

areas covering multiple States. The rule takes important decision-making away from local officials who know the land and understand the needs of their communities.

The BLM rule sought to ignore the multiple-use requirements established by Congress and diminishes the importance of energy development. The rule tilts the balance in favor of conservation and non-development and away from responsible energy development, as well as other uses, like grazing.

In a State like North Dakota, with a distinctive patchwork of underground Federal minerals and private or State surface ownership, this creates more uncertainty for energy producers and more difficulty for our ranchers. By repealing this rule, we are preserving our longstanding tradition of allowing multiple uses on Federal lands, while protecting the livelihoods of our ranchers, energy producers, and many others. That is why this resolution is supported by the North Dakota Stockmen's Association, along with the National Association of Counties, the National Association of State Departments of Agriculture, the Farm Bureau, the National Cattlemen's Beef Association, the Public Lands Council, and the U.S. Chamber of Commerce, just to name a few.

I am proud to be an original cosponsor of the CRA on the BLM planning 2.0 rule. I thank Chairman MURKOWSKI, the chairman of our Energy Committee, for her leadership on this important issue.

The House passed this CRA on February 7 in a bipartisan manner. I am hopeful the Senate will do so as well and send this bill to the President's desk this week.

Today's CRA ensures that State, local, and Tribal input and expertise should guide the management of our public lands. Let's stop the BLM's planning 2.0 rule and give the people who live and work in these communities a say on what happens in their hometowns. We can do that by voting for this CRA. I urge my colleagues to do so.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, the people spoke loudly last fall. For too long, the Obama administration ignored the common sense of those who managed the lands and our natural resources. Now is the time for that power to be put back into the hands of the folks who know it best; that is, the people of Montana, not Washington, DC. And the Bureau of Land Management's Planning 2.0 rule is no different.

The resolution we are debating today, H.J. Res. 44, would block the implementation of a rule that would fundamentally change the land planning process at the BLM. It would be for the worst.

During the Obama administration's final days in office, they put through many midnight rules costing a total of

\$157 billion, including this rule shift which was issued on December 12, 2016, which fundamentally changes the land planning process. The rule shifts the planning and decisionmaking away from those who know the land best, away from BLM regional field offices, and back to BLM Headquarters in Washington, DC. That is the exact opposite direction that land management should be going, and that is why this rule must go also.

This rule limits the voice of our local and State governments, and it strengthens the voice of folks who are living far away from the lands that are impacted.

Montana farmers, Montana ranchers, Montana miners, the Montana electric co-ops, Montana conservation districts, and Montana county commissioners have all expressed a concern for this rule and have urged congressional action. And there can't be a more commonsense list of Montanans than that list I just mentioned. In fact, even the western Governors are concerned. As recently as February 10, 2017, our own Governor of Montana, Steve Bullock, and Governor Daugaard from South Dakota urged Congress to direct BLM to reexamine the rule. "Governors are concerned that BLM's emphasis on landscape-scale planning may lead to a resulting emphasis on national objectives over state and local objectives."

"Collectively, these changes severely limit the deference Governors were previously afforded with respect to RMP development." That is what our Governors are saying. I am quoting our Governors from the West.

There needs to be more balance in Federal land management. For the last 8 years, we have been out of balance. Oil and natural gas development on Federal lands dropped significantly under President Obama. In fact, for natural gas, we have seen an 18-percent decrease, while oil production on private and State lands doubled, versus the same on Federal land.

Montana has nearly 2 million acres of public land that are inaccessible to the public. Our farmers and ranchers in Montana need a more balanced partnership with the Federal land managers. They deserve more input in the development of land management policies, not less. By the way, our Federal forests in Montana are in dire need of more active management.

So where do we go next? There is no disagreement that revisions need to be made. Let's take this rule back to the drawing board and do it right. Let's work with our new Secretary of the Department of the Interior, RYAN ZINKE, a Montanan, and President Trump to restore more western commonsense to land management.

I urge my colleagues to support H.J. Res. 44.

RECESS

Mr. DAINES. Mr. President, I ask unanimous consent that the Senate re-

cess until 2:15 p.m. and that the time during the recess be charged equally to both sides on the joint resolution.

There being no objection, the Senate, at 12:35 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. FLAKE).

DISAPPROVING A RULE SUBMITTED BY THE DEPARTMENT OF THE INTERIOR—Continued

The PRESIDING OFFICER (Mr. PORTMAN). The Senator from Utah, the President pro tempore.

COMMEMORATING RARE DISEASE DAY

Mr. HATCH. Mr. President, I ask unanimous consent to engage Senator KLOBUCHAR in a colloquy to commemorate Rare Disease Day in order to discuss issues facing patients and the families of those who have been diagnosed with these types of conditions.

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

Mr. HATCH. Mr. President, as co-chairs of the Rare Disease Caucus, Senator KLOBUCHAR and I have worked hard to bring more hope to patients and their families who are coping with rare diseases on a daily basis.

Today 1 in 20 individuals worldwide is living with one or more of the more than 7,000 rare diseases, 95 percent of which do not have an effective treatment. While the incentives provided by the Orphan Drug Act, first championed by me in 1983, has led to the approval of nearly 600 orphan drugs, much more needs to be done.

Many patients living with rare diseases rely on the FDA to evaluate and approve treatment options for their conditions. That is why it is so important for the FDA to use its authority to accelerate the evaluation and approval of drugs for treating rare diseases and for Congress to ensure that proper incentives exist for research to discover and make affordable treatments and cures available for this community.

To address this issue, Congress passed the FDA Safety and Innovation Act of 2012, which refined and strengthened the tools available to FDA to accelerate the evaluation and approval of new drugs targeting unmet medical needs for rare conditions. I have been paying close attention to how this new authority translates into advances for patients suffering from conditions such as Duchenne muscular dystrophy, atypical hemolytic uremic syndrome, Bertrand-N-glycanase deficiency, and other rare diseases.

In light of these changes over the past few years, I ask my friend from Minnesota whether the current approval process is achieving its goals of safety and efficacy without hampering the development of new therapies.

Ms. KLOBUCHAR. I thank Senator HATCH for beginning this colloquy. I am so proud to be a cochair of the Rare Disease Caucus with him, and I share my colleague's concerns. I think there must be improvements that are made. I

continue to be inspired by the families across my State, your State, and our country who work so hard to make it easier for kids to have access to drugs to treat their illnesses. Unfortunately, we haven't yet achieved all we can do for these families, and I have heard time and again about the emotional roller coaster that many of them have experienced when they interact with the Federal Government on new approaches for these rare disease conditions. Too often they are unaware when drugs are under review or confused about why experts or patients are not even consulted. The individuals suffering from these conditions and their families need greater clarity about the process for evaluating and approving these drugs, and they ought to be included and informed every step of the way.

It is critical that treatments that do exist for those with rare conditions be accessible and affordable. We must continue to protect the individuals from discrimination in insurance coverage and work to bring down costs. We have to ensure that incentives designed to spur the development and accessibility of treatments that the rare disease community desperately needs are not abused.

I ask Senator HATCH, as one with longstanding leadership on the bill that you passed that has helped so many people and saved lives, how can we focus on sharing this message with our colleagues and our constituents?

Mr. HATCH. I appreciate that question.

We must continue to urge the FDA to fully implement its relatively new authority. Every one of us in this body represents constituents who are battling rare diseases, and I urge the FDA to consider this flexibility as applied in reviewing all candidates' therapies.

I will continue to work closely with my Senate colleagues to ensure that the FDA uses the tools, authorities, and resources required to provide patients and physicians with new treatment options. I have also contacted the FDA frequently during the past year to encourage the agency to listen to the voices of patients during the agency's evaluation process.

When the Senate considers the nominee for FDA Commissioner, I will continue to stress the importance of incorporating a balanced and flexible approach when weighing risks, benefits, and outcomes, especially when dealing with small patient populations with such rapidly progressing prognoses.

