

is what he said he wanted to do to force it through on a reconciliation bill. Well, I don't think that sounds too good.

So when you look at all of this, what is the conclusion? The Congressman's record and statements made as recently as 3 months ago do not match President Trump's promises. Our country deserves an HHS Secretary who will uphold those promises, not inflict deep, harmful cuts that fundamentally alter the health and financial security Medicare provides Americans in their later years.

For these reasons and others, sometime in this next 11½ hours when we vote, I am going to vote no on this nominee. There is too much at stake for our seniors to give this nominee control over these programs.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

SENATOR LUTHER STRANGE

Mr. SHELBY. Mr. President, I would like to take a few minutes this afternoon to talk about some of the events that happened here in the past 24 hours.

Less than 24 hours ago, we confirmed my colleague—former colleague now—Jeff Sessions to be Attorney General of the United States. After he was confirmed, he resigned as Senator and has been sworn in as Attorney General of the United States this morning.

The Governor of Alabama, Gov. Robert Bentley, subsequently appointed LUTHER STRANGE, who is our newest Senator. He was our attorney general until a few hours ago—a second term as attorney general. I want to tell you a little bit about our newest Senator from Alabama here in the U.S. Senate.

He is someone I have known for about 35 years and someone I have spent a lot of time with, off and on. I know his wife Melissa. I know his sons. We have traveled together. As the Presiding Officer would appreciate coming from Georgia, we have had time to be in Georgia and other places hunting quail, ducks, geese, and doves together. You get to know somebody pretty well, as the Presiding Officer knows.

I believe this was a great appointment by our Governor. This is someone who will hit the ground running. He is going to be involved in the issues. He is a team player. He is going to work with us in the Republican caucus and work for what is in the best interests of the State of Alabama and the Nation, which we all need to do.

He is a graduate of Tulane University, undergraduate and law school, and you might be able to tell he may have been a basketball player in his youth and probably still would be.

I look forward to working with him. I am going to miss Senator Sessions, who is now our Attorney General, someone I worked together with for 20 years. I have been here 30 years, so together, as I said yesterday, we have 50 years.

LUTHER STRANGE is going to hit the ground running. He brings a lot of

knowledge, a lot of integrity to this job, and I look forward to working with him for the people of Alabama and for our great Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I thank the Chair for allowing me to retake the floor to speak about the nomination of Congressman PRICE to be HHS Secretary, and to read stories from Virginians who are afraid about repeal of the Affordable Care Act.

Mark Priest, Alexandria, VA:

I am a self-employed entrepreneur and consultant. Since I work for myself I do not have access to a special pool from an employer that would make health insurance more affordable. Starting in 2014 I was insured through the ACA and I was able to find an affordable policy to cover myself. I think that there is a mistaken notion that if you are employed, you automatically have access to affordable health insurance. The ACA isn't just for the unemployed. I work hard and I am a small business owner. The ACA makes it possible for me to afford health care.

Constance Burch, Fort Valley, VA:

I am a 53 year old single female who is self employed as a Voice and Piano teacher. I have always prided myself on being able to care for myself and provide the basic necessities. Before the ACA I had to pay over \$450 a month for health care on a net income of \$19,000. This meant some months having to use credit cards for other necessities such as food and gasoline to get to my lessons. Thanks to President Obama, that all changed and based on my income, my fee was reduced to \$33 a month. I literally cried for joy that someone finally did something to help those of us who work hard and deserve the same quality health care that the more fortunate are able to have. It is fair and quite honestly it was the first time in my life that I truly felt that the government actually did something to help me personally and those in the same position.

Deb Fuller, Alexandria, VA:

I rely on the ACA for my health insurance because otherwise, I would not be able to get it. My job, writing K12 textbooks and other educational material, has largely been outsourced, and full-time permanent positions with benefits are nearly nonexistent these days. The majority of the work is as a "flexible workforce", which is the fancy term for a freelancer or contract employee. Having the ACA means I can continue working these contracts instead of trying to figure out how to completely change professions because I need a job that provides health insurance. Before the ACA, my saint of a doctor went back and forth with health insurance companies trying to convince them that I wouldn't cost them too much money in the long run. They literally looked for anything to deny me coverage. One rejection letter mentioned cold sores in the litany of reasons why I was completely uninsurable. Ninety percent of the population has cold sores. Now, insurance companies make back their money on me because I pay them vastly more than they cover because I don't get sick that often or visit the doctor that often outside of routine checkups. I also have peace of mind that if I am out on horseback riding or hiking on a trail, I won't be put in the poor house because I landed in a heap and had to go to the ER.

