

are watching the students whom they get to know so well, to identify what students need help and what students don't. Often teachers get the first chance outside the child's home to see that they are clearly challenged or may be challenged in ways that are easily dealt with, if they are dealt with, and are really troublesome if they are not dealt with at all.

So while we celebrate Teacher Appreciation Week at the very end of school and Mental Health Month, I hope we commit ourselves to look at these mental health issues for what they are. They are health issues. They need to be talked about. The right thing to do is to deal with them.

I think we are seeing new and better things happen there, but we are not nearly where we should be yet. As I said earlier, when Senator STABENOW and I could go to the Floor on the 50th anniversary of the last bill President Kennedy signed and 50 years later talk about how few of the goals set in that bill have been met in five decades by society, we really have a lot of catching up to do.

I believe and hope we are catching up, and I hope this is a month where people really think about telemedicine, contacts, opportunities, and excellence in mental health in ways we haven't before.

I yield the floor.

The PRESIDING OFFICER. The assistant Democratic leader.

MEDICAL RESEARCH

Mr. DURBIN. Madam President, before the Senator from Missouri leaves the floor, I want to say a word about him and the topic he raised today about health and, in this particular case, children.

Senator BLUNT and I have adjoining States, Illinois and Missouri. We have joined up, as well, on the issue of medical research. I salute him. Even though he is my Republican colleague, I want to make clear that this is a bipartisan issue. He has made it a bipartisan issue. We had the good support of Senator ALEXANDER, Republican of Tennessee, and Senator MURRAY, Democrat of Washington.

The Senator from Missouri has done some amazing things. I want to say specifically for the Record that America owes him a debt of gratitude, as chairman of the Appropriations Subcommittee that is responsible for the National Institutes of Health, the foremost leading medical research agency in the world.

Let me tell you, with his leadership, what we accomplished. For two straight years, Senator BLUNT has been able to raise the appropriations for medical research at the National Institutes of Health by \$2 billion or more. The net result of that is that a \$30 billion budget has grown to almost \$34 billion. What does it mean? It means that researchers don't get discouraged. They stay on their projects. They keep working to find cures.

Secondly, we are making dramatic advances in medicine because of it. His

leadership has been absolutely essential. If there is ever a bipartisan issue, this is it. The Senator has been quite a leader in this regard.

I want to salute you for that while you are on the floor on the topic of healthcare and children.

Mr. BLUNT. Madam President, I appreciate my good friend's comments on this but also his commitment to seeing that we make this happen. As he mentioned, this is a bipartisan effort, but it is an effort that had about a 10-year lag, and we are doing our best to dramatically catch up with what is really an important time in healthcare research.

Mr. DURBIN. I thank my colleague from Missouri. I will tell you that he set a standard. I hope that both parties will agree that this is the starting point. For every year's budget, the starting point is at least a 5-percent real growth increase in medical research.

Thank you, Senator BLUNT, for your leadership.

HEALTHCARE LEGISLATION

Madam President, I also want to address an issue that came up in debate last week in the U.S. House of Representatives; that is, the question of the repeal of the Affordable Care Act. This is an issue where reasonable people can disagree about how exactly to run our healthcare system.

But at the end of the day, I hope that, as with medical research, we can all come together with some basic issues. Congress should not pass a law taking away health insurance coverage from Americans. Let's start there. Congress should work together on a bipartisan basis to find ways to reduce the cost of healthcare and health insurance premiums. I think we should agree on that too.

Third, we have to find a way to make sure that consumers and families across America are protected with health insurance that is there when they need it. Now, it was a little over a week ago when I became a statistic—not just a Senator but a statistic—in healthcare. I went through a heart catheter procedure in Chicago last week on Tuesday. After that procedure—which turned out just fine; thank you—I am a statistic. I am a person in America with a preexisting condition. I have to check that box that says I have had a heart procedure.

It used to be if you checked a box like that—diabetes, asthma, whatever you checked—it ended up having a direct impact on what you paid for health insurance or whether you could even buy it. There were people who survived cancer—children, adults—who could not buy health insurance because they were too big a risk for health insurance companies.