Patients with limited or no treatment options are depending on FDA to utilize the flexibility outlined in FDASIA. This law, which provides full and fair review of new drug therapies in a timely manner, gives hope to patients suffering from life threatening diseases and, of course, their families as well.

I ask Senator KLOBUCHAR, how can we move forward into the next user fee agreement?

Ms. KLOBUCHAR. Well, that is going to be very important and really an opportunity to make sure that this works for patients with rare diseases and their families. We know that affordability and accessibility remain paramount. We should also think about the burden that these conditions play and the critical role of the voice of the patient.

As you stated, Senator HATCH, more than 7,000 rare diseases exist, and the vast majority have no treatment. This is an extraordinary burden borne every day by Americans in every single State across the country. As we seek to continue making progress, including monitoring implementation of the advances in the bipartisan 21st Century Cures Act, we must ensure that rare disease treatments receive sufficient attention.

We also must encourage Federal agencies to better incorporate the patient's voice in their decisionmaking process. As I mentioned earlier, all too often as we rightly focus on evidence-based medicine, we can lose sight of the human experience of these and different therapies. What may seem simple in a lab may be overwhelming or difficult when applied to patients in real life situations—all the more so when children are involved. The FDA and all agencies should ensure that they have appropriate processes to seek and incorporate this vital input. The user fee agreement will be an opportunity for us to make this case.

I would like to thank Senator HATCH again for his time to discuss these issues that are very important to both of us. We look forward to engaging with our colleagues on these issues as we move forward to the implementation of the Cures Act, as well as the work on the Orphan Drugs Act, and as well as the user fee agreement.

Mr. HATCH. I thank my dear friend, the senior Senator from Minnesota, for her time with me today. It is very meaningful to me and, I think, to everybody who is concerned about this rare disease situation in our country.

This is just the start of our conversation for this Congress. There is so much left for us to do, and I am certain we will succeed as long as we stay together and work in a bipartisan way. So I thank my dear colleague for her words and support and the good leadership she provides in the Senate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

REPUBLICAN HEALTHCARE BILL

Ms. STABENOW. Mr. President, I want to speak about the healthcare bill that has been laid out in the House now—introduced in the House of Representatives. I have great concern about the proposal as it relates to the people of Michigan, whom I represent, as well as to the people across the country. This proposal—or whatever passes—will be judged based on whether or not people pay more for their coverage, if they can find it, and whether

they are going to be able to get the healthcare they need.

Healthcare is very personal. Despite the politics here in Congress and in the White House, healthcare is not political; it is very personal. Can you go to a doctor? Can you take your child to a doctor? Can your parents or grandparents get the nursing home care they need? Are you going to be able to find insurance after you have had a heart attack or cancer or if your child has juvenile diabetes and, therefore, has a preexisting condition?

I am deeply concerned after the initial look I have had, and we will continue to look at more and more of the details as they come out. This proposal is going to create chaos in the healthcare system. Frankly, I would say this is a mess. It is going to create a big mess as it relates to the families whom I represent and whom we all represent in our home States.

This was written in secret. We have all seen the stories of the Senator from the other side of the aisle who was running around trying to get a copy of what was going on. Everything was done in secret, and now that it is out, we find out that there is no cost attached to it. We do not know what the overall cost will be to taxpayers. We also do not know how many people are going to be able to get healthcare, who is going to be able to be covered.

What I have seen really falls in the category of creating a mess for families—higher costs for middle-class families, higher costs for poor families, but less coverage—such a deal. This is not the kind of deal that the people of Michigan want to have for themselves and their families.

To add insult to injury, it cuts taxes for the wealthiest Americans, while it makes most Americans pay more. It makes seniors pay more, and we have heard people calling it the "age tax" or the "senior tax." The reality is, in a number of different ways, in how we rate, which is based on age and other costs, seniors will pay more. It is my understanding that, in the middle of this, there is actually a sweetheart deal for the CEOs of big insurance companies that will give them pay raises. This whole thing is stunning to me, which is being put forward with a straight face.

On top of everything else, it removes the guarantee for preexisting conditions. It is very unclear what will happen to someone who has had a heart attack. I have a new, little, baby grandniece who has had two heart surgeries already, and there is another one that she will have to have in another year. While she is doing great—and my niece and nephew deserve incredible admiration for taking care of little Leighton—she is going to have a preexisting condition her whole life. She is going to have a reconstructed heart that is going to cause her various challenges. Without the current guarantees that we have that she gets with her insurance, her folks are going to have a hard

time, and little Leighton is going to have a hard time her whole life.

When we look a little bit more into the details of all of this, we see, in fact, that this bill provides tax increases for millions of families. It repeals the tax credits in 2020 that help working families afford insurance. By the way, even though things do not happen immediately, in their knowing it is coming, the insurance companies are certainly going to find themselves making different kinds of decisions, and, certainly, families will make different kinds of decisions. I would expect the insurance system to be destabilized immediately. We are already seeing problems with insurance companies pulling out just based on the debate about repealing healthcare.

When we look at the tax credits—or help—for buying healthcare, it goes from helping those from low-, moderate-, and middle-income families being able to afford insurance to changing the whole thing. It is based on your age and your income. So the higher the age and the higher the income, the more taxpayer dollars you get, which makes no sense. A 55-year-old with a higher income will get more taxpayer funding than will a 30-year-old who is working a minimum wage job and has the toughest time in trying to find insurance that he can afford. This is not the set of values or perspectives that make sense for people in Michigan, as well as for people across the country.

While that 30-year-old who is working a minimum wage job is going to be paying more and hoping that he does not have a preexisting condition because he may not be able to find insurance at all, we see that there is a \$300 billion—with a “b”—tax cut for the wealthiest Americans. Picture this: Somebody in a minimum wage job who could very well see his health insurance go completely away will have that happen, while someone who makes more than \$3.7 million a year will save over \$200,000 a year. So \$200,000 a year is what he will get back now in the form of a tax cut, which is more than what most people make. Certainly, the majority of people in Michigan make less. They work very, very hard, but they make less than \$200,000.

Just to underscore, this is the first bill out of the gate here in which we are talking about any kind of tax cuts. We are already seeing Republicans cutting taxes for the wealthy while raising taxes on the middle class and raising their healthcare costs if they can find healthcare. These tax cuts are just the start. Wait until we get to tax reform, when we are going to see this whole debate happen again. My guess is that middle-income people are going to end up paying the bill—paying more—and the wealthy people are going to get another round of tax cuts.

To add insult to injury again, there are the sweetheart deals so that the CEOs of the biggest insurance companies can get pay raises—can get more

money—while people will pay more if they work or are poor or middle class. There are tax cuts for prescription drug companies of \$30 billion, but the bill does nothing to lower the cost of prescription drugs. This, certainly, is not healthcare for the majority of Americans. This, certainly, is not healthcare for those who need to have access to affordable healthcare.

Then it is back to our seniors, who will pay more because of the changes in how healthcare costs will be rated. We will, essentially, see older people having twice the tax credit but five times more the cost. I am not sure exactly how it is being proposed for preexisting conditions. We are still working through that. I do know that the bill has a penalty. If you have health insurance and, for some reason, there is a crisis in your family and, for some reason, you cannot continue it and you drop that insurance and then you re-enroll again, there is a 30-percent late enrollment surcharge. You will be paying 30 percent more for your health insurance if you have a preexisting condition.

There are just two other items that are very important. I know that the distinguished Presiding Officer shares the concern about this as well, which is the fact that we have been able to create more access to healthcare by expanding Medicaid, which is critically important.

