, and has other organs that are malformed because of his condition. He needed extensive treatment at a specialized unit of the local children's hospital in Pennsylvania. After birth, he had to stay in the hospital on and off for most of the first 6 months of his life, but his parents' insurance only covered him for 30 days after birth. The tests and treatments and the surgeries and medications were far beyond the income of his parents. In the first 30 days, their copays alone were more than \$15,000—30 days, \$15,000. Medicaid literally saved this child's life. Owen Sinclair needs continuing testing, treatment, and nutrition support. The Sinclairs worry about their little boy, but at least they don't have to worry about going bankrupt because they love him and want him to get the medical care he needs.

That is the real world of the substantial and immeasurable benefits that Medicaid provides in the life of a child, the life of a family, and obviously in the life of our Nation's future.

We have to do more today than just celebrate 50 years. That is nice. We

should all take time to celebrate, but we have to be committed and recommitted to the future of Medicaid, to strengthen it, to support it—not to undermine it and not to destroy the benefits we all know are vital to our children, vital to their future development, and vital to help them learn. If kids learn more when they are young, they are going to earn more later. We are all better off for that.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BAR-RASSO). The Senator from Virginia.

Mr. KAINE. Mr. President, I also rise to celebrate this important anniversary. Fifty years ago today, President Lyndon Baines Johnson signed into law Medicaid and Medicare with my favorite President sitting next to him, President Harry S. Truman.

Mr. President, I came up and asked you a question, and I am proud to tell the whole Chamber, as everybody is listening, there is only, I think, one Member of the current U.S. Senate who was at the inauguration of LBJ, and it is the Presiding Officer, the Senator from Wyoming, who was at that inauguration in January of 1964.

Clearly, the signature of Medicare and Medicaid was one of President Johnson's and one of our Nation's proudest legislative achievements. Medicare is the landmark program which makes sure seniors have access to health care, and Medicaid is equally critical. It helps low-income seniors, children, and people with disabilities get their necessary health care.

Today I wish to talk about Medicaid. Others have spoken about Medicare earlier. Senator CASEY did a good job speaking about Medicaid, and I want to do the same because I have seen the success of Medicaid as a mayor and as a Governor, and now as a Senator, it is absolutely critical.

In 2014, as Senator CASEY mentioned, Medicaid provided health coverage to nearly 70 million Americans, including 1 million Virginians. In Virginia, about 600,000 children, 2 out of every 7 kids, are covered through Medicaid or its companion program CHIP. Medicaid is important. The Presiding Officer is a physician, so he knows that Medicaid is not just coverage to get health care when you need it, it is also about financial security because health care bills are often what push families into bankruptcy or into financially stressful situations, so the Medicaid coverage that covers 70 million Americans gives them financial stability.

Medicaid is about peace of mind. If you are completely healthy, but you are going to sleep at night wondering what will happen if your wife is in an auto accident or if your child becomes ill, that is a source of anxiety that is helped a little bit by having the coverage that Medicaid provides.

It is also for people with disabilities. This is important to note. It is about independence. A lot of citizens with disabilities, because they are able to be on Medicaid, are able to work part

time because Medicaid provides them with coverage that enables them to live independent lives. That is what Medicaid is about.

Now, today at 50, we think Medicaid is a given, but let me remind everybody that Medicaid was controversial when it was passed 50 years ago. In the House and Senate there were a lot of “no” votes, and Medicaid was an opt-in program, not a mandate. States could decide whether to opt-in or not. A lot of States chose not to be a part of Medicaid. They were the slowpoke States.

I think every family knows what I mean. Every family probably has a slowpoke. Frankly, I have a sister-in-law who is a slowpoke. If we are trying to go to church, a restaurant, or anywhere, we can always know that whatever time we say we will go, we will have this one family member who will likely be the slowpoke and hold everybody back.

Well, States were like that in 1965. A lot of States wouldn't sign on to Medicaid. By 1972, 7 years later, 49 States had embraced Medicaid, but the 50th State, Arizona, didn't embrace Medicaid until 1982. It took them 17 years to embrace Medicaid. Arizona was the original Medicaid slowpoke. So Medicaid is now 50 years old. It was controversial at first, increasingly accepted, and later embraced. It kind of sounds familiar to me.

The biggest change in the health care system since the signing of Medicaid and Medicare was the Affordable Care Act. The Affordable Care Act has so many benefits, such as protecting people with preexisting conditions, rebating premiums back to folks if they have to overpay their health insurers, making sure women don't have to pay different premiums than men, and there are so many other benefits. But the biggest benefit of the Affordable Care Act is that in the United States right now there are 16 million people with health insurance coverage who didn't have it before and are now able to walk around, go to work, and be with their families because of the expansion of Medicaid. Sixteen million is a very big number. I will put that in perspective. There are 16 million people who didn't have health insurance before and now have health insurance coverage because of the ACA. Sixteen million is the combined population of Alaska, Delaware, the District of Columbia, Hawaii, Idaho, Maine, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming. The combined population of 15 States, plus the District of Columbia, has health care coverage because of the Affordable Care Act. But there is more to do.