Lauren Carter, Lovington, VA:

My 39 year old son has cerebral palsy and a blood clotting disorder. His "preexisting

conditions" started at conception. Three years ago, he lost his full-time job with health insurance benefits. The ACA allows him to continue receiving medical care and purchase his lifesaving medications. He supports himself through multiple part-time jobs, but employer-based insurance is just not an option for him at this time.

Shannon Linford, Leesburg:

My name is Shannon Linford, I'm 24, and from the age of 10, my life has been a series of doctors office visits. I suffer from over a half dozen chronic illnesses, physical and mental, and require frequent checkups and take up to 15 prescriptions a day. I have spent the last 14 years balancing illness with my attempts to build a life. That would not have been possible were it not for the provisions of the ACA that prevent insurance companies from denying me service for my illnesses or allowing me to stay on my parents' insurance until I am 26. I've had to take a detour from pursuing higher education due to these illnesses, as well as getting a job, and instead spend the days I'm well enough volunteering with nonprofits that advocate for others with illnesses like mine. My team of doctors and I work together personally to create a plan that is best for me. We are exemplifying health care at its best. They know me by name, they know each other by name—across disciplines, they work and collaborate together. I would not have this luxury were it not for the ACA. If insurance companies could deny me coverage due to my preexisting conditions I was born with, my family and I would go into bankruptcy trying to give me basic care. My health is finally under good management. I'm going into remission with my depression thanks to new experimental treatment with my psychiatrist. Things are looking up, thanks to the provisions in this remarkable legislation. Revoking this law would be criminal and would destroy lives, destroy futures. Thank you so much for your hard work.

Anna M., Vienna, asked that I not use her last name:

Without the ACA, I would likely be dead. I live with bipolar disorder, an incurable mental illness that causes my moods to swing uncontrollably from intense anxiety to crushing depression. I began seeking help five years ago and once spent two weeks in an intensive outpatient hospital program because I was suicidal. I got help, but later lost my job and my insurance, making my disorder a preexisting condition. Thankfully, the ACA prevents my new insurance from refusing coverage, and I was able to continue treatment. I will need to control my bipolar disorder with medications and therapy for the rest of my life. Without treatment, I am at a higher risk for long-term unemployment, becoming homeless, incarceration, and dying by suicide. With treatment, I work full-time, pay my taxes, volunteer for local charities, and I am a loving daughter, sister, and friend.

Katie Rugg in Henrico:

I was paying half of the cost of my rent and health insurance every month and still having to pay for services every time I went to be seen. I never knew how much things would cost when I needed to be seen, either! So I was paying an outrageous amount for health insurance and also afraid to go see a doctor if I had any issues because it was going to cost me more money than I had on top of everything else. I was already living paycheck to paycheck, with a full-time professional job in my field and a masters degree, and seriously considering going without any insurance at all. When the ACA was passed, my employer offered a discounted option through the affordable care exchanges. I

decided it was worth trying. It cut my monthly costs by more than half and it pays for services at 100 percent of the Medicare fee schedule. The cost is deducted directly from my paycheck, and every provider that I have seen has been happy with the prompt and predictable payment, even if it requires some explanation at first. The way it works is that I would pay the difference if there was any between the cost of service and the Medicare fee payment. So far, any additional cost to me, besides occasional lab work, which has been very minimal. And my regular chiropractic care has been completely covered. It has been phenomenal, like the difference between day and night for me. Not only did this option allow me to feel comfortable going in to see a doctor when I had an issue instead of when I had to and was already sick, it also helped me put some money away into a modest savings. Most importantly, with housing costs continuing to rise and my paycheck staying absolutely static for 3½ years, I was finally able to buy my own house through a first-time homeowners Assistance loan. It took a year of looking and saving aggressively, but I have done it. I have done it! Losing my ACA insurance would be devastating. I have come too close to homelessness with the financial pressures I face in this economy. I don't want to lose now what I have worked so hard to gain. Thank you, Sen. Kaine, for what you are able to do to help people like me.