One of the great success stories in Michigan today is that 97 percent of our children in Michigan can now see a doctor—97 percent. We do not want to go backward. Every child should have the ability to see a doctor—every mom, every dad, every grandpa, every grandma. Right now, in Michigan, 97 percent of children can see a doctor because of the work that we did on the Affordable Care Act, including in the expansion of Medicaid. This goes away. It takes a couple of years, but that goes away.

Instead, what is proposed, essentially, is a voucher, but it has been called a lot of names. There used to be folks talking about a block grant to the States. Now they call it “per capita.” Yet it is really simple. Just like there have been proposals by Republicans for years to have a voucher for Medicare, now this is, essentially, a voucher for Medicaid of X number of dollars. If you need more for your nursing home care, then you are on your own. There are X number of dollars for your child, for a family. If you have something happen and you get sick and you need surgery or if you have cancer and it goes above that voucher, you are on your own.

It completely changes Medicaid from an insurance system to a system of, essentially, a voucher. Millions and millions and millions of children, of families, of seniors—the majority of seniors in nursing homes get their coverage through Medicaid—and our moms, dads, grandpas, and grandmas, who right now get quality nursing home care because of Medicaid, will be se-

verely impacted by this voucher that caps how much care they will be able to receive.

Finally, for over half of the population—for those of us who are women—we will see a return, essentially, to a woman being a preexisting condition. Essential services for women—maternity care, which I was at the front of the line in fighting for, and prenatal care—are not available in the majority of private plans a woman tries to buy without her paying more. You can get maternity care, but it is not viewed as basic. It may be basic to you, as a woman, but insurance companies say: Sure, we will cover maternity care, but you have to pay more. Forever, women have been paying more for their basic healthcare. Under the Affordable Care Act, that changed when we said: Do you know what? As a woman, you should not have to pay more for the basic care you need.

Now all of that goes away under the House proposal. Just to make sure that we see women’s healthcare taken away, Planned Parenthood is defunded. Yet 97 percent of what they do is basic care—mammograms, getting to see your doctor, OB/GYN, prenatal care, and all of the things you need for annual visits and so on. That is completely defunded.

I congratulate everyone who has been involved in the effort to make sure that birth control is affordable for women, and under the Affordable Care Act, we have done that. This is an economic issue; this is not a frill for women or for men or for families or for those who have worked hard to make sure we can lower unintended pregnancies in this country.

The good news is that we are at a 30-year low in unintended pregnancies, a historic low in teen pregnancies, and at the lowest rate of abortions since 1973—1973. Why is that? That is because women have been able to get the healthcare they need. They have been able to get affordable birth control to be able to manage their healthcare, as well as seeing the economy improve. But we are seeing more and more where more information is being made available, costs for basic preventive care is down, and women having access to what they need in healthcare allows them to be in a situation where we are seeing these historic lows on unintended pregnancies, teen pregnancies, and abortions.

I know in Michigan we have a number of counties across Michigan, particularly in rural communities, where the Planned Parenthood clinic is the only provider of basic healthcare. It is the only provider for family planning and for cancer screenings and basic healthcare for women and for many men. It may be the only provider in the community. More than half of Planned Parenthood health centers are in rural and underserved communities. About one-third of all of the women living in those communities where Planned Parenthood is available find that this is the only healthcare provider available to them.

So support for women, preventive healthcare, and Planned Parenthood funding are cut completely in this bill. Access to maternity care, prenatal care, and other basic essential services is eliminated. If you want that, you can pay more as a woman.

On top of that, we are seeing essential services like mental health and substance abuse services and other basic comprehensive services that we said for the last several years should be available—healthcare above the neck as well as healthcare below the neck should be viewed as essential services for people across America. All of that goes away with this proposal.

So, in my judgment, this is a mess. It is going to create a mess, with more costs, less service, shifting taxpayer dollars to the wealthy, while asking the middle-class and low-income families to pay more. This is simply not a good deal.

I would welcome the opportunity to work with colleagues on something that makes sense. Let's put aside this whole effort of repeal. Let's focus on how we can bring costs down, including prescription drugs, and continue to move forward, but let's not go back. When 97 percent of the children in my State can see a doctor today, that is worth keeping. That represents the best of our values. We can't go backward. The proposal we are seeing in the House would take us back to a place that would hurt the majority of Americans, and I strongly oppose it.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, irrespective of how the Presidential election came out last November, we would be having a conversation about how to fix ObamaCare. There are many reasons for that, but most importantly is that it has just skyrocketed costs for people in this country. Premiums have gone through the roof, deductibles have increased, copays have increased, and out-of-pocket costs have become so extensive for people that even if they have coverage, they can't use their plans in many cases. So when our colleagues across the aisle talk about the recently rolled out proposal coming from the House—which they will be discussing and we eventually will be discussing—to try to drive down the costs for people in this country, that is what this debate is really all about.

You can say what you want, but the fact is that this year, 2017, premium increases are 25 percent in the exchanges—25 percent. In six States, the premium increases were 50 percent in the exchanges. I don't know how anybody—any family in this country—can keep up with those kinds of skyrocketing premiums. If you are buying your insurance on the individual market, the roof is blown off.

I talk to people in my State of South Dakota all the time who share with me the excessive amount that it now costs for them to cover themselves and their

families. I talked to a lady in Sioux Falls recently, and she told me they are now paying \$22,000 a year for health insurance. That is not working. That is why what we had was an abysmal failure.

In terms of choices, the whole idea was that people were going to have options out there. In a third of the counties in America today—one-third of the counties in America today—people have one option, one insurer. It is pretty hard to get a competitive rate when you only have one option. There is a virtual monopoly in a third of the counties in America today.

So we have markets collapsing, insurers pulling out, and we saw that last fall Blue Cross Blue Shield pulled out of the individual market in South Dakota and left 8,000 people wondering how they are going to continue to cover themselves with health insurance. The markets are collapsing, choices are dwindling, and costs are skyrocketing.

The Senator from Michigan was just on the floor talking about how terrible things are going to be under the proposal that is being considered and discussed in the House of Representatives, but the fact is, things are terrible today, and that is why we are having this conversation. Eight in ten Americans think ObamaCare either ought to be repealed entirely or dramatically changed, significantly changed. By any estimation, by any objective measurement or metric, it has been a failure, and that is why we are having this conversation, and that conversation would have occurred irrespective of what happened in the Presidential election last fall.

So let's be clear about why we are here and why we are having this conversation and why we are coming up with a better solution for the American people that will drive down their costs, give them more choices, create more competition in the marketplace, and give them a higher and better quality of care because it restores the doctor-patient relationship, which is so important, not having the government intervening and being in the middle of all of that.

THE ECONOMY AND REGULATORY REFORM

Mr. President, we have a recovery that technically began almost 8 years ago, but for too many Americans, it still feels as if we are in a recession. Americans basically have not had a pay raise in 8 years. Since the recovery began in 2009, wage growth has averaged a paltry 0.25 percent a year—one quarter of 1 percent increase in pay per year since 2009. Well, imagine if you are a family and you are looking at everything that is going up in your lives, whether it is healthcare, which I just talked about, or the cost of education or the cost of energy or the cost of food, all of these things that continue to go up, and you are getting a 0.25-percent—one quarter of 1 percent—pay raise on an annual basis. It is pretty hard not to feel like you are starting to

sink and your head is going to be below water before long.

Good jobs and opportunities for workers have been too few and too far between. Millions of Americans are working part time because they can't find full-time employment. Even as some economic markers have improved, our economy has stayed firmly stuck in the doldrums. Economic growth for 2016 averaged a dismal 1.6 percent, and there are few signs that things are improving.

By the way, the historical average going back to World War II is about 3.2 percent average growth in the economy. So last year we were at one-half of what the average had been going back all the way to World War II.

The nonpartisan Congressional Budget Office is projecting average growth for the next 10 years at just 2 percent—in other words, long-term economic stagnation.