One piece of the ACA is the ability of States to expand Medicaid to cover those who make up to \$16,000 a year. It is optional, just as Medicaid was in 1965. Thirty-one States have embraced the Medicaid expansion, but as of today, we have 19 slowpokes, and I am

sad to say that Virginia is one of the slowpokes. Despite the best efforts of our current Governor, working so hard to try to get the State to accept Medicaid expansion, so far the legislature has blocked him from doing so.

This is just like 1965, 50 years ago. There are States that get it and embrace the program, and then there are the slowpoke States.

I am here today not just to say happy birthday to Medicaid and Medicare, but to urge Virginia and the other slowpokes to get with the program. Here is what it would mean in Virginia: If Virginia accepts the Medicaid expansion, it will open up the possibility of health care coverage to another 400,000 people. It would provide health care, financial security, independence for those with disabilities, and peace of mind even when you are well. If all 19 slowpoke States get on board, an additional 4 million Americans would get health insurance, which would take the ACA coverage number up to 20. Those are all the States I mentioned earlier, plus the State of Nevada—16 States and the District of Columbia.

Now, you shouldn't be consigned to second-class health status in this country because you live in one of the 19 slowpoke States, especially since your taxpayers are paying taxes to provide you coverage.

Senator BROWN and I have authored a letter, which has been signed by many in this body, to the 19 slowpoke States. We asked them to join the program during Medicaid's 50th year. The program has an amazing legacy and a bright future. Don't be a slowpoke.

Remember how I said that Arizona was the original slowpoke? It was the last State—17 years later—to embrace Medicaid in 1982. Well, they may have been the original slowpoke, but when it came to the ACA, they learned something. Arizona—with a Republican Governor, two Republican Senators, a Republican State legislature, an overwhelmingly Republican congressional delegation, and votes for Republican candidates in Presidential elections—is not a slowpoke. Arizona has embraced the ACA. They are now a jackrabbit. Good for them. I hope Virginia joins them soon. I hope that all remaining 19 States join them soon, and I hope that 4 million more Americans can have health insurance coverage with the health, financial security, and peace of mind that that will provide.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Ohio.

DRINKING WATER PROTECTION ACT

Mr. PORTMAN. Mr. President, I rise to talk about the Drinking Water Protection Act. This is commonsense, bipartisan legislation. Nobody opposes it on the merits, and it is urgent we get it done for my home State of Ohio and States all around the country.

What could be more important than having access to clean drinking water? There are a lot of pollutants in the

water that contribute to not having clean drinking water. Of particular concern to us right now in Ohio are the toxins in the harmful algal blooms. This is blue-green algae that appears in both fresh water and saltwater. In the case of drinking water, unfortunately, it is finding its way into more and more fresh water bodies that provide drinking water.

This is something that is a big concern, not just for drinking water, but it can also cause illness or death in humans, pets, wildlife, and it is doing so, unfortunately, in my State of Ohio and around the country. If not confronted, these toxins will continue to contaminate our lakes and other fresh water bodies. Unfortunately, in Ohio we are all too familiar with this.

About a year ago, last summer, Toledo had to actually shut down the use of their water supply. They had to tell people there was a ban on drinking water. It was a big deal. Up to 500,000 people were affected. I was actually back home in Ohio because this happened over a weekend, and I filled up my pickup truck with bottled water and made a beeline for Toledo because people were desperate. I was able to pass out bottled water and also work with the local officials to try to get the testing done by EPA and to be sure that we could clean up the water supply.

It took a while, and you can imagine the impact on Toledo and the impact on so many other people now all over the northern part of Ohio who depend on Lake Erie for their water supply because they are wondering—again, this year we have a heavy toxic algal bloom forming. What is going to happen to their water supply?

Unfortunately, it not just Cleveland, Toledo, and cities along the lake. Celina, OH, which is further south but gets its water from Grand Lakes St. Marys, which is another fresh water lake. It is actually a reservoir and the water supply for Celina, among other things. Celina has spent over \$400,000 annually just to combat the algae in Grand Lakes St. Marys.

Columbus was forced to spend over \$700,000 to mitigate an algae outbreak at the Hoover Reservoir in 2013. Buckeye Lake in Ohio has also been affected by this. Again, it is not just Ohio; it is happening, unfortunately, around the country.

These harmful algal blooms continue to put public safety and health at risk. We have to keep our fresh water resources safe so our drinking water isn't threatened, and natural habitats and echo systems are protected.

By the way, this isn't just about drinking water either. Our waterways are important economic engines as well. Lake Erie, as an example, brought in \$1.8 billion in business activity last year just through the fishing industry, and \$226 million in taxes in 2013 alone. Tourism around the lake now supports one in four private sector jobs.

I was at Lake Erie last weekend, and I had the chance to go out on Lake Erie. I was out there with Captain Dave Spangler. This is Dave Spangler. Dave was the charter boat Captain of the Year in 2014, and the reason he became the charter boat Captain of the Year is not only because he is a great fisherman and knows how to find the fish, but he is a good steward of Lake Erie. He gets out there, along with other charter boat captains, and they actually monitor the quality of the water, including taking samples.

