

and diplomats. It would damage our standing on the world stage and allow China to take the high moral ground and the economic upper hand in combatting climate change. Most importantly, a great step forward made by President Obama to get the entire world community to work in a coordinated and concerted effort to reduce carbon pollution so that the United States does not have to bear the burden and so that China would do much more than it has done—all that would be undone in one fell swoop.

Europe and other countries have warned the Trump administration that abandoning the Paris Agreement could lead to carbon tariffs on U.S. goods, stymying access to global markets for our companies and undercutting our trade position. That is why hundreds of American companies, including 28 Fortune 100 CEOs representing 9 million jobs, support the climate agreement.

There is a giant difference between putting America first and making America an international pariah. The latter approach only undermines our power and erodes our standing in the world. Right now, there are only two countries in the world that are not parties to the Paris Agreement—Syria and Nicaragua, the latter of which objects because they feel the agreement is not strong enough.

Climate change is real. It is driven by human activity. It is happening right now. These are facts. They are not in dispute. Our scientists know it, our businesses know it, the world knows it, and the American people who have experienced such changes in weather and climate know it too. The United States needs to have a seat at the table as the world works together to solve this existential challenge.

I strongly encourage the administration to rethink its position and remain in the agreement.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Florida.

REPUBLICAN HEALTHCARE BILL

Mr. NELSON. Mr. President, I want to talk as well about the Republican healthcare plan and point out why it is moving on very treacherous territory when it will affect the funding of Medicaid by lessening the amount of Medicaid money that will be spent in the States, because so much of that Medicaid money is going to address the opioid crisis.

The opioid crisis, we found last year—you know, there was a lot of talk about it being in New Hampshire when the eyes of America were on New Hampshire in the New Hampshire primary. But the fact is, it is in every State now. It is particularly so in my State of Florida. There are something like 2,600 deaths that have occurred in Florida as a result of opioid overdoses. So the seriousness with which we are addressing this issue ought to be of extreme concern, and we ought to be doing something about it. Yet a bill just passed by the House of Representa-

tives is doing exactly the opposite. It is going to cut Medicaid. It is a fancy term, cutting Medicaid with a block grant. What it means is that it is going to be capped. That means a State is not going to get any more Medicaid once that cap has been hit, unless the State responds. So, in essence, it is going to cost the States more money. I don't think you will find many States that are in such a fiscal condition that, in fact, they could do that.

So what are we doing? We are harming poor people and the disabled who get their healthcare from Medicare and Medicaid. In fact, we are not only harming all of them, but addressing the opioid crisis will be particularly hurt.

What I want to talk about today is the Republican healthcare plan that passed out of the House last week. This plan is going to increase costs for older Americans. Remember, it is going to go on a ratio. Instead of 1 to 3, or older Americans being charged three times as much in health insurance as younger Americans, it is going to go up to a ratio of at least 1 to 5, and maybe more. So it is going to increase costs for older Americans. It is going to cut Medicaid, and it is going to take healthcare coverage away from tens of millions of people.

Right now as a result of the ACA, there are 24 million people who have health insurance coverage who did not have it before this law was passed in 2010. It is going to reverse that. Do we want to take away healthcare from people who can now have healthcare through Medicaid and/or health insurance because they can now afford health insurance? Is that really a goal the United States wants to do—to take away healthcare through private health insurance? I don't think that is what we want to do, but that is what the House of Representatives' Republican healthcare bill has done.

If we just look at my State of Florida, there are almost 8 million people who have a so-called preexisting condition. This includes something as common as asthma. That is a preexisting condition. As a former elected insurance commissioner of Florida, I can tell you that some insurance companies would use as an excuse as a preexisting condition something as simple as a rash and say: Because you have a preexisting condition, we are not going to insure you. Under the existing law, the Affordable Care Act, an insurance company cannot deny you with a preexisting condition. Just in my State alone, there are almost 8 million people who have a preexisting condition. Are we going to turn them out on the streets because their insurance company says they are not going to carry them anymore? I don't think that is what we want to do.

The bill allows insurers to charge older Americans at least five times more than what they charge younger adults. Is that what we want to do?

What is the principle of insurance? The principle of insurance is that you

spread the risk. You get as many people in the pool as you can—young, old, sick, healthy—and you spread that risk.