Well, we changed that. The Affordable Care Act changed that and said: Just because you have a preexisting condition—and one out of three Americans has one—you should not be denied coverage. Now, the House of Representa-

tives passed a bill that allows Governors literally to take away that requirement in health insurance plans. What are they thinking?

Do they think they are so darn lucky that they will never have an accident, never have a diagnosis where they end up with a preexisting condition? It can happen to anybody, and it does. So what the House of Representatives did in this regard is a step backward.

They also changed the Medicaid system. People have this image, when you say Medicaid: Oh, that is the same as Medicare. No, Medicare is for seniors and disabled people. Medicaid is a policy of health insurance that is available for people who do not have a lot of money. Well, who qualifies for that? Well, it turns out that the largest number of people who qualify for Medicaid are children and their moms.

In my State of Illinois, half of the kids who are born in the State are covered by Medicaid. So the moms, when they need prenatal care to make sure the babies are healthy, and the babies, when they need care after the hospital, rely on Medicaid. But that is not the most expensive thing when it comes to Medicaid. The most expensive thing in Medicaid are your moms, your grandmoms, and granddads who are in nursing homes. You know what happens? They reach a point where they need to be in a place where folks can watch them and help them.

They have medical issues and age is taking its toll. But many of them get there, and all they have is Social Security and Medicare, and it is not enough. So Medicaid steps in and supplements it so that your mom, your dad, or your grandmother can stay in that place, which is good for them, secure, safe, and with the right kind of healthcare. The other group that relies on Medicaid the most in their daily lives are disabled people, folks who are born with a disability or have acquired one in life and they need ongoing medical care they cannot personally afford.

Children and their moms, elderly folks in nursing homes, and disabled people depend on Medicaid. So what does the Republican bill that passed the House of Representatives do to the Medicaid Program across America? It ends up cutting over \$800 billion in coverage. What it means in Illinois is that 1 million people—out of our 12.5 million population—are likely to lose their health insurance because of the action taken by the House of Representatives.

Even my Republican Governor in Illinois came out publicly and said what they did in the House of Representatives is disastrous for our State. It has a significant negative impact on the cost of healthcare and the coverage of health insurance. So why would we want to do that? Why would we want to take health coverage away from the groups I just mentioned?

Do we want to put less money in prenatal care? Well, if we do, we run the risk that children will be born with problems and challenges that could

cost us a fortune and compromise their lives.

Do we want to put less money into supporting elderly people who are in nursing homes? Well, what are they going to do? What are they supposed to do? If they can't stay in a place that is good for them and with the right kind of care, does that mean the family now has to find a spare room for grandma or your mom? I hope not. These folks want to live in dignity, and they don't want to be in a situation where they have to look for charity or beg for help from their families.

The third group is disabled people. For goodness sakes, we are lucky. We have people with disabilities who are doing amazing things today. But many who are in lower income categories need the help of Medicaid.

I had a group of hospital administrators come in to see me this week from Illinois. They were from every part of the State. If you go down to our beautiful Southern Illinois area, there are some great towns. One of them is Anna, IL, right near Cobden, IL. It is down in the southern end of our State. It is a very rural area with smaller towns.

Then I had administrators in the same group from Quincy, IL, from Springfield, IL, my home town, and from the city of Chicago. They all came here to tell me the same thing: The bill that passed the House of Representatives last week is a disaster when it comes to Illinois hospitals. They estimate they are going to lose up to 60,000 people who are currently working in hospitals in Illinois, because of that bill, and they are also going to see closures and reductions in services at these same hospitals while we see the Medicaid cutbacks take place.

Now, why is that? Let's assume you have a small rural hospital in a town that you live in. If you do, you value it very much because that means there is healthcare there, right next door, when you need it. You don't have to drive 50 miles or more. You have it right there. You also know it is a great employer in your area. You also know, as well, that that is the way you keep a lot of businesses in your town and attract new ones.

So what these hospitals are telling us is that the bill that passed the House of Representatives to repeal the Affordable Care Act is a threat to the future of those hospitals. If the patients don't come in covered by Medicaid and pay for some of their services, the hospitals will still treat them, but they are charity patients, then, and the hospitals have to charge every other patient more because of it.

So that is a terrible way for us to approach healthcare reform in America. That is the reality of what we face today. I am troubled by the fact that this bill, which passed the House of Representatives by two votes—two votes—if two Congressmen had voted the other way, this bill would not have

passed. This bill was never reviewed by the Congressional Budget Office. Well, who cares? I care.