This is one of the samples that he took. This is what I saw when I was on Lake Erie. If you look at it, you can see that it is a jar. I was told I couldn't bring it on the floor today because I brought it back to DC with me from Ohio, but I wanted to have a photograph of it.

This is what it looks like. This is the blue-green algae that are in that water. This is the stuff that is cutting off the oxygen supply for the fish, creating toxins so you can't swim in it, and it is also contaminating the drinking water if you get too much of it, as we did last year. We are fearful that it might happen again this year because it is another bad year. The weather patterns were all wrong. There was a lot of rain early on; therefore, a lot of runoff, and now a lot of heat and stillness on the lake which creates the algal bloom. This is a real problem for us right now, and it is a real concern to the people I represent in Ohio but also to places all over the country that are dealing with this issue.

After we were out on Lake Erie, we hosted a townhall meeting where people came in from the area. This included not only fishing boat captains, but also small business owners, marina owners. It included people who are living along the lake, residents who are very concerned about the future of the lake. We had a bunch of experts there. We talked about the algal blooms and how to deal with it. It all came back to the fact that we have to take action at the local, State, and Federal levels.

We have passed legislation on this. We passed it last year. It has been helpful at the Federal level. We have come up with a new bill that will help to deal with this issue by forcing the Federal departments and agencies to work better together to come up with a report on how to better monitor what is happening, how to ensure that we have a strategic plan that actually identifies the human health risks from contaminated algal toxins and recommends feasible treatment options, including procedures on how to prevent algal toxins from reaching these local supplies in the first place, and of course to mitigate adverse public effects of algal toxins.

This is an appropriate role for the EPA. It is an appropriate role for NOAA, by the way, to do the monitoring because they have satellites that can help us to monitor what is happening on Lake Erie and other fresh

water supplies for drinking water around the country.

This is a critical piece of legislation. It was introduced in the House by Congressman BOB LATTA. It was supported on a bipartisan basis in the U.S. House. They have already passed it in the House of Representatives. They passed it in February. It passed by an overwhelming vote of 375 to 37.

It then came over here to the Senate where SHERROD BROWN, my colleague from Ohio, and I had drafted legislation on this. I commend Senator BROWN, who was just down here on the floor. We were just talking about this legislation. We put it into the process here to begin getting it cleared by Democrats and Republicans back in March. So for 4 and ½ months, we have been trying to clear this legislation.

This week, I learned that the legislation is cleared, that nobody has substantive concerns with it, and we can finally move forward with it, and none too soon. We need this help, and we need it now. The people who live along the lake and get their drinking water from these reservoirs and other lakes I talked about are worried, and for some very good reasons. By the way, they are closing down beaches in my area because of this. There are pets and people who are seeing negative health effects from it.

We need to get the EPA more engaged and involved. We have a bipartisan way to do that. Again, it passed the House by an overwhelming 375 to 37 vote.

I am hopeful we can get this legislation passed tonight by a voice vote. We need to do everything we can to bring the Federal resources together, along with State and local governments and local conservation groups to combat this threat.

This is something, again, that is a no-brainer, as they say. It is one that everybody supports. It is one that is an urgent matter for us in Ohio. It is a matter that is of great concern to us right now. We need to get it moving, and it is one where we have bipartisan and bicameral support.

If we act tonight to clear this legislation and get it done, it will go to the President's desk for signature. And, of course, the President will sign it. Why? Because it is good, commonsense, bipartisan legislation that engages the EPA in an appropriate role to ensure that we can deal with these harmful algal blooms before they cause more damage and before we have another huge drinking crisis, just as we had last summer, in Toledo, OH.

So tonight I am going to ask my colleagues to pass this legislation. I am going to ask that there be a voice vote on it. I hope that this will go smoothly and that we can get this done.

Again, for 4½ months we have had this out there. Everybody has had a chance to look at it. There are no substantive concerns with it.

UNANIMOUS CONSENT REQUEST—H.R. 212

So at this time I ask unanimous consent that the Senate now proceed to

this legislation, which is H.R. 212, which is at the desk; that the bill be read a third time; and that the Senate vote on passage of the bill with no intervening action or debate.

THE PRESIDING OFFICER. Is there objection?

The Senator from New Mexico.

MR. UDALL. Mr. President, with great respect for my colleague from Oregon, I object. But I object because there is an additional bipartisan proposal that is out there and another unanimous consent request where this bill is paired with another bill.

UNANIMOUS CONSENT REQUEST—H.R. 212 AND S. 1523

I ask unanimous consent that the EPW Committee be discharged from further consideration of H.R. 212, a bill to provide for the assessment and management of the risk of algal toxins in drinking water, and S. 1523, a bill to reauthorize the National Estuary Program; further, that the Senate proceed to their immediate consideration en bloc; that the Senate proceed to vote on passage of the bills and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

THE PRESIDING OFFICER. Objection is heard to the request of the Senator from Ohio.

Is there objection to the request of the Senator from New Mexico?

MR. PORTMAN. Mr. President, reserving the right to object, I don't know what the Senator from New Mexico is talking about, to be honest. He is my friend and colleague. I will say that I am from Ohio, not Oregon.