JoAnne Loiselet, Clifton:
Clifton, VA.

My story is I'm sure like many other women. I was a stay-at-home mom and in 2009 my husband, who owned his own business, and I separated and ended up divorced 3 years later. He is not required to keep my children insured and he cancelled their health insurance without me knowing it. The company I started working for doesn't offer health insurance, and we went without, until the ACA went into effect. Our pediatrician didn't charge me for office visits and only for vaccines. When needed, we borrowed money to help pay the bills. If the ACA gets repealed, what would we do? What would happen if my son breaks his arm or my daughter breaks her leg? How could I pay for that? I make \$50,000 and live in Fairfax County and I could end up in bankruptcy. We have a right to have insurance and live with peace of mind.

Laura Kreynus, Mechanicsville:

My daughter was diagnosed with Crohn's Disease in April of 2013. That September, my husband was diagnosed with Parkinson's Disease. We are farmers, we raise food for America. As such, we are independently insured. Prior to finding a plan through the ACA in January of 2015, our monthly insurance premiums were increased to nearly \$3,000 a month—yes, a month. On top of that, our health care insurance had an annual cap on prescription coverage of \$5,000. The Humira that my daughter takes to combat Crohn's retails for \$3,800 a month, and that is not the only medication she needs. So basically, after one month, we reach the prescription coverage cap, meaning we would have to pay \$3,800 a month for her medication on top of \$3,000 a month in premiums. Who has an extra \$6,800 a month to pay for this? This is way more than we earn every month. With the health insurance plan we got through the ACA, our premiums for 2015 were \$1,500 a month, less than half of what we would have been paying. But the real saving grace was no prescription cap, so my daughter's medications are covered with a copay after we reach the deductible. This is still a lot of money, but at least we can treat our daughter's disease and hopefully keep her healthy.

And even though our premiums have gone up \$2,000 a month under the ACA, at least we still have insurance. Under the Republican Senate's repeal of the preexisting condition provision, we will not be able to get, much less afford, any insurance in the future. This will have devastating consequences to my daughter's health. She is only 15 years old. She deserves a chance in life. I have not even touched on how our insurance will affect my husband's Parkinson's Disease. We are upper middle class income Americans. I am not asking for a handout. We are paying more than 25 percent of our income for health care related expenses. And I can't imagine the affect this has on people with less resources than we have. Do you know what happens if you get sick or a disease and you don't have or can't have health insurance or medical treatment? You die. Seriously, health care costs are out of control in America and health care is a basic right, and people are dying.

Cynthia Elliott, Hillsboro:

Gov. Kaine, Without the ACA, I and many other younger seniors whose jobs do not provide health care would simply be without until Medicare kicks in. I was paying \$1,000 a month for HMO care. Until I couldn't. But with the ACA, I was able to get coverage for a reasonable \$300 a month. And this one includes dental care! It is simply a lifesaver for me.

Mary Lloyd Parks, Richmond:

We have excellent insurance coverage (though expensive) through my husband's partnership in a large law firm, and we've been grateful. We have two daughters, now 21 and 23. Our oldest has cystic fibrosis. The Affordable Care Act has allowed her to stay on her health insurance policy through college, and now in her first year as an Urban Teachers fellow in Washington, DC where she is teaching first grade and studying at night to get her master's degree in elementary and special education. While her health is currently good, the medicines she requires to maintain her health are extremely expensive and without our insurance, she would not be able to afford them. The prescriptions cost thousands of dollars every month. We are quite fearful that when she turns 26, her pre-existing condition—a very expensive and lifelong disease that requires routine hospitalizations and even lung transplants—would make her virtually uninsurable. We are counting on the ACA to be in place when she can no longer be insured as a member of our family. She has chosen a profession that may not allow her to afford the care she needs, and she was born with a chronic serious illness that would be a pre-existing condition that a future insurer could use to deny her coverage or to charge her prohibitively high premiums.