The good news, though, is that we don't have to resign ourselves to the status quo. We can get our economy going again. Republicans are committed to doing just that. To get our economy going again, we need to identify the reasons for the long-term stagnation we are experiencing.

A recent report from the Economic Innovation Group identified one important problem: a lack of what the organization calls “economic dynamism.” Economic dynamism, as the Economic Innovation Group defines it, refers to the rate at which new businesses are born and die.

In a dynamic economy, the rate of new business creation is high and significantly outstrips the rate of business deaths. But that hasn't been the case in the United States lately. New business creation has significantly dropped over the past several years. Between 2009 and 2011, business death outstripped business birth.

While the numbers have since improved slightly, the recovery has been poor and far, as I mentioned before, from historical norms. The Economic Innovation Group notes that in 2012—the economy's best year for business creation since the recession—it fell far short of its worst year prior to 2008. This is deeply concerning because new businesses have historically been responsible for a substantial part of the job creation in this country, not to mention a key source of innovation. When new businesses aren't being created at a strong rate, workers face a whole host of problems.

“A less dynamic economy,” the Economic Innovation Group notes, “is one likely to feature fewer jobs, lower labor force participation, slack wage growth, and rising inequality—exactly what we see today.”

Well, American workers clearly need relief, and restoring economic dynamism is a key to providing it. We need to pave the way for new businesses and the jobs they create, and we need to ensure that current businesses, particularly small businesses, are able to thrive.

There are a number of ways we can do this. One big thing we can do is relieve the burden of excessive government regulations. Obviously some government regulations are important and necessary, but too many others are unnecessary and doing nothing but loading businesses down with compliance costs and paperwork hours. The more resources businesses spend complying with regulations, the less they have available for growth and innovation. Excessive regulations also prevent many new businesses from ever getting off the ground. Small startups simply don't have the resources to hire individuals, let alone the consultants and lawyers to do the costly work of complying with the scores of government regulations.

Unfortunately, over the past 8 years, the Obama administration spent a lot of time imposing burdensome regulations on American businesses. According to the American Action Forum, the Obama administration was responsible for implementing more than 675 major regulations that cost the economy more than \$800 billion. Given those numbers, it is no surprise that the Obama economy left businesses with fewer resources to dedicate to growing and creating jobs or that new business creation seriously dropped off during those years in the Obama administration.

Since the new Congress began in January, Republicans have been focused on repealing burdensome ObamaCare regulations using the Congressional Review Act. We have already used this law to repeal three Obama regulations, and this week we will use it to repeal at least two more, including the “blacklisting” rule, which imposes duplicative and unnecessary requirements for businesses bidding on Federal Government contracts, and the Bureau of Land Management methane rule, which curbs energy production on Federal lands by restricting drilling. This methane rule would cost jobs and deprive State and local governments of tax and royalty payments that they can use to address local priorities.

Another area of regulatory reform we need to address is ObamaCare, as I mentioned. Repealing the burdensome mandates and regulations this law has imposed on businesses will go a long way toward removing barriers to new businesses and spurring growth at existing businesses.

Another important thing we can do is remove unnecessary barriers that restrict access to capital. Both new and existing businesses rely on capital to help them innovate, expand, and create jobs.

In addition to removing burdensome regulations, tax reform needs to be a priority. Measures like allowing new businesses to deduct their startup costs and reducing rates for small businesses would spur new business creation and help small businesses thrive. Republicans plan to take up comprehensive tax reform later this year, and I look forward to that debate.

The American economy has always been known for being dynamic and innovative, and we need to make sure it stays that way. We need to free up the innovators and the job creators so that the next big idea isn't buried by government regulations before it has a chance to see the light of day.

Sluggish economic growth doesn't have to be the new normal. By removing burdensome government regulations and reforming our Tax Code, we can spur business creation and innovation. We can increase wages and opportunities for American workers, and we can put our economy on the path to long-term health, where that growth rate gets back to that more historic level that allows for better paying jobs and higher wages for American families.

I look forward to working with my colleagues in both Houses of Congress to achieve these goals, and I am anxious for us to start passing bills that will put policies in place that are favorable to higher economic growth, better jobs, and better wages for the American people and their families.

I yield the floor.

Mr. BENNET. Mr. President, as we continue to debate H.J. Res. 44, a resolution of disapproval to nullify the BLM planning 2.0 rule, I would like to bring to the attention of my colleagues an editorial published last week in the Grand Junction Daily Sentinel. It outlines many of the reasons we should oppose the repeal of the BLM planning 2.0 rule.

I ask unanimous consent that the article be printed in the RECORD.

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

[From The Daily Sentinel, Mar. 1, 2017]

ALIGNING VALUES

Colorado's biggest political guns are marching to the beat of the same drum, proclaiming the Centennial State is the perfect new location for the massive Outdoor Retailer Show which is leaving Salt Lake City over the extreme stance Utah's political leaders have taken on public lands.

Democratic Gov. John Hickenlooper and U.S. Sens. Cory Gardner, a Republican, and Democrat Michael Bennet sent a joint letter Monday to the Outdoor Retailer Show hailing Colorado's bipartisan commitment to maintaining and protecting public lands.

Considering that Utah is ground-zero for a movement to transfer management of public lands from the federal government to the states, it's not hard for Colorado to claim that its values are more closely aligned with the outdoor industry, which relies on public lands for its livelihood.

Colorado could enhance that claim if Gardner and Bennet refuse to overturn the first major revision of the Bureau of Land Management's land-use planning process in three decades.

Congress is seeking to overturn BLM's Planning 2.0 initiative under the Congressional Review Act. The House has already voted to eliminate the rule. If the Senate follows suit, it will undo an effort to increase public involvement, improve transparency and promote science-based decision-making in public-lands planning.

Planning 2.0 is not without its critics. The Western Governors' Association has asked

Congress in a Feb. 10 letter to “direct the BLM to re-examine the final Planning 2.0 rule. Any revisions . . . should be crafted collaboratively with western states.”

But there can be no revisions if the rule is repealed under the CRA, which is a “nuclear bomb” of a legislative tool. The CRA would not only overturn the rule, but block future rulemakings that are “substantially the same” without prior approval from Congress.

That means the BLM would be stuck with an antiquated planning process, hobbling the agency in a way that reinforces all the negative perceptions that already exist regarding the way it manages public lands.

Sportsmen's groups, the Pew Charitable Trusts, conservation groups and the Outdoor Industry Association all support Planning 2.0. The WGA wants to keep it alive to improve it.

Public lands are the backbone of the outdoor industry, which contributes \$646 billion to the economy annually.

Gardner sponsored the Outdoor Recreation and Jobs Economic Impact Act, which was signed into law by the president last year. It requires the Bureau of Economic Analysis to calculate the economic impact of the outdoor recreation industry and requires the Commerce Department to provide Congress with a full evaluation of the outdoor recreation industry.

He obviously recognizes the importance of the outdoor recreation industry as a jobs creator and an economic engine. He should also understand that the industry equates killing the rule with hampering growth.

The Senate vote may have not any bearing on whether the Outdoor Retailer Show relocates to Colorado. But supporting 2.0 is a show of good faith that our senators get what's at stake.

Mr. VAN HOLLEN. Mr. President, I oppose today's resolution to overturn the Bureau of Land Management planning 2.0 rule.

The Bureau of Land Management is charged with ensuring responsible use of public lands, which requires extensive land use planning to balance priorities like recreation, conservation, and energy development. Planning 2.0 simply updates outdated planning processes that date back 30 years to provide greater community input and transparency. This is intended to create plans that work better for all users, including local communities. It is also meant to reduce the time it takes to complete the planning process.

Under the new rule, the public is involved in the planning process early to avoid costly and time-consuming disputes later. The rule allows for the use of current technology like geospatial data to allow for more science-based decisionmaking.