We just talked about the importance of this bill to Ohio. It is also important to Oregon and to the Senator's State of New Mexico and to other States around this country. There is no paired bill with this. I am talking about a bill that has been around here for 4½ months. It has been cleared. There are no substantive concerns. My understanding is that the Senator from New Mexico is talking about a bill that is still in committee. It has not even come out of committee. It is not a House bill. In other words, it hasn't been passed in the House. It is not going to go to the President's desk for his signature.

I would be shocked if my colleagues on the other side of the aisle say they are going to block this commonsense, bipartisan bill that Senator SHERROD BROWN and I have worked steadfastly on with both sides of the Capitol to get this done tonight on an urgent basis because we have to get it done. Ours has been out here for 4½ months; we didn't hear about yours until 45 minutes ago—45 minutes versus 4½ months.

If the Senator from New Mexico wants to block this for other reasons, he ought to say so. But if he is blocking it because there is a pairing—there is no pairing. Maybe he is trying to pair it with something in committee.

But let's get this done. This is not a difficult issue. This is one where we

have total agreement. There is no substantive concern. I would urge my colleague to allow us to get this done tonight, and then I am happy—happy—to work on this other bill, whatever it is—of course, we don't know because I just heard about it 45 minutes ago. In fact, I just directed the staff, because I just heard about it when I came here, to go ahead and run the hotline on the other bill. So we have already done that, and we will see what comes back. I know what is going to come back, which is people are going to say, probably on both sides of the aisle, we haven't had a chance to look at this. It hasn't been out for 4½ months; it has been out here for a couple of minutes. It was just a couple of minutes ago that we heard about it.

So I can't believe we are going to block this tonight in order to say we have to move something that is in committee, has not been passed by the House, will not go to the President for his signature, and has not been through any process, as this has been.

I urge my colleague and my friend to withdraw his objection.

The PRESIDING OFFICER. Is there objection from the Senator from Ohio? Mr. PORTMAN. Yes.

The PRESIDING OFFICER. Objection is heard.

The Senator from New Mexico.

Mr. UDALL. Mr. President, just to clarify, the bill that it is being paired with is S. 1523. It is a bipartisan bill in the same committee. The proposal to pair them has come from the committee chairman, Chairman INHOFE. So that is the reason for the pairing. They are both sitting in the EPW Committee. The chairman believes this is the way to proceed.

That is the state of play as it is right now. I would say that with all due respect to my colleague from Ohio.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I find it very strange that Senator INHOFE has somehow objected since he has signed off on this. It has been totally cleared. This has been cleared to have a voice vote and to have it done tonight. There is no objection from Senator INHOFE. He has cleared it. So I would check the Senator's sources on that.

I would just say I am really disappointed that this legislation that makes so much sense, that is needed right now in my home State of Ohio, is being blocked, and I don't know why it is being blocked. I assume there are some reasons that aren't being discussed tonight. This is very disappointing to me.

We are going to try this again on Monday. We are going to try it again on Tuesday. We are going to try it again on Wednesday. I would urge my colleagues on that side of the aisle to please allow us to get this done. Allow us to provide some relief right now.

If my colleague was up there with me in Lake Erie talking with these peo-

ple—talking to the folks who had to go through this water crisis last summer; who are worried about what is going to happen this summer; who are being told they can't use the beaches; the fishing captains are worried about their businesses; the small businesses; the marinas; the folks who are not allowing their pets to walk along the lakes and drink the water—I think he would feel differently about it.

Let's get this done. This is not an example of something that should require some sort of partisan exercise. Let's do this in a nonpartisan way. Senator SHERROD BROWN and I have been working on this for 4½ months. I am disappointed we can't move it tonight—very disappointed—but I am very hopeful we can move it on Monday or Tuesday. We are going to keep trying, and I urge my colleagues to support it.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. UDALL. Mr. President, I ask unanimous consent to be recognized for as much time as I may consume.

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

NUCLEAR AGREEMENT WITH IRAN

Mr. UDALL. Mr. President, today we are considering a diplomatic agreement about the future of a nuclear-armed Iran. Most of us in this body have strong opinions about that agreement. Some believe it will weaken our position. I believe the opposite, and I have come to the floor to express my support.

Republican and Democratic Presidents have all at times used the tools of diplomacy. Those efforts made us stronger and in some cases brought us back from the brink of nuclear disaster. President Reagan negotiated disarmament with the Soviet Union. President Nixon reengaged with China. President Kennedy used diplomacy—not war—to resolve the Cuban Missile Crisis. These were heroic initiatives. In each case, they were attacked for weakness, and in each case they made us safer.

I begin my remarks with the power of diplomacy because I want to echo points Senator DURBIN made so well last week. I urge my colleagues to review his remarks, to better understand the history and importance of diplomacy in our country. None of the historical deals we reference was perfect. All were fiercely attacked. But they made the world a safer place. They moved us forward. And this agreement will also move us forward.

When it comes to our relationship with Iran, there is much we need to do, but there is one thing we must do: Stop Iran from building a nuclear weapon, period. That is our priority. That is our goal. And that is what we all agree on.