If you get fire insurance on your home, you are paying a premium every month and the insurance company has calculated in an actuarial calculation what it is going to cost you to insure, and you are part of hundreds of thousands of people in that pool who are also insuring against fire damaging their house. It is the same principle with health insurance. So you get young and old, sick and well, and some people with preexisting conditions, and you spread that risk over a lot of people. One of the fallacies we hear is that we can create this by creating a high-risk pool. In other words, we are going to set up some money for people who have really sick conditions, and we are going to take care of them. That is the most inefficient way to do it because insurance is about spreading risk, not concentrating risk, which is what a high-risk pool exactly is. So the House of Representatives, which has concocted this thing called the Republican healthcare plan, has come up with exactly the opposite idea of funding—instead of spreading the risk, concentrating the risk, and then saying that they are going out and getting \$8 billion and that is going to pay for it. It is not even going to touch it. It is the most inefficient way to approach the subject of spreading risk, because they don't spread the risk. They concentrate the risk.

What this bill does is that over 10 years it cuts over \$800 billion out of Medicaid. You start doing that, and you are going to lose what we know of as Medicaid, a healthcare program primarily for the poor and the disabled.

By the way, isn't it interesting that they cut over \$800 billion and save it out of Medicaid, and what did they do in the same bill? They give upwards of \$600 billion in tax breaks to those who are at the highest income levels. Let me get this right. It is kind of a reversed Robin Hood. I am going to take from the poor by cutting \$800 billion, and I am going to give to the rich by tax breaks for the highest income folks. Is that what we want to do? I don't think so.

Medicaid is a program that guarantees healthcare for millions of Americans, including children, people with disabilities, pregnant women, and seniors on long-term care. Think about that. What am I talking about? It is seniors in long-term care, seniors in nursing homes, who don't have enough resources or enough assets in order to pay for their care in their twilight years. Therefore, they are being paid by Medicaid, and that is the only source of income to take care of them. Is that what we want to cut in order to give a tax break for the highest income group? It ought to be the reverse. That is upside-down thinking.

Last week the Florida Medical Examiners Commission released new data

showing that over 2,600 Floridians have died from opioids in just the first half of 2016 alone. Over the entire year before, 2015, fentanyl, an opioid, killed 705 Floridians. Just in the first half of 2016, almost the exact same number, 704, died. We have a problem in the State of Florida, and there are a lot of other States that have the same.

Last month I went to a research institute down in Palm Beach County. They are using NIH grant money to research new nonaddictive opioid drugs. If they can come up with this, that is certainly all for the better to help people with pain and so that they are not being given an addictive drug. But we are not there yet, and we are using NIH money that is going into that research.

Last month I sent a letter to the Republican leadership pushing for more funding for the opioid fight and for the National Institutes of Health, or NIH.

Mr. President, I ask unanimous consent to have that letter printed in the RECORD.

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

UNITED STATES SENATE,
Washington, DC, April 26, 2017.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

DEAR LEADER MCCONNELL AND SPEAKER RYAN: As negotiations over the latest stopgap government funding measure continue, we urge you to focus on securing substantial funding in the appropriations legislation currently being negotiated for two of our most essential national priorities: fighting the opioid epidemic and investing in our nation's biomedical research programs.

Every day, 91 Americans die from an opioid overdose, and despite the tireless work of many in our communities, this public health epidemic is only getting worse. Currently, only 10 percent of individuals who need specialty treatment for substance use disorder actually get it—not because we don't know how to help, but in large part because there aren't enough funds to provide these services. We need substantial additional resources to fight this epidemic and fund prevention, treatment, and recovery activities.

It is also essential that we increase our investment in the National Institutes of Health (NIH), our nation's premier research institution. NIH funding supports innovative, cutting-edge research that plays a critical role in the development of lifesaving cures for diseases. Our ability to fight Alzheimer's disease, diabetes, cancer, heart disease, and many other diseases depends on our willingness to invest in science. While investments in the NIH have consistently produced tremendous value, funding for the NIH has failed to keep pace with inflation over the last several decades.

It is essential to provide new funding to fight the opioid epidemic and support biomedical research at the NIH. This new funding should not fill in for cuts made elsewhere to opioid and NIH funding. It is also essential that opioid funding be distributed to the communities that need it most and that have been hardest hit by this terrible public health epidemic.