Just four more.

Carry Hawes from Midlothian:

Sometimes people forget how much is encompassed in the ACA. If not for the ACA, my husband would be dead. Diagnosed with a fatal liver disease in 2007, he needed a liver transplant and he ended up getting two. On July 19, 2012, he received a new liver at UNC hospital. He regained his life and we were able to move home to Richmond to take new jobs and begin a family, knowing that his preexisting condition would be covered under the ACA. We were able to live without fear that an employer would deny us coverage because he was high risk.

Sammie Newman, Richmond:

Before the ACA became law, I was paying more than \$1,200 a month for health insurance. Quitting altogether was one alternative, but it would have meant paying pos-

sibly double for health care, procedures and lab tests because I would no longer be eligible for the negotiated prices contracted by the health insurance company. Still, I was almost out of money. Then the ACA was passed. My rates fell to between \$50 and \$60 per month for better policies than I had before making the switch. At 62 years of age, I am faced with health care needs that continue to increase. As a cancer survivor (21 years and counting!), it is imperative that I be proactive regarding health care. In fact, having a good doctor under an affordable employer-sponsored health care plan is what saved my life 21 years ago. Please, don't allow this lifeline to be abolished!

Heidi S., of Richmond, asked me not to use her last name:

Thanks to the passage of the ACA, I was able to stay on my parents' health insurance plan until I turned 26 years old. This policy change allowed me to go back to school at 24 years old to pursue a Masters degree, during which time I was diagnosed with a malignant melanoma. The mole was not of concern to me at all and was found during a routine check-up. If I did not have access to my parents' health insurance during that time, I surely would not have had access to the pathologists and surgeons who diagnosed and removed the cancer before it had the chance to spread. While no one knows what would have happened if this tumor not been removed, I truly feel that I owe my life to the ACA.

Finally, Christopher Woodroof from Bedford, VA:

Dear Senator Kaine, In September of 2011 I began receiving Social Security Disability Benefits, not from an injury, but from an illness I was diagnosed with 12 years ago, a rare blood disorder caused by a mutated gene in my bone marrow. I worked as many years as I could, but eventually I became unable to. The company I worked for insurance plan had a \$10,000 deductible, so for me having to go to the hospital twice a month for most of the twelve years, it has taken all of my savings and retirement I had accumulated to cover my medical bills. Seven years ago we had to cancel my wife's health insurance due to the high cost. Due to the high cost of medical care, my wife would not see her doctor at times she really needed to. The amount of disability I receive barely covers our basic needs, so she felt we could not afford a doctor bill. Under the Affordable Care Act, she qualifies for a decent policy that cost us \$30 a month. This has enabled her to start seeing her doctors again and made her prescriptions for asthma affordable and obtainable again. This coverage is a lifesaver for us and I'm not sure how [we] could handle losing it. Please convince your colleagues in the Senate to show some compassion for those who worked hard all their life, only to lose everything because they became ill. Thank you for your service and all you have done for Virginia and the American people. God bless you. With kindest personal regard, Chris Woodroof.

This is not a game. This is not politics. This is not a debate. These are the lives of dozens of Virginians sampled out of 1,600 stories that have been sent to me in the last 3 weeks, all saying to this body one thing: Do not repeal the Affordable Care Act. Do not jeopardize the health care of 30 million people. Do not jeopardize the peace of minds of parents going to bed at night and making them wonder what will happen if their child gets sick tomorrow or if they lose their job.

We can improve, and many of these letters point out things we need to do to improve the Affordable Care Act. But we shouldn't even be contemplating a repeal of a law that provides so much good to so many. This is one of the main reasons, when we vote later today, I am going to be opposing someone who wants to repeal the Affordable Care Act—Congressman TOM PRICE, as he has been nominated for HHS Secretary.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this afternoon to speak about the nomination of TOM PRICE to be the next Secretary of Health and Human Services.

