Latino youth accounted for an estimated 20 percent, of all new HIV infections among youth in the United States;

Whereas, between 2005 and 2014, the number of Asian Americans diagnosed with HIV increased by nearly 70 percent;

Whereas, in 2014, Native Hawaiians and Pacific Islanders were 1.7 times more likely to be diagnosed with HIV than non-Latino whites;

Whereas Native Hawaiians living in the State of Hawaii are 5.7 times more likely to die of diabetes than non-Latino Whites living in Hawaii;

Whereas Native Hawaiians and Pacific Islanders are 30 percent more likely to be diagnosed with cancer than non-Latino whites;

Whereas, although the prevalence of obesity is high among all population groups in the United States, 42 percent of American Indian and Alaskan Natives, 41 percent of Native Hawaiian and Pacific Islanders, 40 percent of African Americans, 31 percent of Latinos, 24 percent of non-Latino whites, and 11 percent of Asian Americans are obese;

Whereas, in 2013, Asian Americans were 1.2 times more likely than non-Latino Whites to contract Hepatitis A;

Whereas, among all ethnic groups in 2013, Asian Americans and Pacific Islanders had the highest incidence of Hepatitis A;

Whereas Asian American women are 1.3 times more likely than non-Latina Whites to die from viral hepatitis;

Whereas Asian Americans are 3 times more likely than non-Latino Whites to develop chronic Hepatitis B;

Whereas of the children living with diagnosed perinatal HIV in 2014, 65 percent were African American, 15 percent were Latino Americans, and 11 percent were non-Latino whites;

Whereas the Department of Health and Human Services has identified heart disease, stroke, cancer, and diabetes as some of the leading causes of death among American Indians and Alaskan Natives;

Whereas American Indians and Alaskan Natives die from diabetes, alcoholism, unintentional injuries, homicide, and suicide at higher rates than other people in the United States;

Whereas American Indians and Alaskan Natives have a life expectancy that is 4.4 years shorter than the life expectancy of the overall population of the United States;

Whereas African American babies are 3.5 times more likely than non-Latino White babies to die due to complications related to low birth weight;

Whereas American Indian and Alaskan Native babies are twice as likely as non-Latino White babies to die from sudden infant death syndrome;

Whereas American Indian and Alaskan Natives have 1.5 times the infant mortality rate as that of non-Latino whites;

Whereas American Indian and Alaskan Native babies are 70 percent more likely to die from accidental deaths before their first birthday than non-Latino White babies;

Whereas only 5 percent of Native Hawaiian and Pacific Islanders, 6 percent of Asian Americans, 8 percent of Latinos, 9 percent of African Americans, and 14 percent of American Indians and Alaska Natives received mental health treatment or counseling in the past year, compared to 18 percent of non-Latino whites;

Whereas marked differences in the social determinants of health, described by the World Health Organization as ''the high burden of illness responsible for appalling premature loss of life'' that ''arises in large part because of the conditions in which people are born, grow, live, work, and age'', lead to poor health outcomes and declines in longevity;

Whereas the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119)—

(1) has reduced the uninsured rate for minority communities by at least 35 percent;

(2) has helped further combat health disparities for low-income individuals through coverage expansions in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the individual health insurance marketplaces; and

(3) provides specific protections and rights for American Indians and Alaskan Natives, 21.4 percent of whom lack health insurance;

Whereas, despite the substantial improvements in health insurance coverage among women overall, women of color are more likely to be uninsured;

Whereas, in 2012, 36 percent of Latina women, 29 percent of American Indian women, 23 percent of African American women, 19 percent of Asian and Pacific Islander women, and 14 percent of non-Latina White women were uninsured;

Whereas community-based health care initiatives, such as prevention-focused programs, present a unique opportunity to use innovative approaches to improve health practices across the United States and to sharply reduce disparities among racial and ethnic minority populations: Now, therefore, be it

Resolved, That the Senate supports the goals and ideals of National Minority Health Month in April 2017, which include bringing attention to the severe health disparities faced by minority populations in the United States, such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders.

Mr. CARDIN. I thank Senators Menendez, Blumenthal, Brown, Hirono, Markey, Klobuchar, Van Hollen, Booker, Peters, Duckworth, and Carper for their help in regard to minority health and the resolution.

HEALTHCARE LEGISLATION

So we couldn't do that, which is a pretty easy thing to do, but now the Republicans are looking to bring out in the next 2 weeks a rewriting of our entire healthcare law, one-sixth of our economy, and they are talking about bringing this out for perhaps passage in the U.S. Senate during the next 2 weeks.