The sanctions did what they were intended to do—they brought Iran to the table and enabled our diplomats to effectively stop Iran's nuclear weapons program. The results are clear: multiple centrifuges—ready to be disconnected; uranium levels—insufficient for

a nuclear weapon or a quick breakout; and no access to plutonium.

This is a historic moment. This agreement has profound impact if we approve it and, make no mistake, if we fail to approve it, because let's be clear on one reality: This is a multilateral agreement. It was confirmed by the U.N. Security Council just last week. The sanctions regime cannot be sustained by U.S. action alone.

This is a time for careful review, and I hope we can take a step back and take a clear view. In this debate, we need to consider three basic points of the agreement: No. 1, what it does; No. 2, what it does not do; and No. 3, what it will require of us in the future. I wish to start by talking about what this agreement does.

To build a nuclear weapon, we need either weapons-grade uranium or plutonium, and we need infrastructure. Those are the pathways, and this agreement will block them all.

Before the negotiations began, Iran was well on its way to enough uranium, enriched to nearly 20 percent, for breakout to weapons grade—possibly within 2 to 3 months. With this agreement, the breakout time would increase to 1 year, giving the United States and the international community more than enough time to respond. Under this deal, Iran's uranium stockpile is cut by 98 percent. I will repeat. This is a surprising development. Under this deal, Iran's uranium stockpile is cut by 98 percent. Enrichment is limited to 3.67 percent for 15 years. Centrifuges are reduced by two-thirds. Enrichment capability at the Fordow facility will also be limited and closely watched. The International Atomic Energy Agency will be able to verify that Iran is abiding by its uranium limits by monitoring every stage of the nuclear supply chain. Plutonium will be blocked. The reactor core at Arak is a heavy water reactor and can produce plutonium. The core will be removed. Its openings will be filled with concrete in a way that the IAEA can verify—those international inspectors can verify—so it will not be used for plutonium application.

Critics rightly ask: How will we be sure? Iran has cheated before, and they may cheat again. That is why the P5+1 will be closely involved in the redesign and rebuilding of this reactor. If it has plutonium, we will know it. A modernized reactor will not use heavy water and will be limited to 3.67 percent enriched uranium. A violation at Arak would be nearly impossible to hide.

It doesn't stop there. Iran will have to abide by and ratify the additional protocol of the nonproliferation treaty before the deal is finalized. Contrary to detractors, this is not an 8-year or 10-year or 15-year deal but a deal that lasts.

We all agree on one thing: Verification is key. I don't think any of us have any illusions here. Iran has had a long and troubling history of deception.

I am pleased the administration included Secretary of Energy Moniz in these discussions. The Department of Energy is one of the world's foremost experts on nuclear energy and nuclear weapons. Any agreement on nuclear weapons must be guided by science—not politics, not speculation, science. Our scientists at New Mexico's two National Labs, Los Alamos and Sandia, and scientists at Lawrence Livermore and Oak Ridge National Laboratories—all have played a key role in these negotiations.

The physics of nuclear weapons is complex. You can't make a bomb out of thin air. I have met with our scientists. I have listened to the experts at the Department of Energy. Iran may be able to break the rules of the deal, but it can't break the rules of physics. Nuclear materials give off telltale signatures. The radioactive decay of uranium and plutonium is detectable even in the event of delayed access. Uranium in nature has a half-life of 4.5 billion years. Enriched uranium 235, which can be used in a weapon, has a half-life of 700 million years. In effect, you can delay, but you still can't hide.

Verification will be strong, and that means continuous monitoring, it means tamper-proof electronic seals, and it means dedicated facilities to inspect the Iranian nuclear program. It will include up to 150 inspectors with long-term visas. We will have the best inspectors in the world in Iran. They will have unprecedented access 24/7 to all declared sites. I would add that they are all trained by nuclear experts at our National Laboratories. I may not trust Iran, but I do trust the science and our National Laboratories.

This is a serious debate and one of the greatest challenges of our time. This agreement will meet that challenge ongoing and for years to come. But let's not kid ourselves. There are other challenges. There are continued dangers posed by the Iranian regime. We all know this. That is why sanctions against Iran's support for terrorist groups will remain and we will stand by our allies in the region. The President has made this very clear.

This agreement will take the nuclear threat off the table. That is what it will do, but here is what it will not do: It will not diminish our resolve to combat other threats or to defend our allies in the region. That resolve will be and must be stronger than ever.

To my colleagues who argue that we should walk away from the agreement which has already been approved by the world's leading powers, I would ask, walk away to where, to what end, to what alternative? Has an alternative been proposed?

I would make two proposals:

First, I urge my colleagues to support this agreement. We have a choice between this deal or no deal. I do not believe we will get another chance.

Second, I ask that we be open to ways that Congress can reinforce the agreement—and that should be part of

this process, too—with investment in people and technology to support non-proliferation enforcement with strong oversight of the implementation plan—not to embarrass or score political points but to ensure Iran is abiding by its part of the deal—and with increased support for our allies in the region and with a clear provision for a quick snap-back of existing sanctions should that be necessary.