Developing planning 2.0 took 2 years and included consideration of more than 6,000 public comments. With today's resolution, we would abandon modernization that makes it easier for the public and State and local governments to be involved in the Federal planning process and revert to rules that were written in 1983.

A wide range of sportsmen groups, including the Izaak Walton League of America, the Theodore Roosevelt Conservation Partnership, and Trout Unlimited have asked us to preserve Planning 2.0. They write: “Stakeholders

from across the multiple-use spectrum agreed that the previous BLM planning process could be improved. Under the outdated process, opportunities for public involvement were too few, and the public didn't learn about agency plans until they were already proposed."

If we pass this resolution today, BLM will have to go back to that outdated process and would be prohibited from proposing a rule that is substantially similar to planning 2.0. I urge my colleagues to vote against this resolution.

The PRESIDING OFFICER. The Senator from Hawaii.

TRUMPCARE

Mr. SCHATZ. Mr. President, last night the Republicans in the House revealed their plan to scrap the ACA and replace it with something much worse—TrumpCare. There are so many things that are wrong with this bill. A lot of us are still going through the 184 pages and all of its implications, so it is impossible to encapsulate all the difficulties in this legislation in one speech.

I am going to highlight eight problems with this bill to start. First of all, this bill is a complicated and rushed mess. Despite the fact that they had 7 years to work on their own plan, the Republicans cobbled together a bill that makes no sense. In an effort to make everyone in their caucus happy, they have made no one in their caucus happy. That is why we have seen conservative groups—from AEI to AFP, the Heritage Foundation, the Koch brothers—come out and express opposition to the legislation.

Second, this bill cuts Medicaid. They are going to use a phrase called block grants, but I want everyone to understand that is cutting Medicaid. That is a euphemism for cutting the resources for Medicaid. This cuts a program that helps more than 70 million Americans across the country get the healthcare they need. It means less care for pregnant moms, less care for families with loved ones in nursing homes. Nursing home benefits will be totally trashed, and all of these changes will reduce Medicaid to a level not seen before.

By the way, Medicare doesn't escape the ax. It is also in trouble if we enact the House legislation. TrumpCare will actually move up the date of insolvency of the Medicare trust fund by 3 years, to the year 2025. That is not 20, 30 years from now when they talk about the Social Security trust fund. That is quite soon to have Medicare be insolvent, and they are accelerating the date in which Medicare becomes insolvent.

Third, this bill hits the elderly with an age tax. Here is how the law currently works. It is basically a cap on the amount that an insurance company can charge a senior for healthcare. It says you cannot charge more than three times the amount you charge a young person for a senior citizen.

It is capped at three times what you charge for young people. This would in-

crease the cap to five times the cost. If a young person's health insurance costs \$250, the maximum under the current law is \$750. Now you are talking five times \$250—\$1,250 per month.

This is an age tax. If there is any doubt about how difficult this is going to be for senior citizens, ask the AARP. They are a bipartisan, well-respected organization that works in every State. Seniors across the country need to understand what this age tax is. You will pay more for health insurance if the law passes as it is.

Fourth, and this is a very important point. This is basically not a healthcare bill because if it were a healthcare bill, everybody knows it would require 60 votes. It would be enacting new legislation. This is a budget bill. All they can do, really, is cut taxes related to healthcare. This is a bill that cuts taxes for rich people.

How does it finance it? First of all, it finances—probably a lot of it by borrowing. The other portion of it is by cuts to Medicare and Medicaid. TrumpCare has special tax cuts that only benefit the highest earning households and another one that will go to insurance company executives who make more than half a million dollars a year.

You cannot make this stuff up. They are cutting taxes for insurance company executives who make more than half a million dollars each year, and they are financing it by cutting healthcare for the people we all represent.

Fifth, this bill will blow up the debt and the deficit. The crazy thing is, we don't actually know how much our debt and deficit will increase because Republicans are in such a hurry to rush this through without a formal CBO analysis. We have no idea how much this is going to cost—probably trillions, but they haven't even asked for a CBO score. They don't want to know how much this is going to blow up the debt and the deficit because all of the fiscal hawks will be found to be hypocrites who have been railing about deficits for all of their career. Yet this might be the biggest budget-busting piece of legislation in many, many years, and they don't want to know how much it costs because they have made a promise. They are going to go ahead and fulfill that promise no matter how ridiculous it is.

Sixth, this bill will trash mental health coverage. The ACA was a huge step forward for the mental health community because it required insurance companies to cover mental health and substance abuse disorders. We are in a moment when every State is struggling with an addiction crisis. What I don't know is why we would rip away these services when so many people are counting on it to break their addictions.

Seventh, this bill will defund Planned Parenthood because they can't help themselves in the U.S. House of Representatives. Planned Parenthood is a

provider that offers healthcare to millions of women across the country, but this bill will stop low-income women from getting critical health services like breast cancer screenings from local clinics. Oftentimes, this would happen in communities where women have nowhere else to turn. Many community health centers don't have the services women need or they have twice the wait times that a Planned Parenthood would have. For women waiting to find out if they have cancer, that is simply not an option.

Finally, this bill is too partisan. I think we can all agree that our approach to healthcare could use some improvements, and I am more than ready to work with my Republican colleagues to make healthcare better. That is not just a rhetorical flourish. I have tried to back that up with my legislative actions. I have worked with Senator HATCH on legislation to increase access to high-quality care in hard-to-reach regions. I have worked with Senator CASSIDY and many others on a bill to create a public health emergency fund. I have worked with Senators WICKER, COCHRAN, and THUNE on a telehealth bill.

We can work together on healthcare, but it requires three things: No. 1, good faith, and there is no good faith in this piece of legislation. No. 2, bipartisanship. This bill, I am quite sure, will get zero Democratic votes in the House or the Senate. No. 3, we need legislative hearings. We need to have a conversation in the light of day and let the American people weigh in. We need to figure out what it is that they are doing to the American healthcare system.

If they are so proud of their plan, why no hearings? If they are so proud of their plan, why not get at least a score from the Congressional Budget Office? If they are so proud of their plan, why do they lack the confidence that any Democrat will support it?

Look, we do have the opportunity to work together to improve healthcare, but this bill is basically a mess. It is worse than I thought. I think it is worse than a lot of people thought, especially given that they have been talking about this for 7 years. So one might think they would have had a really well-thought-through plan. This has all of the characteristics of something that was rushed out the door in about a 48-hour period.

I hope my colleagues will join me in opposing this very bad piece of legislation and give us some space and time to do this right and to do this in a bipartisan fashion.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. HOEVEN). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MURPHY. Mr. President, I ask unanimous request that the order for the quorum call be rescinded.

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

Mr. MURPHY. Mr. President, TrumpCare is here, and you are going to hate it. This replacement for the Affordable Care Act has been 7 years in the making. On a cursory overview, it appears that when you ask the question as to who gets hurt under the replacement plan, the answer is everyone, with the exception of insurance companies, drug companies, and the very wealthy.

I hope we are able to step back and take our time to analyze what this replacement plan is going to do to Americans who badly need healthcare, who believed Republicans when they told them that they were going to repeal the bill and replace it with something better, and who believed President Trump when he said that he was going to repeal the Affordable Care Act and replace it with something that was wonderful, that insured everybody who was insured under the Affordable Care Act and did it at lower costs.

I know that my colleagues who are well meaning in this Chamber cannot read this replacement plan and understand it to do anything but strip coverage away from millions of Americans and to drive up costs for millions of Americans. There is no credible way to look at this replacement plan without seeing the devastation that will be wrought.

I want to spend just a few minutes, now that we have had this plan to look at for 24 hours, talking about how dangerous it is and pleading with my Republican colleagues to take their time and, hopefully, decide instead to work with Democrats to try to strengthen the Affordable Care Act, fix what is not working as well, but preserve the parts that are working.