For everything we do that is supposed to be that important to affect the American economy, we are supposed to go to the nonpartisan experts and ask them: Well, what does this really do? We have been held to that standard—Democrats have and Republicans, too—until now. Now, we have this decision by the House of Representatives to pass this bill affecting America's healthcare system—one-fifth of our economy, I might add—and they never went for an analysis to the Congressional Budget Office.

That has never happened before. They did it anyway. You know why they did it? Because the first version of this bill was a disaster. They sent that bill in for an analysis—24 million Americans losing their health insurance over the next 10 years. It was a disaster. They were afraid they would get the same analysis on the second bill. So they never sent it in for the analysis. In 2 weeks, we are going to have the numbers.

But it really gives you fair warning that this bill could be very hurtful to a lot of people across America, and yet it passed the House of Representatives. So today people say to me in Illinois, when I have town meetings: Well, we are listening to you, Senator. But what do you want to do about healthcare today? What would you change in the current system? Well, let me tell you first. I voted for the Affordable Care Act. I believe in it. The number of uninsured people in America—the percentage—has been cut in half because of the Affordable Care Act. Is it perfect? Of course not. Does it need to be changed? Yes.

I can give you two or three specifics, and I will. First, we have to do something about the price of drugs in America—pharmaceuticals. You see what is happening. Hedge funds are buying the rights to drugs and raising the prices two, three, four, and ten times because they have an exclusive drug. There is a family I have come to know who has a young son who is in high school in Chicago. He has diabetes. He is an amazing kid. He is going to be a great success in life. He has fought diabetes for years and years. His mom and dad have stood behind him.

They came in to tell me: Do you know what has happened to the cost of insulin—insulin—which diabetics need dramatically? It has gone up two, three, four, and five times in the last few years for no reason other than that they can charge it. Of course, a person with diabetes may be dependent on that insulin even to survive.

So the first thing we ought to do when we look at the healthcare system is figure out how to make sure that we have reasonable pricing when it comes to pharmaceuticals. Of course, I want them to make a profit. Those pharmaceutical companies, with a profit motive, will keep doing research to find

the next drug. But do I want these hedge funds and others—investment bankers—to buy out the rights to those drugs and drive their prices through the roof? That is not fair. It adds dramatically to the cost of healthcare.

Blue Cross Blue Shield is one of the biggest insurers in America. It is the biggest in my State of Illinois. My wife and I have a plan with them. So the head of Blue Cross Blue Shield came to me, and she said: Senator, did you know that last year Blue Cross Blue Shield paid more for pharmaceuticals than they paid for inpatient hospital care? What? Inpatient hospital care, people who have to come in for surgeries and things—you paid more for pharmaceuticals?

Yes.

Well, there are things we can do about it. I have legislation that I have introduced that reviews the pricing on pharmaceuticals, holds the pharmaceutical companies accountable. I take a position on an issue that all of my colleagues don't share, but I want to share it with you. There are only two nations in the world—only two—that allow pharmaceutical companies to advertise on television. The United States and New Zealand.

Well, what difference does it make? Have you turned on the TV lately and tried to find a show that did not have ads about pharmaceuticals? Have you tried to write down the names of some of those pharmaceuticals so that you might remember them if it is something of interest? Have you tried to listen to the warnings that they give you about all of these pharmaceuticals?

Well, some of the warnings are amazing: If you have had a liver transplant, be sure and tell your doctor. Well, yes, that explains that incision. A liver transplant? Why do they do that? Why do they buy all of those ads on television? Real simple. If you have some condition, and they talk about it in one of those ads, you are going to ask your doctor about that drug, and it is likely, in many cases, that doctor, then, will end up prescribing that drug.

Is it necessary? It may not be. Is it the cheapest form of the drug? It may not be. So, then, why does the doctor write the prescription? Because it is easier to do that than a 10-minute stop in the office for him to sit down with you and patiently explain: You don't need this drug, or you can use a generic, or we ought to wait a while before we go into this.