We have a strategic opportunity, just as Presidents Kennedy, Nixon, and Reagan did with adversaries in the past. We need to act now from a position of strength and not wait until another day when the danger may be greater and our options may be more limited.

I began my remarks with a reference to history. I would conclude with one other, closer in time and devastating in consequence, and that is Iraq. Instead of exhausting our diplomatic options, we opted for war. Instead of measured resistance, we opted for regime change. The result was and is tragic.

Diplomacy takes time. It is often imperfect. But there are times when it is our best option and our best course, and this is one of those times.

Mr. President, I yield the floor to my colleague from Michigan.

THE PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, at a time when we have so many urgent issues on our national agenda—our economy, jobs, all the issues we need to address, such as making sure every American has a fair shot to get ahead after college, has retirement security, and all of the other issues we know Americans care about—unfortunately, we are revisiting a very old debate that doesn't seem to want to go away, and that is whether we will provide funding for preventive health care for women, specifically for family planning clinics that provide essential primary health care services for women and men for things such as wellness visits, mammograms, and breast cancer screenings.

In 2013, Planned Parenthood performed 500,000 breast exams, including 15,000 for women in Michigan. Planned Parenthood provides screenings for cancer, heart disease, and HIV. In 2013, 400,000 Pap tests and 4.5 million STI tests and treatments were conducted. Women go to Planned Parenthood for cervical cancer screenings, for life-and-death cancer screenings, for vaccines, and for blood pressure checks.

In States where Republican Governors have refused to use the funding that is available to expand Medicaid health care under the Affordable Care Act, Planned Parenthood provides services critical to low-income Americans.

In 2013, more than half the people seeking health services at Planned Parenthood clinics were covered by Medicaid. Nearly 80 percent of these men and women have incomes at or below the poverty level. We are talking about all across the country, many places where there is no other access to

health care, no other place to get a mammogram or a breast cancer screening, where these services that are literally life-and-death are being provided.

So when we talk about Planned Parenthood, we are talking about the full spectrum of women's health care, including contraception and family planning services that serve both women and men. One out of five women has been to a Planned Parenthood clinic at some point in her life. In 2013, 2.7 million women, men, young people, relied on Planned Parenthood for preventive care, and about 70,000 of those were in my State of Michigan.

In my State, 40 percent of the Planned Parenthood health clinics are located in areas we call medically underserved. There isn't access to other kinds of clinics or health care. There may not be a hospital nearby or there may not be many doctors nearby. We are talking about basic health care.

Unfortunately, we see politics played with women's preventive health care and family planning over and over again in attacks on Planned Parenthood. As I see it, this is really an attack on every woman who needs preventive health care services.

This is what this is about. Instead of focusing on jobs and closing loopholes that are causing our manufacturing jobs to go overseas; instead of making sure we are focussed on equal pay for equal work or a standard of living that will allow everyone to be successful and economically independent and care for their families; instead of focusing on robustly moving forward as a country in a global economy; instead of focusing on that or continuing to focus on making sure people have access to college without getting out of college with so much debt that they can't buy a house because they can't qualify because they already have so much debt, it is as if they have a mortgage—instead of focusing on all of that, one more time we are seeing an attack on Planned Parenthood and women's preventive health care.

Fortunately, the vast majority of the American people recognize the value of having health clinics like Planned Parenthood that are dedicated to serving women's health care needs in every community across the country. That is why a poll shows that 64 percent of voters oppose the move by congressional Republicans to defund Planned Parenthood and therefore preventive health care services such as mammograms, cancer screenings, blood pressure checks, and access to birth control. Unfortunately, what is the majority view of the public is not what we see debated in the House and in the Senate.

We have come a long way in actually strengthening our health care system, making sure that women and men, older people and younger people, can get preventive health care services, annual wellness visits without having to pay a copay. We have seen a lot of strengthening of access to health care

for women through the Affordable Care Act.

Finally, actually being a woman isn't viewed as a preexisting condition anymore. In too many cases, that had been the situation. Women in childbearing years had to pay higher rates, or someone who survived breast cancer or cervical cancer or some other kind of challenge in their life. Under the Affordable Care Act, we are finally able to say: No, you don't carry that with you as a preexisting condition for the rest of your life. That is a good thing. A lot of women are sleeping better at night as a result of that.

When it comes to basic preventive health care, access to birth control, access to screenings, and so on, it seems that somehow we have to speak out over and over again to defend these basic health care services. One more time we are headed for a big debate, a big fight on the budget. We are hearing people say they won't allow the United States of America to have a budget for next year unless we defund Planned Parenthood and health care access for millions of women in this country. It doesn't speak well for what the priorities are of Congress.