I don't know of anyone who has seen a copy of this bill. I certainly have not seen it, and I am a member of the Senate Finance Committee. Senator CARPER is a member of the Senate Finance Committee. We have not seen a copy of the bill, even though we are the committee of jurisdiction, along with the HELP Committee. I certainly want to be able to look at this bill, make sure that there are public hearings and an opportunity for input from all Members of the U.S. Senate—first those who serve on the relevant committees through the committee markups and then on the floor of the U.S. Senate. But what I understand from the majority leader is that may not be the case. That would be an affront to our Democratic institution. That would be insulting the Members of the Senate and the committee that I serve on, the Senate Finance Committee.

I need to mention that because we do know what the House of Representatives sent over to us. We don't know if that is going to be the bill that is going to be brought out, but there hasn't been any hearing on the bill that the House of Representatives sent over to us.

Compare that to the passage of the Affordable Care Act. We had numerous, dozens of hearings on the Affordable Care Act. We had months of negotiations on the Affordable Care Act back and forth—bipartisan negotiations. We had committee markups in two of our committees, and hundreds of amendments were considered. Many Republican-sponsored amendments were adopted on the Affordable Care Act. We went through a regular legislative process.

Yet the Republican leadership is telling us that we are going to totally change the Affordable Care Act, totally change the healthcare system, and not offer the American people an opportunity to see what we are doing—or their elected Representatives to be able to offer comments or amendments to that? That is outrageous. That is not a democratic institution. We need to speak out about it.

Now we are all vulnerable to that, all Americans. I have thought about the people in my State, the 400,000 who have coverage under the Affordable Care Act, who didn't have coverage prior to the Affordable Care Act. They are very much at risk because, according to the Congressional Budget Office, if we have on the floor of the Senate anything similar to what the House passed, most of those 400,000 are going to lose their insurance coverage. What are they going to do?

Then we are talking about putting a cap on Medicaid. Well, have you talked to the Governor of your State? Have you talked to your State legislature as to how they are doing with their budgets? Do you really believe the States can pick up what we cut? The answer is obviously no.

We offered an expansion of Medicaid so more working families, more veterans, more people who are vulnerable could get coverage. That is gone under the caps that the Republicans are talking about, putting our most vulnerable at risk.

I started talking about minority health. Let me just underscore that with Medicaid. In my State and in every State, when you look at the percentage of people who are covered under Medicaid, it is much higher for the minority community because they historically have been discriminated against. They do not have the coverage going into the Affordable Care Act. That is going to affect our most vulnerable. It is also interesting to note that a higher percentage of veterans is under the Medicaid system. That will affect our veterans. Of course, our seniors depend upon Medicaid for longer long-term care. They are going to be adversely affected by these caps under the Medicaid Program.

Then we have the impact on all of us who have insurance and may be able to

keep our insurance after this type of legislation. We are going to be adversely affected. Why? Because who do you think pays for those who do not have health insurance? You get cost shifting, and it is done in a more costly, expensive way so our healthcare costs go up. Those of us who have insurance pay more, and those who do not have insurance do not get the early interventions they need in order to stay healthy.

The vulnerabilities continue because one of the things that was affected by the House-passed bill was what we call the essential health benefits. What we did is require that those benefits be provided under all healthcare plans, including Medicaid.

So, yes, I could talk about obstetrics for women, which would be covered under all plans, and that women who need obstetrics would not have to pay a much higher premium as they would be in a high-risk pool. Because of the way the insurance would be done, only women who would need that would get into the plan, and it would cost a lot more. Yes, that discriminates against women.

Again, I could also talk about minority communities that now have coverage for mental health and addiction because that is required under the Affordable Care Act. When it becomes discretionary with the States and they get into tight budget problems, they will lose that coverage.

We are all talking about the explosion of opioid addiction in our communities. In Maryland, I think the rate now is 60 percent higher this year than last year of overdose deaths. Do we really want to cut one of the major tools we have in trying to get this epidemic under control? That is what we are talking about in regard to what the House-passed bill does.

At a minimum, we need to have public hearings to know what we are doing. This is a democratic institution. Under the Affordable Care Act, we had dozens of hearings. The committees of jurisdiction need to work on this bill. They need to be able to mark it up. They need to be able to offer amendments, which was afforded to every Senator in this body under the Affordable Care Act. Many of our colleagues who voted against the Affordable Care Act have amendments that were included in the Affordable Care Act. That is how a democracy works.