I wish to start this afternoon with a couple of names—just five, and I will use just first names—five Pennsylvanians whom I will refer to in my remarks. I am certain I will get to the first two, and I hope to get to all five. First is Anthony; second is Rowan; third is Rebecca; and fourth and fifth are Hannah and Madeline, two sisters whose story inspired me and continues to inspire me today. I will start with Anthony because I think his circumstance and that of his family are good reminders of how important the Medicaid program is to families across the country.

Anthony's mom wrote us a letter. I will read pertinent parts of it to summarize his circumstance. His mom writes in the opening part of the letter:

My son, Anthony, was born at 25 weeks and he weighed one tiny pound. We were overcome with medical bills which Medicaid thankfully paid for us. Since his birth he has had multiple health crisis, seizures, sleep disorders just to name a few.

Most recently, Anthony was diagnosed with Autism spectrum disorder, Tourette's syndrome, severe obsessive compulsive disorder, and Dyspraxia.

All of those in the life of one young boy—

She says:

Last spring, we were faced with the decision of putting him in a residential treatment program. If not for his Medical Assistance—

The name of the program for Medicaid in Pennsylvania—

this would have never been an option for us.

In other words, they wouldn't be able to get him into a residential treatment program. Ultimately, Anthony's family chose to get him intensive outpatient treatment, which Medical Assistance also covered. Anthony's mom Corey ultimately decided to stay home and care for Anthony, so she had to leave the job at which she had worked for 20 years. She said:

If we lost coverage, we would not be able to provide the support he needs. We are sure of that.

Toward the end of the letter, she says:

My son Anthony is currently attending school almost regularly and functioning the best he has for a very long time thanks to the services he received from his medical as-

sistance. It gives me hope and encouragement that he will someday grow up to be a contributing member of our next generation.

That is Anthony's story of all of the benefits he and his family have derived from Medicaid or, as we call it in Pennsylvania, the Medical Assistance program.

The second Pennsylvanian I will talk about is Rowan. I spoke about Rowan on the floor just a number of days ago. I am quoting from Rowan's mom's letter. Pamela wrote:

Rowan was diagnosed with Autism Spectrum Disorder in March of 2015.

He was extremely hyperactive and since he refused to nap, he was a severe distraction. I cannot stress enough that we had zero other options for our family. For months, I would receive calls about Rowan being aggressive to other children. This broke my heart. No parent wants to hear that their child is hurting other children.

Late January 2016, I applied for Medicaid [Medical Assistance]. After Rowan was awarded MA, we were able to obtain wrap-around services.

Then she talks about a behavioral specialist consultant, a therapeutic staff support worker, and all the help that came with those individuals.

Specifically she helped to alleviate his aggression and combat his over-stimulation. The wrap-around services have been a God-send.

Ultimately, Rowan benefited from a social skills program.

This program is a social skills program specifically for Autistic children ages 3-21. I enrolled Rowan in November. Rowan has benefited immensely from [this program]. Thankfully it is covered in full by MA.

Then she concludes, in part:

Our family would be bankrupt or my son would go without therapies he sincerely needs.

Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

So we have two young boys in Pennsylvania. Their stories are told by their moms, and they are telling us: Don't cut Medicaid. Don't destroy Medicaid, as some proposals have been not just debated here in Washington, not just theorized about; these are policies that Members of Congress have voted in favor of.

But now it is a little different. Now it is not just voting in favor of so-called block-granting—a very benign term, “block-granting.” I would rather use the word “destroy,” but we can debate that. This is a live issue now because we have people who are still proposing block-granting, and we have a President who—at least one member of his administration said he would sign such legislation or at least support it. That gets to the point of my basic disagreement with what Representative PRICE has not only supported but led the fight on in the House of Representatives.

I disagree totally with his budget proposals to block-grant Medicaid for the reasons that I just outlined—because of Rowan and Anthony and lots of children in Pennsylvania like them, children with disabilities, children who

happen to come from low-income families, seniors who want to get into nursing homes. All of those concerns are uppermost when I consider his nomination.