Here is what I mean when I say that everyone, with the exception of insurance companies, drug companies, and the superrich, is hurt by the GOP replacement plan. First, this idea that we are going to end the Medicaid expansion—that is what this replacement plan does. It says that in 2 years, effectively 2020, the Medicaid expansion will go away. That means in my State, 200,000 people will lose healthcare. Millions across the country will lose healthcare. They are, by and large, the poor and the lower middle class—largely women and children who can't get insurance other than through the Medicaid expansion—who will no longer be able to get it. Medicaid has been expanded in Democratic States, Republican States, blue States, red States. Letting Medicaid expansion hang around for 2 years is no solace to people who will jam into those years as much healthcare as they can get, but then be without it afterwards.

Even more insidious is the part of the GOP healthcare replacement plan that would turn Medicaid into a block grant after 2020. This has been talked about in conservative circles for a long time, but has been resisted, again, by Democrats and Republicans who understand what that means. It means Medicaid

will eventually wither on the vine and will become a State responsibility. No longer will the Federal Government help States pick up the costs for insuring the most vulnerable citizens.

Remember who Medicaid covers. Medicaid covers 60 percent of children with disabilities in this country. Of the tens of millions of kids living with disabilities, 6 out of 10 of them get their insurance from Medicaid. If Medicaid is turned into a block grant, let me just tell you, let me guarantee you that healthcare will end for millions of those kids. If it does not end, it will be dramatically scaled back because States cannot afford to pick up 60, 70, 80 percent eventually of the cost.

Thirty percent of non-elderly adults with disabilities are covered by Medicaid. Sixty-four percent of nursing home residents are covered by Medicaid. Two out of every three of our senior citizens who are living in nursing homes are covered by Medicaid. If you block-grant Medicaid, all of a sudden States will not be able to pick up those costs and will not be able to deliver healthcare to people in nursing homes. That is just the truth.

The Republican bill effectively ends coverage for 11 million people all across this country who are covered by the Medicaid expansion after 2 years, and then it jeopardizes care for tens of millions more by dramatically cutting the Medicaid Program and the Medicaid reimbursement to States. This is not a game; this is 11 million people.

Remember, it is not a guess because in 2020 you will be reverting back to the rules before the Affordable Care Act. Before the Affordable Care Act, 11 million fewer people were covered under Medicaid. Even if States maybe hang around and decide to front the billions of dollars necessary to cover a few million of those, you are still talking about 5, 6, 7, 8, 9 million people who will lose insurance—again, people who can't buy it anywhere else. This is people's lives we are playing with—as I mentioned, 200,000 in Connecticut alone.

Do you know who else gets hurt by this replacement plan? Older Americans. It seems that older Americans are really targeted in this plan because although the underlying Affordable Care Act says that you can't charge older Americans more than three times that of younger Americans, this replacement plan changes the rules. It allows insurance companies to jack up prices on older Americans. So a 60-year-old would have their premium go up by about one-quarter. That is roughly \$3,000, according to an AARP study. I don't know about the Presiding Officer, but a lot of adults getting ready to qualify for Medicare in Connecticut don't have \$3,000 sitting around.

But it gets worse. Because the premium support is so skimpy, under this plan, that same 60-year-old in Connecticut would have their premium support—their tax credit—cut in half, from \$8,000 down to \$4,000. Do the math.

That is a \$9,000 increase in healthcare costs for a 60-year-old resident in Connecticut. That is unaffordable. There is just no way for anybody to say that for that 60-year-old living in Connecticut or living in Nebraska or living in California, that is better healthcare. Nine thousand more dollars out of pocket for a 60-year-old is not better healthcare.

The claim is that this bill will cover people with preexisting conditions, but because there is no minimum benefit requirement, the plans don't have to cover anything that you need for your preexisting condition. So, yes, they can't technically charge someone with cancer more, but they don't have to cover chemotherapy. The Affordable Care Act says insurance has to be insurance. There has to be some minimum, basic level of benefits so that everybody knows that when they buy an insurance plan, they are basically getting coverage for maternity care, for cancer treatment, for mental illness. Because this legislation strips away any requirement that insurance be insurance, maybe you get insurance if you have cancer, but it may not cover anything you have.

Of course the cruellest piece of this bill says that if you lose insurance, you then get charged more. Republicans are right that in the Affordable Care Act as it exists today, there is a penalty if you don't buy insurance. Republicans just do their penalty differently. What this replacement plan says is that if you lose insurance and you try to get it later on, you will pay 30 percent more. I admit that there is a penalty in the underlying Affordable Care Act and there is a penalty in the Republican bill, but the problem is that under the existing Affordable Care Act, the help you get to buy insurance allows you to buy insurance. That is why 20 million people have insurance today. But because the tax credits are basically cut in half under this proposal, it will render healthcare unaffordable; thus, more people will have gaps in coverage; thus, more people will pay the penalty.

So in the end, this bill really does not provide protection for people with preexisting conditions because they are not going to be able to buy insurance in the first place. They are going to fall into that gap, and then they are going to have to pay more. Even if they do have insurance, it may not even cover what they need.

All of this is made harder to understand because it seems to be one big excuse to deliver a giant tax cut to the wealthy. The Joint Committee on Taxation estimates that this bill would cut taxes by \$600 billion for the wealthiest Americans. The Affordable Care Act was financed in part by a tax on unearned income for people making over \$250,000 a year. I live in a pretty wealthy State—Connecticut—but people who are making \$250,000 and a whole lot of unearned income are not amongst the most needy in our society. The average tax cut under this bill

would be \$200,000. Why? Because we are taxing so few people who are making such big amounts of money, the average tax cut would be \$200,000.

It is so hard to understand because when you do the sum total of parts that are moving under this replacement plan, it seems as if the biggest parts that are moving are care away from millions of poor people and the elderly and money going to the wealthiest 1 percent of Americans. That is not hyperbole; that is just how this bill works out.

The biggest net result of this bill from the status quo is that millions of people who are on Medicaid today in a few years won't have it—those are kids; those are the disabled; those are the elderly—and a handful of very wealthy Americans will make out with enormous tax cuts under this legislation.

I guess it is no secret that this bill was crafted behind closed doors. Seven years in the making, and this bill was hidden from public view until yesterday. Now House Republicans are saying they are going to give the American public 1 week to look at this. No estimate of the cost—they are going to ram it through as quickly as they can.

I held half a dozen townhalls in the summer of 2009, when the tea party tempest was at its highest, where people really wanted to talk to me about how upset they were with the way the healthcare debate was going. One of the refrains that I heard in those townhalls was that Democrats were ramming through the Affordable Care Act. Everybody heard it. Ramming through the Affordable Care Act. It was on FOX News every night. It was part of our townhalls regularly.

Well, let me tell you what happened in 2009. The House process spanned three committees: the Energy and Commerce Committee, the Ways and Means Committee, and the Education and Labor Committee. The House had 79 bipartisan hearings and markups on the health reform bill—79 bipartisan hearings and markups. House Members spent nearly 100 hours in hearings, heard from 181 witnesses, and considered 239 amendments and accepted 121. The HELP Committee had 14 bipartisan roundtables, 13 bipartisan hearings, and 20 bipartisan walkthroughs on health reform. The HELP Committee considered nearly 300 amendments and accepted 160 Republican amendments. The Finance Committee held a similar process. When the bill came to the floor, the Senate spent 25 consecutive days in session on health reform—the second longest consecutive session in history.

So don't tell me that the Affordable Care Act was rushed through when during that time the HELP Committee considered 300 amendments, held dozens of hearings, and in 2017 there are going to be no committee meetings, no committee markups, no committee amendments, and barely a week for the public, for think tanks, for hospitals,

for doctors, for patients to be able to consider the chaos that will be wrought if this healthcare plan goes through.