The result of it is that more and more pharmaceutical companies have their drugs being prescribed and more and more profits coming their way. So I, for one, think that this direct consumer advertising is really hurtful in terms of the cost of healthcare in our country, and it is something we ought to deal with. I would make that part of the reform of the Affordable Care Act.

The second thing we need to do is to make sure, I believe, that in every place in America, if you so choose, you can choose a Medicare-type public plan

to cover your family. Right now, it is private health insurance companies. You may choose to stick with the private health insurance company. That should be your choice. But you also ought to have a Medicare-type plan.

Over 50 million Americans are covered by Medicare, and most of them—the overwhelming majority of them—are happy with Medicare. What if we had a Medicare-type plan, a public option, available to every American to choose if they wish? I think that could reduce the cost of healthcare, and I think it is an option we ought to consider.

The third point I would make is that when we are dealing with reforming the healthcare system, we have one group in particular who is giving us a real challenge: individuals who are buying health insurance. The vast majority of Americans get their health insurance through their employment and many others through Medicaid—a program I described earlier—and then there is that group out there buying insurance on the open market. They are the ones who are seeing the runup in premiums and costs and overruns that they have to face, seeing copayments going up and the like. We need to find a way to deal with this group to give them affordable health insurance. There are a lot of ways to approach that, but that ought to be a target of what we do for the ones who are facing the toughest increases in health insurance.

I will just say this too: The good news about this conversation in the Senate is that it is finally reaching a new level. Now there are 12 Republican Senators who are meeting with Senator McCONNELL, and they are setting out to draw up a plan and try to pass it with just Republican votes. I hope that does not succeed, and I will tell you why. If we can do this on a bipartisan basis and sit down in good faith and work out these improvements to the Affordable Care Act, that is the best option for this country. Senator COLLINS of Maine and Senator CASSIDY of Louisiana are trying to start that conversation. I have said to them that if this is a good-faith effort not to repeal the Affordable Care Act but to repair it, I want to pull a chair up to the table.

Let's have this conversation. We may not agree, we may not be able to come up with the best solutions, but the bipartisan approach of solving the current problems with the current healthcare system is a much more sensible thing to do than to have an all-Republican bill trying to force its way through here. I hope that doesn't happen. It is far better to do this on a bipartisan basis, and I hope that is what will be done.

I will be going home, as I do regularly, to talk about the impact of the bill passed by the House of Representatives. I have just touched on some of the major points of it.

There is one thing I do want to mention, though. It has an age tax in it

that many people between the ages of 50 and 64 may not be aware of.

Currently the law says that there cannot be a disparity of difference in premiums charged of more than 3 to 1; that is, the most expensive premium charged to someone for health insurance, no matter what their health or condition, cannot be more than three times the lowest premium charged. That is current law. The bill passed in the House of Representatives changed that dramatically. It says: Instead of 3 to 1, let's make it 5 to 1. Who is going to pay the difference? Folks who are older and those facing chronic illness.

If you are between the ages of 50 and 64, watch out for your health insurance premiums under this measure that passed the House of Representatives. That is something which should not have been included. That is why the American Association of Retired Persons has come out against this bill. It is another reason we have to ensure that the bill that passed the House of Representatives does not become the law of the land. To have this discrimination against people because of their age is unfair, and I agree with the American Association of Retired Persons on that particular issue.

Let's hope we can find a bipartisan path to making healthcare even better in America. I don't care who takes the credit for it. If at the end of the day more families have peace of mind with health insurance that they can afford, that provides them quality care when they need it, that is something we need to achieve.

As I said earlier, I again learned this lesson last week. The lesson is simply this: If you go in for a diagnosis and learn that you need quality healthcare, you want to have health insurance. You want to have access to the best doctors and hospitals. Everyone in America wants that. That shouldn't be a privilege which is reserved just for the rich and lucky; that ought to be there for every single American.

I believe healthcare is a right, not a privilege. If we start off with that premise, we can build a healthcare system in this country that is still the envy of the world.

Mr. McCAIN. Madam President, today I come to the floor in opposition to the nomination of Robert Lighthizer to be United States Trade Representative, USTR. After close examination of the confirmation process for Mr. Lighthizer, I have come to the conclusion that Mr. Lighthizer does not adequately understand the positive economic benefits the North American Free Trade Agreement, NAFTA, has had and will continue to have on Arizona and our Nation. His advocacy for protectionist shifts in America's trade policies, including his support for the withdrawal from the Trans-Pacific Partnership, TPP, and the Trump administration's incoherent and inconsistent trade posture, have only solidified my opposition to his nomination to be USTR.