What I was hoping he would say to me in our meeting in my office—a very cordial meeting where we debated a little bit—and then after my questions to him both in the Health, Education, Labor, and Pensions Committee, and the Finance Committee, the committee from which his nomination originated—I was hoping he would say: I was for block-granting Medicaid and changing Medicare and making all those proposals as a House Member, as a leader in the debate about the budget. But I am going to be in different place now, and I am not going to push those ideas. I am going to have a different position, and we are not going to go in the direction of doing that any longer, so I want to separate from what I was proposing as a Member of the House. I have no assurances that his advocacy or position on these issues will be any different.

Now we have the administration embracing the very issues that in the campaign the candidate said he was against. The Presidential candidate said that he wouldn't touch Medicare; he wouldn't touch Medicaid. You know the statements I am referring to.

When we talk about Medicaid and why it is such an important issue in this confirmation process, what are we talking about? In addition to Rowan and Anthony and children like that, we are also talking about the fact that 45 percent of all the births in the United States of America are paid for by Medicaid. A lot of people don't know that, but that is the truth. One in five seniors receives Medicare assistance through Medicaid. That is one of the reasons so many seniors are concerned about not just what happens to Medicare, but what happens to Medicaid.

Another reason for seniors to be concerned: Two-thirds of nursing home residents are covered by Medicaid. So when we talk about block-granting, which leads to massive cuts to Medicaid, we had better be concerned about it because it means nursing home residents are adversely affected.

Medicaid covers 40 percent of all the children in the country with health care—40 percent. For poor children, 75 percent get their health care through Medicaid, and 60 percent of all children with disabilities are covered by Medicaid—60 percent.

How about if you live in a rural area? Let me give a sense of what the circumstance is for Pennsylvania. We have 67 counties, 48 of them are rural, and a lot of people in those communities are covered by Medicaid. By one recent estimate, more than 278,000 rural Pennsylvanians are covered by Medicaid. We know that hospitals in rural areas depend upon Medicaid. In 15 rural Pennsylvania counties, hospitals were the top employer. Guess what program supports those programs, keeps the doors open: Medicaid.

On and on, we could talk about job loss that results from cutting Medicaid. So if we are serious about helping children with disabilities and protecting seniors, we should think long and hard before voting for the block-granting of Medicaid.

One final point just with regard to Pennsylvania Medicaid.

If Medicaid were to be block-granted, as many legislators have supported and voted for, if that happens and if the Affordable Care Act were repealed without a replacement, Pennsylvania alone—one State—would lose \$80 billion over 10 years. This is a 38-percent reduction in funding for Pennsylvania. I am going to fight anyone who tries to take \$80 billion away from Pennsylvania for health care.

I would hope that if Representative PRICE were confirmed, he would abandon those reckless, extreme ideas to block-grant Medicaid because of the consequences for seniors, for children, and for individuals with disabilities.

I don't have a chance to get too far into Medicare today. If I can, I will a little later. I will try to come back to some of the stories people have written to us about the impact of the Affordable Care Act on their lives.

Let me quickly go through some points about Medicare. We know that in a State like ours, one of the oldest States in the country, about 2½ million Pennsylvanians rely on Medicare to help them pay for health care costs. Thank goodness we have Medicare in place. What we would not want to have happen in Pennsylvania is the enactment—and as I said before with regard to Medicaid, now this is a live issue. You have Senators and House Members in both Chambers who have already voted for budgets that would do the following: change Medicare into a premium support program or a voucher program, which means basically you give seniors a fixed amount of money to buy their insurance and then say: Good luck buying your own insurance, buying your Medicare insurance.

I don't think there are very many people in my home State who think that is a good idea.

Of course, none of this has been on the table because these budget votes go by and people vote for the budget, and then it doesn't go any further, so no one feels the urgency to oppose it. Now we have, apparently, people in both Houses in agreement with President Trump to have him sign legislation which would change both Medicare and Medicaid.

I think these are among the many reasons why I would vote against Representative PRICE in his confirmation vote. After a lot of review of his record, after a lot of review on what his proposals would mean if they were to become law—and now we are at a point in our history where these issues are no longer theoretical; they are live issues. These are matters that could be the subject not just of debate but the subject of enactment into law.