So I am on the floor today to plead with my Republican colleagues to step back from this potential debacle. This seems like it was written on the back of a napkin in order to rush something out into the public so that Republicans can claim they are fulfilling the promise they made, without thinking through the consequences.

Over and over again, I heard my Republican friends and President Trump say they are going to repeal the Affordable Care Act and replace it with something better. I heard the new Secretary of Health and Human Services say that no one was going to lose insurance, that costs were not going to go up, and that the insurance protections were going to be preserved. None of that will be true under the current plan under consideration. Everybody knows it, which is why it is being hidden from public view.

Politicians love praise. We love good press. So if Republicans thought this was a praiseworthy plan, they would not be hiding it. They would not be trying to rush it through. They would be celebrating an achievement they have been crowing about for years—replacing the Affordable Care Act with something that is better.

This is worse for everyone except for insurance companies, drug companies, and the superrich. The superrich get a big tax cut, and all of the fees that were levied on the insurance companies and drug companies that were used to pay for additional expansion go away.

Tucked inside here, there is even a very specific tax cut for insurance company CEOs. I mean, think about that. Tucked into this bill is a specific tax cut for a select group of individuals—insurance company CEOs. I represent a lot of those CEOs, but it does not make it right.

I hope we will find a way to work together to try to strengthen the Affordable Care Act and fix what is wrong. The plan that was unveiled yesterday—I understand not by the Senate but by the House—hurts everybody except for a select few. I think most of my colleagues know we can do better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that at 3:45 p.m. today, there be 15 minutes of debate remaining on H.J. Res. 44, equally divided in the usual form.

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

DISCHARGE AND REFERRAL—S. 416

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that the Committee on Small Business and Entrepreneurship be discharged from further consideration of S. 416 and the bill be referred to the Committee on Banking, Housing, and Urban Affairs.

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

Ms. MURKOWSKI. Mr. President, we are coming to the end of debate on the disapproval resolution for the BLM Planning 2.0 Rule. I would like to take just a few minutes to highlight the very broad support it has drawn here on Capitol Hill but really across the country.

Here in the Senate, I mentioned earlier that there is a total of 17 Members who have joined me in sponsoring our version of this resolution. That is nearly one-fifth of this Chamber. It includes every Republican from a Western State with BLM lands within its borders. These are Alaska, Arizona, Idaho, Nebraska, Utah, Wyoming, Colorado, Nevada, Montana, even Kentucky, and the State of the occupant of the Chair, North Dakota, and Oklahoma, so a very strong contingent of Members who are in support of this disapproval resolution.

Across the Capitol, the House of Representatives passed this resolution with bipartisan support a couple of weeks ago through the leadership of Representative CHENEY of Wyoming. This resolution wound up with 234 votes in the House. That is a pretty strong vote.

The reason why so many Members of the House and the Senate want to overturn BLM's planning 2.0 Rule is pretty simple. We know what it means for our Western States. We don't like the impacts that it will have and neither do a wide variety of elected officials and stakeholders back home.

In my State of Alaska, I have heard from the Alaska Municipal League, the Alaska Farm Bureau, and the Associated General Contractors of Alaska. The Greater Fairbanks Chamber of Commerce wrote to ask us to overturn the rule. The Alaska Chamber wrote in support of our resolution because they said BLM's planning process "has grown to be substantially lengthier, more confusing, and burdensome for stakeholders to engage in."

We have heard from our leaders in the Alaska State Legislature, State Senators Pete Kelly and John Coghill, who have asked for this rule to be nullified, as have several of our Alaska Native corporations, including CIRI, Oligonik, and Calista Corporation. The Alaska chapter of the Safari Club opposes it because its landscape-level approach to land management planning has the potential to withdraw and lock up even more land in Alaska.

Alaska's energy, mineral, and timber producers are united in their opposition to this rule and in their support of our disapproval resolution. We have heard from the Resource Development Council, the Alaska Oil and Gas Association, the Alaska Forest Association, the Council of Alaska Producers, the Alaska Support Industry Alliance, the Forty-mile Mining District, and the Alaska Miners Association, and they all oppose BLM's planning 2.0 Rule because it reduces economic opportunities for Alaskans—those who actually live near these BLM lands, who know

the most about them, and who depend on them to provide for their families.

It is the same story in many other Western States, from Arizona and New Mexico to Washington and Oregon, to Montana and South Dakota. This rule affects all 12 BLM States, and those States just are not happy about it.

We have heard from about 80 groups so far that oppose that rule, and I ask unanimous consent that a copy of the list of supporters be printed in the RECORD.

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

S.J. RES. 15/H.J. RES. 44
STRONG SUPPORT FROM WESTERN
STAKEHOLDERS

NATIONAL STAKEHOLDERS

American Energy Alliance, American Exploration and Mining Association, American Farm Bureau Federation, American Petroleum Institute, Americans for Prosperity, American Sheep Industry Association, Association of National Grasslands, Independent Petroleum Association of America, National Association of Conservation Districts, National Association of Counties, National Association of State Departments of Agriculture, National Cattlemen's Beef Association, National Mining Association, National Water Resources Association, Public Lands Council, U.S. Chamber of Commerce, Western Energy Alliance.

STATE STAKEHOLDERS

Associated General Contractors of Alaska, Alaska Chamber of Commerce, Alaska Chapter, Safari Club International, Alaska Farm Bureau, Inc., Alaska Forest Association, Alaska Miners Association, Alaska Municipal League, Alaska Oil and Gas Association, Alaska Support Industry Alliance, Alaska Trucking Association, Calista Corporation, Cook Inlet Region, Inc., Council of Alaska Producers, Fortymile Mining District, Greater Fairbanks Chamber of Commerce, Members of the Alaska State Senate, Ogoonik Corporation, Resource Development Council.

Arizona Association of Counties, Arizona Cattle Growers Association, Arizona County Supervisors Association, Arizona Farm Bureau Federation, Arizona Mining Association, California Cattlemen's Association, California Farm Bureau Federation, California Wool Growers Association, Rural County Representatives of California, Colorado Cattlemen's Association, Colorado Farm Bureau, Colorado Wool Growers Association, Idaho Cattle Association, Idaho Farm Bureau Federation, Idaho Wool Growers Association, Montana Association of Counties, Montana Association of State Grazing Districts, Montana Electric Cooperatives' Association.

Montana Farm Bureau Federation, Montana Mining Association, Montana Petroleum Association, Montana Public Lands Council, Montana Stockgrowers Association, Montana Wool Growers Association, Eureka County, Nevada, Nevada Association of Conservation Districts, Nevada Association of Counties, Nevada Cattlemen's Association, Nevada Farm Bureau Federation, New Mexico Cattle Growers' Association, New Mexico Farm and Livestock Bureau, New Mexico Wool Grower, Inc., North Dakota Stockmen's Association, Association of Oregon Counties, Oregon Association of Conservation Districts, Oregon Cattlemen's Association.

Oregon Farm Bureau, South Dakota Cattlemen's Association, South Dakota Public Lands Council, Utah Association of Con-

servation Districts, Utah Association of Counties, Utah Cattlemen's Association, Utah Farm Bureau Federation, Utah Wool Growers Association, Washington Cattlemen's Association, Washington Farm Bureau Federation, Western Interstate Region of NACo, Governor Mead of Wyoming, Petroleum Association of Wyoming, Wyoming Association of Conservation Districts, Wyoming County Commissioners Association, Wyoming Farm Bureau, Wyoming Stock Growers Association, Wyoming Wool Growers Association.

Ms. MURKOWSKI. This list includes our Nation's energy and mineral producers, the people who keep our lights on, who provide fuel for our vehicles, and who construct everything from semiconductors to skyscrapers. The American Petroleum Institute, the Independent Petroleum Association of America, the Western Energy Alliance, the National Mining Association, and the American Exploration & Mining Association are all opposed to this rule, and so are many State groups, like the Arizona Mining Association, the Montana Electric Cooperatives' Association, and the Petroleum Association of Wyoming.