As I wrote in a February piece in the Arizona Republic, coauthored by my colleague Senator FLAKE and Arizona chamber president Glenn Hammer, NAFTA has delivered enormous economic benefits to the United States since its inception in 1994, especially for the citizens of Arizona. In just two decades, Arizona's exports to Canada and Mexico have increased by \$5.7 billion, or 236 percent. Mexico stands as Arizona's No. 1 trading partner, with bilateral trade accounting for 40 percent of our State's exports to foreign markets in 2015 and totaling \$9.2 billion. Arizona's trade relationship with Mexico also directly supports more than 100,000 Arizona jobs.

While I understand NAFTA could be strengthened and modernized, any efforts by this administration to withdraw from NAFTA or impose new restrictions or barriers on our ability to trade with Mexico and Canada will have serious consequences for Arizona, including massive job losses for workers and dramatically higher costs for consumers. Furthermore, I am troubled by the need for and the process by which Congress recently granted Mr. Lighthizer a waiver to serve as USTR given that he previously represented a Brazilian and Chinese client in trade litigation matters. As part of the Lobbying Disclosure Act of 1995, Congress adopted my amendment to prohibit an individual from serving as U.S. Trade Representative or Deputy U.S. Trade Representative if that person has "directly represented, aided, or advised a foreign entity" in "any trade negotiation, or trade dispute, with the United States." Ultimately, the waiver was tucked in the must-pass omnibus spending bill, with no chance to debate or vote on such an important trade related policy.

As Senator SASSE and I recently wrote in a letter opposing Mr. Lighthizer, the administration's incoherent and protectionist message on trade "is especially troubling because confirming a USTR grants the Administration additional legal authority to negotiate trade deals that Congress must consider under 'fast track' procedures. Given these circumstances, granting the Trump Administration additional legal powers through your confirmation without understanding how you or the Administration intend to use those powers would be irresponsible."

I plan to vote against the nomination of Mr. Lighthizer, and I urge colleagues to join me.

Mr. VAN HOLLEN. Madam President, I support the nomination of Robert Lighthizer to be the United States Trade Representative.

Trade agreements should meet two tests: Does the agreement improve worker wages? And does the agreement add American jobs? For far too long, U.S. Trade Representatives have prioritized profits of large multinational organizations over the interests of the American people and our country as a whole.

The USTR should be someone who negotiates on behalf of the American worker and advances labor and environmental protections, and the USTR should be someone who works to enforce agreements. While I don't agree with everything in Mr. Lighthizer's resume, his record suggests that he will be a USTR who will approach trade policies in the ways I have outlined. I hope the approach he takes going forward will reflect the positions he has taken in the past. I expect him to ask: Does it improve worker wages? And does it add American jobs?

I believe that Mr. Lighthizer will bring fresh eyes to trade policy. I hope that he will focus on increasing transparency at the USTR. I hope that he will stand up for worker rights, both domestically and internationally. I hope that Mr. Lighthizer will work to enforce trade policies that protect the environment.

Mr. DURBIN. Madam President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TRADE

Mr. MORAN. Madam President, I come from a State that in some ways is very similar to yours, the State of Kansas. You get to see firsthand the impact of trade and exports on the people, on jobs, and on the economic opportunity of my communities. Our State economy relies on our ability to sell the products we grow and manufacture to people around the globe.

Strengthening our trade relationships and expanding market access for exports abroad creates a greater opportunity for Kansans today and those who follow us. One of my goals has always been to make certain that communities across Kansas remain a place in which the young men and women who grow up there find it to be a place to raise their families. Our ability to do that, especially in a small, rural community with agriculture and agricultural exports, is so important. It is a way that we can really put America first.

If our goal is to have an America that has strength and prosperity, we ought to continue to focus on improving our Nation's economy. That is one of the things that I appreciate—we seem to be focused in such a significant way on our ability to grow an economy. I think we are poised for much greater things economically.