I will try to return later to go through some other issues with regard to the nomination.

At this time, I will 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. CASEY. 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. CASEY. Mr. President, before I recommence my remarks, I see the senior Senator from Oklahoma, Mr. INHOFE. I want to make sure that if he is prepared to take the floor, I will yield.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I thank the Senator from Pennsylvania, and the answer is, yes, I am prepared.

BILATERAL TRADE AGREEMENTS

Mr. President, President Trump is meeting this weekend with Japanese Prime Minister Abe, and so I want to take this opportunity to talk about the need for bilateral trade deals.

We have heard during the campaign and since he has been elected President of the United States that Donald Trump has not been adverse to trade. He said he is for fair trade. I think that makes sense, that we should have it.

I would like to talk about some of the problems that are there that I think he can correct that had not been corrected by the previous administration.

Bilateral trade agreements with our key allies should be a priority for this Congress, and I look forward to working with the Trump administration to ensure that these agreements grow American exports, especially for our agriculture and our energy producers.

For full disclosure, I must admit that my State of Oklahoma is a major ag State and also a major energy State.

Of our many key allies, I want to highlight three opportunities for the United States to engage in bilateral trade agreements with three countries: Japan, Taiwan, and then many of the countries in Sub-Saharan Africa.

Japan has the third largest economy in the world, but American farmers and ranchers are limited in their ability to access them, and this is why: They have very high tariffs on things we would want to export to Japan. At the same time, we are buying their automobiles. We are buying their products. And that is one of the typical examples of what I think our new President has been referring to. He wants to have the deals that benefit equally America and our partners. I think we can really do that.

We should engage with Japan to develop bilateral trade agreements with a focus on providing new and commercially meaningful market access for agricultural exports and smoothing the way for increased energy exports. In

particular, Oklahoma beef producers are chomping at the bit to get more access to the Japanese market.

In addition to agriculture, my State is an energy State, as I mentioned, and Japan is a nation that is hungry for energy. In fact, Japan has accounted for 37 percent of global LNG purchases since 2012. LNG is liquefied natural gas. I am biased because we are a major producer in the State of Oklahoma. It is something they need, and they need to get it from someone. We ought to make this a bilateral arrangement. A trade agreement with Japan would streamline the current lengthy and pretty cumbersome process for LNG exports to Japan, ensuring that they have a reliable source of energy production and providing jobs to Oklahoma at home.

In addition to Japan, Taiwan is a close friend and ally to the United States and our ninth largest trading partner. As I happen to be the chairman of the Taiwan Caucus, I know firsthand how important it is to strengthen the U.S.-Taiwan relationship, which we can do by engaging in direct bilateral trade agreement negotiations with that country. There is no reason for us not to.

I believe that a key component of any trade agreement, including with Taiwan, is an effort to ensure that food safety and animal health regulations are aligned and based on science to ensure that any differences do not become non-tariff trade barriers. This would enable us to directly address the ban Taiwan has against U.S. pork because we use an ingredient called ractopamine in our feed to keep the hogs lean. It is perfectly safe, but Taiwan uses that as an excuse to block imports of our pork to their country. This is an issue I have already brought up with the Trump administration and with Wilbur Ross, who is waiting for confirmation as the next Secretary of Commerce. That is why we need bilateral trade agreements with Japan and Taiwan.

Our trade relations with counties in Africa are also important because, according to the Economist magazine, six of the world's fastest growing economies were in Sub-Saharan Africa from the year 2000 to 2010. For too long Sub-Saharan Africa has been ignored as a trading partner for the American Government. In fact, they pretty much have been ignored anyway.

I can remember when the continent of Africa was in three different commands. They had the Pacific Command, European Command, and Central Command. For this continent with its significance, I was somewhat instrumental in changing that, in establishing a new command, which is called the AFRICOM. The same thing has been true in terms of not using it as a trading partner.

For the last 20 years, I have been—I think I made my 144th African country visit—working with that continent, and I have seen firsthand the vast potential that is there. When they say