Joining them are many of our Nation's farmers and ranchers, the individuals who provide so much of our Nation's food supply, whether that is steak or whether that is milk or something else. The National Cattlemen's Beef Association and the American Sheep Industry Association have registered their opposition. The American Farm Bureau Federation opposes the rule and so do many of its State partners, including the Colorado Farm Bureau, the New Mexico Farm & Livestock Bureau, the Oregon Farm Bureau, and the Washington Farm Bureau.

Perhaps most critically, planning 2.0 has drawn strong opposition from local and State governments, the entities that are elected to represent all of the people, not just one specific interest. The National Association of Counties, the voice of county governments all across the country, sent a letter outlining their support for the disapproval resolution. Another group, the National Association of Conservation Districts, wrote that planning 2.0 should be repealed because it "skirts the Federal Land Policy and Management Act and reduces the ability of local government involvement" while seeming "forced and blind to the many issues raised in the public comment period."

Again, this disapproval resolution has drawn strong support from a wide range of stakeholder groups—energy, mining, and grazing, America's farmers and ranchers, State officials, local counties, and conservation districts. Everything from the Alaska Trucking Association to the Public Lands Council and the U.S. Chamber of Commerce have all weighed in. At last count, more than 80 groups had asked us to repeal BLM's planning 2.0 Rule, and I am sure there are many others that are not included in that count.

We have heard such strong support because this is a misguided rule that

will negatively impact our Western States. It subverts the special status relationship between the Federal Government and the States and local governments. It limits local involvement and local input. It opens the door for decisionmaking authority to be centralized at BLM's headquarters here in Washington, DC. It upends BLM's multiple-use mission by allowing the agency to pick and choose among preferred uses, while sidelining industries that provide good-paying jobs in our western communities.

I think there is broad agreement that planning 2.0 should be overturned. That is what we are here to do, and we will have that opportunity in just a few moments.

So I ask all Members of the Senate, including those who do not have BLM lands in their States, to consider the strong support this resolution of disapproval has drawn and to join us in passing it at 4 o'clock.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Mr. President, we had a chance earlier today to talk about this Congressional Review Act resolution before us that I urge my colleagues to turn down. This resolution basically would negate a very important aspect of a rule that was put in place to help the public have more input on public lands.

The rule was pretty straightforward—common sense—to make sure that there was a lot of increased public input to bolster the decisionmaking process and to ensure that there are 21st century management policies in place.

There is nothing in this rule that was implemented in the last administration that erodes or takes away from the States' and local governments' planning processes and the decisionmaking they do.

So it is very important to me that we continue to have the transparency and openness and sunshine in our public planning. I think one editorial from the Post-Register from Idaho said it best. So I will read from it.

Resource management planning. Sound boring? Maybe. But if you are a Westerner, it definitely shouldn't be.

Resource management planning (RMP) affects how you can or can't use the vast swaths of public lands outside your back door for things like hunting, camping, four-wheeling, hiking, fishing, and rock climbing—a lot of the things you probably love about being a Westerner.

With a new Republican presidential administration in power and the GOP-controlled Congress rubbing its hands together in delight, ready to implement part one of its grand scheme for public lands—cashing in on

those resources—RMPs should get a whole lot more interesting to Westerners.

Since 2014, BLM officials have been toiling away, rebuilding the current rules for land use planning in a significant way for the first time since 1983. . . .

One important change is that Planning 2.0 would let the BLM take into account local impacts from the beginning.

Going on to read from the editorial:

The Republican-controlled House has already passed a resolution to strike Planning 2.0 from the books once and for all. The Senate will vote within days on whether or not they'll use the same sledgehammer—the Congressional Review Act (CRA). It's an especially diabolical weapon.

Once the CRA is used on Planning 2.0, it will be gone forever. It prevents future BLM rules for planning land use from being introduced if they are "substantially the same."

The utterly confounding part is why this rule is being picked on in the first place. . . .

Planning 2.0 actually mandates more local control, gives it more often and is a smarter, more elegant solution to sharing use of our public lands.

I couldn't say it better than that editorial. Local communities are watching. They want more sunshine. They want more input. They want a smoother process. They don't want lawsuits that take forever. They want us to work in a collaborative fashion, guaranteeing the public input of local governments, States, and our citizens in how we manage our Federal lands.

I urge my colleagues to turn down this resolution.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. STRANGE). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Mr. President, I yield back the remaining time.

The PRESIDING OFFICER. All time is yielded back.

The joint resolution was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The joint resolution having been read the third time, the question is, Shall the joint resolution pass?

Mr. WICKER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 51, nays 48, as follows:

[Rollcall Vote No. 82 Leg.]

YEAS—51

Alexander	Fischer	Paul
Barrasso	Flake	Perdue
Blunt	Gardner	Portman
Boozman	Graham	Risch
Burr	Grassley	Roberts
Capito	Hatch	Rounds
Cassidy	Heller	Rubio
Cochran	Hoeven	Sasse
Collins	Inhofe	Scott
Corker	Johnson	Shelby
Cornyn	Kennedy	Strange
Cotton	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	McCain	Tillis
Daines	McConnell	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young

NAYS—48

Baldwin	Gillibrand	Murray
Bennet	Harris	Nelson
Blumenthal	Hassan	Peters
Booker	Heinrich	Reed
Brown	Heitkamp	Sanders
Cantwell	Hirono	Schatz
Cardin	Kaine	Schumer
Carper	King	Shaheen
Casey	Klobuchar	Stabenow
Coons	Leahy	Tester
Cortez Masto	Manchin	Udall
Donnelly	Markley	Van Hollen
Duckworth	McCaskill	Warner
Durbin	Menendez	Warren
Feinstein	Merkley	Whitehouse
Franken	Murphy	Wyden

NOT VOTING—1

Isakson

The joint resolution (H.J. Res. 44) was passed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 18, Seema Verma, to be Administrator of the Centers for Medicare and Medicaid Services.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Seema Verma, of Indiana, to be Administrator of the Centers for Medicare and Medicaid Services, Department of Health and Human Services.

Mitch McConnell, Steve Daines, John Cornyn, Tom Cotton, Bob Corker, John Boozman, John Hoeven, James Lankford, Roger F. Wicker, John Barrasso, Lamar Alexander, Orrin G. Hatch, David Perdue, James M. Inhofe,

Mike Rounds, Bill Cassidy, Thom Tillis.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the nomination be waived.

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

LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF A RULE SUBMITTED BY THE DEPARTMENT OF EDUCATION—MOTION TO PROCEED

Mr. McCONNELL. Mr. President, I move to proceed to H.J. Res. 58.

The PRESIDING OFFICER. The clerk will report the motion.

The bill clerk read as follows:

Motion to proceed to H.J. Res. 58, providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to teacher preparation issues.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF A RULE SUBMITTED BY THE DEPARTMENT OF EDUCATION

The PRESIDING OFFICER. The clerk will report the joint resolution.

The bill clerk read as follows:

A joint resolution (H.J. Res. 58) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to teacher preparation issues.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Nebraska.

Mr. SASSE. Mr. President, I rise in support of S.J. Res. 26, a resolution to disapprove the Obama administration Department of Education's regulation on teacher preparation issues. This resolution is simple. It overturns the last administration's overreach into scores of States and territories, into thousands of college and university teacher preparation programs, and into millions of American classrooms.

Last night, I drafted a fairly detailed statement on some of the problems deep inside this regulation, but I have decided to skip past most of that. Why? Because the problem with this regulation is actually much more basic than all of the substantive problems in the regulation. This regulation actually makes the assumption that bureaucrats in Washington, DC, are competent to micromanage teacher training programs in America. That is what this regulation ultimately does, and that is absurd.