While past Congresses have made promises about providing states with additional funding to address the ongoing opioid crisis, ap-

propriations legislation like the pending budget deal is where the bill comes due. Americans are counting on Congress to live up to its commitments by supporting funding for the priorities that matter most in their lives. Funding to fight the opioid epidemic and support research into lifesaving cures through the NIH rank at the top of this list, and we urge you to include substantial additional funding for these areas in the appropriations legislation now being negotiated.

Sincerely,

Senator Elizabeth Warren, Senator Bill Nelson, Senator Benjamin L. Cardin, Senator Tom Udall, Senator Dianne Feinstein, Senator Debbie Stabenow, Senator Sherrod Brown, Senator Jeanne Shaheen, Senator Al Franken, Senator Richard Blumenthal, Senator Edward J. Markey, Senator Chris Van Hollen, Senator Margaret Wood Hassan, Senator Christopher Murphy, Senator Joe Manchin III, Senator Tammy Baldwin, Senator Cory A. Booker, Senator Tammy Duckworth, Senator Bernard Sanders.

MR. NELSON. So what we need to do is to take a comprehensive approach to helping our State and local governments respond to this opioid epidemic.

I was very happy to be an early part of putting together and sponsoring a bill called the Comprehensive Addiction and Recovery Act of 2016 and of the funding included in the 21st Century Cures Act to start putting more resources into our States right away for this opioid epidemic. Those laws have resulted in Florida's receiving more than \$27 million to help our State respond to the opioid crisis. Yet a lot more action is needed, as you can see by just the first half of last year alone, with 704 people dying from opioid overdoses.

Last week, in Florida a local paper reported about how the opioid epidemic is affecting our Nation's children. In 2015 alone, 167 babies were born in opioid dependency in just one city—Jacksonville—contributing to Duval County's being tapped as having the second highest number of babies born addicted to opioids in the State. Isn't that sad that children come into this world and they are already addicted?

We are dealing with people's lives here. We are dealing with their health. The last thing in the world we ought to be doing is cutting the resources of funding to help people who are in such dire straits. I would urge our colleagues to think twice about supporting this disastrous Republican healthcare bill.

I yield the floor.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

PARIS AGREEMENT

MR. CARDIN. Mr. President, on December 19, 2015, in Paris, France, diplomats representing more than 190

countries finalized the world's most ambitious, comprehensive, and achievable multilateral agreement to combat climate change at the United Nations Framework Convention on Climate Change's 21st Conference of Parties, or COP21.

I led a delegation of 10 Senators to COP21 to bolster U.S. leadership and to provide confidence in the U.S. commitment to the global effort to fight the existential threat of climate change. The result was an agreement that has nearly universal support, with every party committed to reducing carbon emissions. The momentum coming out of COP21 felt unstoppable.

That momentum continued through 2016. On Earth Day, an impressive 175 nations signed the Paris Agreement. Six months later, and in less than a year's time, the Paris Agreement reached the threshold for entry into force. Up until recently, the United States has led this global effort. The strength of our commitment and diplomacy spurred global enthusiasm for the Paris Agreement.

Some have said that we are the first generation to feel the effects of climate change and the last generation who can do something about it. Climate change impacts are apparent in my home State of Maryland. Recently, Annapolis began experiencing routine tidal flooding. Today's generations of Smith Islanders may be the last as a rising Chesapeake Bay encroaches further ashore each year.

Around the world, climate change is expanding the range and duration of regional wildfire seasons, prolonging extreme droughts in the Middle East and Southern Africa, which I have witnessed firsthand, and has caused Bolivia's Lake Poopo to evaporate entirely, and entire island nations are being swallowed up by the South Pacific.

The good news is, acting to prevent the worst effects of climate change holds tremendous economic and job growth opportunities for our Nation. The world looks toward the United States for leadership, not just in terms of domestic emissions reductions but also in our private sector and academia for clean energy solutions to power the world. Maryland is positioned to be at the forefront of U.S. leadership in technology innovation.

For example, the University of Maryland, in partnership with the U.S. Department of Energy and a number of Maryland private sector companies like Redox Energy, are leading the way in developing commercial-scale, in-demand technology that the global energy market is demanding.

In 2015, global investment in renewable energy was nearly \$350 billion, which was more than the global investment in fossil fuel energy. The Department of Energy's 2017 U.S. Energy and Employment Report showed that nearly 1 million Americans work in the energy efficiency, solar, wind, and alternative vehicles sectors. This is almost five times the current employment in