“Economics” may sound like just one of those words, but what that means is more jobs, better jobs, more secure jobs, jobs for our children so that maybe they can pay back their student loans. This country desperately needs the jobs in the commu-

nities across Kansas and around the country, and it is really what we call the American dream.

Trade, including our ability to sell the food and fiber we grow in our State, is a key part that drives our economy forward. Almost half of the wheat grown in Kansas is exported to foreign markets. What that means is, if you weren't doing that, nearly half of the acres planted in our State would be idle. That means the communities those farmers and ranchers live in and around would have half of the amount of economic activity that currently is occurring. American ranchers ship over 1 million metric tons of beef to consumers abroad. Thousands of acres of corn, sorghum, and soybeans being planted this spring across Kansas and the Nation will ultimately be exported.

Approximately 95 percent of the world's consumers live outside America's borders. To reach those consumers, our Nation must produce a trade policy that grows the existing export markets while continuously building and developing new ones. Without export markets, both production and prices would fall for farmers and ranchers, and rural communities supported by agriculture would disappear. The revenue generated by exports not only keeps family farmers and ranchers afloat, it drives rural economies and supports small businesses.

The aerospace industry, which is so important in Kansas, also relies on an integrated supply chain and strong trade policy. Wichita, KS—appropriately labeled the “Air Capital of the World”—manufactures more than half of the world's general aviation light aircraft and business jets. Without trade, aerospace and manufacturing facilities in Wichita and surrounding areas and Kansas City and surrounding areas would not exist and workers in those factories would be left without job opportunities.

It is critical that we protect these jobs, many of which depend upon the United States having a strong economic relationship with Canada and Mexico. The North America Free-Trade Agreement, which went into effect in 1994, plays a significant role in supporting trade with those two neighboring nations.

Of course, the world and technology have changed since 1994 when that agreement was entered into. There are areas of the agreement that can be improved and modernized. Many of those changes have been discussed and are issues that the United States, Canada, and Mexico agreed to during TPP negotiations, such as strengthening our intellectual property rights and new provisions for e-commerce.

If we work collaboratively with Mexico and Canada to address the issues with NAFTA, including the issues on which we strongly disagree, I am confident we can improve the agreement for all parties. But efforts to pull out of NAFTA completely or to weaken our trading relationship with Canada and

Mexico during renegotiations would cause significant damage to the American economy. We must have willing negotiators sitting across the table when discussing NAFTA, and that starts with treating our neighbors as trade partners and as friends. We need to treat these folks as friends, and we need to seize the opportunities we have.

Working together to improve NAFTA or building economic relations with other trading partners does not mean America should take a step back from enforcing the current rules. Oftentimes in the past, we have been too focused on striking trade deals and selling them to the public, but we haven't done enough to make sure other countries are playing by the rules that are negotiated. Nontariff barriers and unfair trading practices by foreign countries harm our producers, workers, and consumers.

We must make certain American producers are competing on a level playing field in a global market and that our jobs and wages are not being undermined by other countries' efforts to distort trade policies and trade agreements.

Many Americans have lost confidence in trade agreements, and I believe that is partly because the benefits of trade agreements have been oversold, while the enforcement of unfair trade practices have been insufficient. In promoting agreements, leaders had set expectations for increased jobs, higher wages, growth in exports, and many other metrics that were impossible to meet. When these exaggerated promises did not come to fruition, many people lost confidence in those trade agreements.

America should strengthen our commitment to holding other countries accountable in order to inspire greater confidence from the American public in our Nation's ability to reach a trade agreement that benefits us all.

Weakening our trade relations will cause Kansans to lose jobs. Farmers and ranchers will no longer be able to pursue their careers and lifestyle. But with strong leadership and smart negotiating, I am convinced that America can improve our trade relationships in the world and continue to build on the economic successes we have today.

A robust U.S. economy that provides market opportunities for farmers, ranchers, and manufacturers, and job prospects for workers is an essential pillar of America's strength and well-being. Strong trade relationships, particularly with Canada and Mexico, are primary drivers of our Nation's economy. We must protect those relationships and carefully consider changes in our approach to trade to be certain that Americans continue to benefit from economic opportunities that are created by a strong trade policy.

Madam President, our relationships with Mexico and Canada are important and in many ways determine the economic future of the people of my State at home.