I challenge colleagues across the aisle to join with Democrats, to join with the majority of the American people, who support the ability of women to get a full range of health care services through clinics—where they don't have any other kind of access—through Planned Parenthood and other community clinics that allow them to get the basic health services they need. Women should not be treated as second-class citizens. We have come too far, as we look at the Affordable Care Act and health care access, and it will be incredibly disappointing, disheartening, and maddening, frankly, if we end up in a fight one more time. I have seen it before, and I have had to participate in holding back efforts to say we are not going to fund anything unless we defund women's preventive health care. It is wrong, and this Senator can state as one woman—as well as all of the Democratic women and men who are here—that we don't intend to allow that to happen.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise today to speak against the bill to defund Planned Parenthood. I see this bill and others like it as nothing less than an assault on women's health. What else can you call it when defunding Planned Parenthood will result in 2.7 women in this country—that is more than twice the population of the State of Hawaii—not getting the cervical cancer screenings, mammograms, treatment for sexually transmitted diseases, and other health care they need.

For over 100 years Planned Parenthood has been a leader in improving the health and well-being of women throughout the United States.

For many women, especially low-income women, survivors of domestic and sexual assault, young women, and others, Planned Parenthood health centers are their primary health care provider that they go to for lifesaving cancer screenings, birth control, disease testing, and other essential health care services.

One out of five women in this country will pass through a Planned Parenthood health center for health services at some point in her life. These numbers matter. One out of five women in this country will go to a Planned Parenthood center, and here we are debating whether or not to close these centers. I find it astounding that some—especially on the other side of the aisle—think this is a good idea. Six out of ten women who access family planning services rely on Planned Parenthood as their primary point of care.

In the State of Hawaii, my State, over 7,000 women annually have relied on Planned Parenthood for their basic health services—services that help individuals maintain their health so they can live full, productive lives.

This latest attack—basically fearmongering by the fringes of some on the other side—against Planned Parenthood is unwarranted and unnecessary. This Senator considers it mean-spirited, on top of that. Defunding one of the largest health providers to women shows how far some of my Republican colleagues will go to restrict women's access to basic health care. As previously noted, this latest attack on women's access to care will impact nearly 2.7 million women across the country who benefit from Planned Parenthood's services. Some 2.7 million women—that, again, is nearly double the entire population of the State of Hawaii. Lots of women are going to be impacted by this drive to defund Planned Parenthood.

These 2.7 million Americans do not deserve to have their access to health care terminated just so politicians can score political talking points. If these women can't go to Planned Parenthood, where will they go? Women who rely on Planned Parenthood for essential health care services will be forced to find medical care elsewhere or, tragically, go without.

Defunding Planned Parenthood means there will be 400,000 fewer cervical screenings. There will be 500,000 fewer breast exams. There will be 4.5 million fewer tests and treatments for sexually transmitted disease like HIV.

In Indiana, when the State defunded Planned Parenthood, several clinics closed. The clinic in Scott County was the only testing facility for STDs. Scott County today is in the middle of an HIV outbreak, and the State had to open a pop-up clinic to offer such services. Defunding led to residents in Scott County being unable to get services due to partisan statesmanship. We do not want these results replicated throughout the United States.

On behalf of the thousands of women in Hawaii and millions across the coun-

try who rely on Planned Parenthood for health care services, I oppose this politically motivated attack that will set women's health care back. I will stand vigilant against those attempts to defund Planned Parenthood and will continue to defend the good work this organization does for women across this country every single day.

Planned Parenthood has long been on the ideological hit list of those who want to block abortion. That is the reality. That is being honest. So, today, we are talking about defunding Planned Parenthood as a way to get to that goal of stopping abortions, and tomorrow we will be talking about some other way to limit a woman's right to choose. This bill is dangerous to women's health. I urge my colleagues to join me in voting against this bill and any like it that come our way.

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. MURPHY. 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. MURPHY. Mr. President, later this week we are going to have our first Republican Presidential debate, the official one that is on TV, and a lot of people are going to be watching. There has been a lot of speculation as to who is going to be in the debate, who is not going to be in the debate, who will do well, who will not, who will rise in the polls, and who will fall in the polls.

Frankly, we don't need to wait for that debate because the Republican Presidential primary campaign is playing out right now on the floor of the Senate, I think, to the detriment of the institution. How else would you explain a threat from Members of this body and frankly from Members of the House—many of whom are not running for President—to shut down the government over the issue of funding for Planned Parenthood. We have been through this before. We have been through government shutdowns prompted by ideological politics before, and a lot of people got hurt—a lot of people got hurt.

The life of a woman in Bridgeport, CT, was torn apart because her Head Start Program was shut down because of the Federal Government shutdown. She was just beginning a new job, and she had to make a new choice between continuing in this new place of employment that was going to lift her out of poverty, essentially sending her kids out on the street while they didn't have care, or leaving the job and taking care of her kids while Head Start was shut down. Those are the consequences of a government shutdown.

So if you are going to shut down the government, your reason for doing it better be pretty good. The reason a

couple of years ago was a miserable one—taking health care away from millions of Americans who are getting it because of the Affordable Care Act.

But this one is just as insidious. I don't know where women in my State would be without Planned Parenthood. My wife is one of tens of thousands—probably hundreds of thousands—of Connecticut women who got their preventative care from Planned Parenthood. She did that when she was young, didn't have a lot of income, and needed to find a primary care provider who could get her access to basic health care services. There are 2.7 million patients all across the country who receive their health care, their preventative health care, from Planned Parenthood. More than 90 percent of what Planned Parenthood does all across the country is engage in preventive health care.