Everyone is affected by this process but particularly the vulnerable, particularly those who are uninsured and those who will become uninsured. Those who have insurance and who have very few other options are going to find their benefits reduced. Minorities, our disabled population, older Americans, and women all will be discriminated against.

At a time at which we want to focus on the progress that we have made to narrow the gap in minority health and health disparities, it would just be a tragedy to move in the wrong way, to reverse the progress we have made, and to do that without an appropriate process of transparency, which has been the hallmark of American democracy.

I urge my colleagues in that there is still time. If you have proposals, work with us—all 100 Senators. I, certainly, have worked with my Republican colleagues on many healthcare issues that are now the law of this land.

We offer to work with you. All we say is don't tell us that you are going to do this by repealing a bill and then come to us to try to fix it. Work with us to improve our healthcare system, and we will work with you. There is still time. Let's work together. Let's have public hearings. Let's get public input. Let's use the old-fashioned process of allowing us to offer amendments. Let's debate those amendments. The end result will not only be better legislation for the American people but legislation that we know will stand the test of time and give predictability to the healthcare stakeholders in our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I thank my friend, my neighbor from Maryland, for inviting a number of us to come to the floor today, this afternoon, to talk a bit about the Affordable Care Act. I am really honored to stand next to him here as we do sit next to each other on the Finance Committee and on the Environment and Public Works Committee. He is a great leader on both of those committees.

SANCTIONS LEGISLATION

Mr. President, Senator CARDIN and I were on the floor earlier today, along with the Presiding Officer, and we voted on legislation that attempts to send a message to Iran.

By the way, it just had elections, gosh, not even a month ago, whereby the reformist President Rouhani was reelected by a big margin. Reformists-moderates were elected as the mayor of Tehran and in other municipalities across the country. There are a lot of young people in that country who want a better relationship with this country, and they actually had a chance to speak at the voting box. They elected a number of women to serve in positions of real responsibility, not just in their Parliament but as members, say, of Tehran's city council.

By the way, the Iranians are basically keeping their word with respect to the agreement between five nations, including the United States, China, Russia, Britain, France, and Germany. They are actually keeping their word with respect to complying with the nuclear agreement that was entered into, oh, gosh, 2 years ago. What they are doing and that we disagree with is they are testing ballistic missiles, and there is basically the U.N.'s strong message to Iran not to do that. ''If you do, we will sanction you in different ways,'' but they have continued to test ballistic missiles. They say it is for defensive purposes, but you cannot be sure so we strengthened those sanctions.

With those sanctions, we also included sanctions that basically say to Russia—and all 17 intelligence agencies say Russia intervened in our last election—no question. They intervened on behalf of one candidate, Mr. Trump. They wanted to elect him, and they wanted to make sure Hillary Clinton did not get elected. They succeeded. That is not just Democratic messaging. Every one of our 17 intelligence agencies has come to the same conclusion and has testified publicly to that effect.

As a result, this legislation was initially focused just on Iran, but it refocused and pivoted—maybe refocused even more—on Russia in order to sanction them for their misdeeds, which I think are, in many ways, more significant than what the Iranians have done and have been sanctioned for again.

Why do I go back to this legislation that we just debated and adopted here this morning?

Consistent with what Senator CARDIN has talked about—and he is very much an architect involved right in the middle of the effort to bring that legislation to the floor. It came out of his committee. He is the senior Democrat, the ranking member. BOB CORKER, of Tennessee, is the chair. A number of members—Democratic and Republican—on that committee worked together to fashion that legislation, to bring bipartisan legislation to the floor.

I say to my colleague Senator CARDIN that I didn't know what the final vote count was. It was 98 to 2. That is what we can accomplish when we work together, and I think it is a great message as we pivot and talk about the Affordable Care Act.

HEALTHCARE LEGISLATION

Mr. President, when our friend from South Dakota, Senator THUNE—a great friend for, I think, all of us and admired by both sides—was talking about how deplorable ObamaCare was and how it is in a death spiral and so forth, I just wanted to stand up and ask him to yield to me so I can say that when Barack Obama and Joe Biden stepped down as President and Vice President of the United States, my recollection was that every county of every State in this country had access to healthcare through the health exchanges.

Where did the idea for health exchanges come from? It came from the Republicans in 1993, from the Heritage Foundation, the rightwing Republican think tank.

They came up with an idea that says: Let's create exchanges in every State, where people who don't have healthcare coverage can get their coverage through large purchasing pool. There would be one in every State. The legislation said: Let's have a sliding scale tax credit to make sure low-income families who do not have coverage can afford that coverage in the