In 2013, 400,000 Pap tests, 500,000 breast exams, 4.5 million STI tests and treatments, including HIV tests. In Connecticut, there are 17 Planned Parenthood centers and they serve—here is the number—64,000 patients in the State of Connecticut.

So we are going to shut down the government in order to take health care away from 64,000 women in Connecticut, all in order for a handful of people to make an ideological point that may get some additional votes within a Republican Presidential primary, despite the fact that since the 1980s the law in this country has been clear: You can't use Federal dollars for abortions.

I oppose that law because I believe abortions are part of a panoply of medical services that should be available to people in this country at their choice. Frankly, I think the government should stay out of the business of deciding what medically necessary health care choices women can make. I don't think we should be involved in that. So I don't actually support the underlying law that prevents those dollars from being used, but it is the law of the land, it has been the law of the land, and it will be the law of the land.

We are saying we are going to shut down access to 64,000 women in Connecticut because the place they are getting health care also performs a health care service that is objectionable to people who are running for President, but let us take that logic to its natural extrapolation. Let's take it to its logical end point. If you believe no one should be eligible to get health care services from any institution that has anything to do with abortions or the full array of reproductive health care services, then you can't actually stop at Planned Parenthood. You have to stop funding any hospital that has anything to do with offering a full array of health care services. You have to stop funding for health care centers that do the same.

Why wouldn't you stop sending Medicaid dollars to States such as Connecticut that have codified *Roe v.*

Wade? What is the logical end to this policy if all of a sudden an organization that spends 90-plus percent of its resources simply engaging in the good stuff of preventive health care now all of a sudden can't serve anybody because they engage in a service that is a politically hot topic in Congress, despite the fact that there is a law on the books that says they can't use any of their Federal dollars for that particular service.

Take this to its logical end, and we cut off Federal funding for not 64,000 patients in Connecticut but virtually every patient in Connecticut if any association with the provision of abortions all of a sudden denies you Federal funding. I don't concede the fact that the Hyde amendment is the law of the land, but I acknowledge that it is and it will be.

This is just Presidential Republican primary politics finding its way onto the Senate floor. What this could lead to is not the defunding of Planned Parenthood, because they will not get the votes nor the Presidential signature to defund one of the most important primary and preventive health care providers in our States—I will not do that. I will not deny health care to 64,000 Connecticut women. So all they do by creating this line in the sand, once again, is shut down the Federal Government, sucking thousands of jobs out of our economy, leading to tens of thousands of stories of individual misery, such as the woman from Bridgeport who all of a sudden awoke to find her kid couldn't go to his Head Start Program and so she had to think about quitting her new job in order to take care of her child.

I get it that threats about shutdowns make good headlines. They play to a slice of a Presidential primary electorate, but they are big headaches for real people. We are not playing with politics when we talk about shutting down the government over defunding Planned Parenthood or over repealing the Affordable Care Act. We are playing with people's lives.

So I hope this is just the issue of the week in the Republican Presidential primary. I hope when we come back in September we are not seriously talking about another government shutdown. I hope we seriously are not talking about an attack on women's health care all across this country. I hope we are not entertaining the idea that tens of thousands of women in my State are all of a sudden going to lose access to services or tens of thousands of women and men are going to lose access to programs such as Head Start, job training, and all the other things that get affected when the government shuts down.

I am sick of shutdowns. I have only been in the Congress for less than a decade, and I have been through more of them, real and threatened, than I care to remember. I am certainly not going to stand for a shutdown threatened on the basis of denying health

care to women in the State of Connecticut or anywhere else across this country.

I hope we can spend some time after this vote next week—that even my Republican friends in the Republican Presidential primary will admit is a showboat—and get down to the real business of passing a budget that respects the values and priorities of this country, that keeps our government operational, and separates, to the best we can, the business we do on the Senate floor from the business of sorting out who is going to be the next Republican nominee for President.

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. 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.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

100TH ANNIVERSARY OF DUCHESNE COUNTY

Mr. HATCH. Mr. President, today, I pay tribute to Duchesne County—a remarkable Utah county that is celebrating its 100th birthday.

Located in northeastern Utah, Duchesne County is rich with natural resources and home to some of the State's most majestic scenery. Thousands flock to the region each year to fish its streams, which include the Strawberry, Duchesne, Lake Fork, and Yellowstone Rivers. Even more enjoy its mountains, including Utah's highest, King's Peak, which is 13,528 feet above sea level. Its vistas are breathtaking and its valleys are serene and beautiful.

The county has a meaningful history that traces its roots to Native American culture. In fact, much of present-day Duchesne County was originally part of the Uintah and Ouray Indian Reservations. In the early 1900s, other settlers began arriving in the region after Congress passed the Dawes Act. To farm and make improvements to the land, the government offered these individuals 160 acres under the Homestead Act. Today, approximately 18,000 Utahns live in Duchesne County and contribute to its quality of life.

Livestock and farming along with oil and natural gas resources continue to drive the local economy. Just like its early pioneers, Duchesne County's citizens work hard not only to support their families, but also to make their