

and the estimated increase in ozone-related emergency department visits for children in New York from the 1990s to 2020s resulting from climate-change-related increases in ozone concentrations. As the ozone concentrations went up, up went the ozone-related emergency department visits.

The dark blue shows places where the emergency department visits went up 10 percent; the lighter blue, 7.8 to 9 percent; the even lighter blue, 6.6 to 7.7 percent; and in these counties, up 5.2 to 6.5 percent.

Globally, we see that pollen counts go up in conjunction with increasing carbon dioxide. In 1900, there were about 280 parts per million of pollen production, and we hit 370 parts per million in 2000. I take it back. At 280 parts per million of carbon dioxide, there were 5 grams per plant of pollen production. At 370 parts per million of carbon dioxide, pollen production increased to over 10 grams per plant. We are over 400 now. We are headed for 720 parts per million. At that point, we have more than quadrupled the pollen output.

We are seeing this happen not only in terms of the amount of pollen output that can trigger asthma but also the length of the pollen season. The months in which people who have asthma are vulnerable are extending themselves. Here, it is nearly 27 extra days. Here it is 24 extra days, 17 extra days, 19 extra days, 14 extra days, 13 extra days. We went through the middle of the country and saw over and over that the ragweed pollen season is getting long, and it is worse for asthma sufferers.

Another thing we have associated with climate change and with the dry drought spells has been wildfires. Wildfires, for obvious reasons, put a lot of stuff—ash and things—up into the air. In this monitoring map of California, when the wildfires were going on, you could see these spikes in asthma activity.

Here is before the fire. Here is during the fire activity, and here it falls back down afterward. The risks for asthma climbed dramatically during that period. The wildfires present yet another climate-related risk for people who have asthma. And here are the wildfires in California, shown to increase asthma, as determined by the emergency department visits. The emergency department visits climbed based on various risk factors. So when you are seeing folks having to go to the emergency department for asthma, that has gotten pretty serious. There is a lot of support for Dr. Damle's assertion that this is a concern we should pay attention to.

He goes on to list another category of concern: exposure to infectious disease from vectors such as mosquitos and ticks. He says it has and will continue to escalate.

There is a documented increase in cases of dengue, chikungunya, West Nile virus and Zika.

He goes on to say:

We will likely see a resurgence of malaria in certain areas of North America.

Other illnesses come from other consequences of climate change.

He goes on to report:

An increase in heavy downpours and flooding in America and the world will lead to an increase in waterborne diseases such as E. Coli and other bacteria (salmonella, typhoid and cholera), parasites (Giardia) and viruses (Hepatitis A and Norwalk) with an impact on millions of people around the world.

He goes on to cite extreme weather events, which create stress, anxiety, and depression. Hurricane Katrina, he reports, led to 32 percent of people affected by the hurricane suffering from post-traumatic stress.

He continues:

We know that there will need to be a global effort to reduce anthropogenic greenhouse gas emissions and the developed countries need to take a leading role developing/implementing and moderating the success of those mitigating measures.

He concludes:

We need to reenter the Paris agreement and move forward at the local and State levels for the benefit of our patients.

He is a respected doctor in Rhode Island. He is a clinical assistant professor of medicine at the Warren Alpert Medical School of Brown University. Also, he was recently the president of the American College of Physicians.

I know my colleagues don't want to listen to any of this stuff about climate change because the fossil fuel industry controls them so much that they cannot even say the words, in many cases, "climate change" on the floor of the Senate, but for crying out loud, you have the former president of the American College of Physicians talking about the health effects; you have a prominent researcher at Stanford University talking about the health effects; and you have the National Weather Service warning about dangerous health effects from climate-related heat in the Southwest. When are we going to finally get around to having a serious discussion about this?

It is great that we had a little pause on this wretched healthcare bill. I couldn't be happier to be rid of it for a while, and I am hoping we can be rid of it for good, but it is probably going to come back. We will have to hammer a few more stakes into the heart of this zombie before we are rid of it, and then we can move on to a serious bipartisan healthcare bill.

There is good work to be done on healthcare. There is good work to be done on climate change. But we have to take the wretched special interest politics out so we can get to serious business.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

HEALTHCARE LEGISLATION

Mr. COONS. Mr. President, I have come to the floor tonight to join my

colleagues in opposing the Senate healthcare reform bill, what I will call the Senate TrumpCare bill. I am also here to thank the thousands of my constituents, the thousands of Delawareans who called and emailed my office to express their opposition to this bill that is about neither health nor care. It is because of your efforts, because of the efforts of thousands of Americans across the country who have made their voices heard, that today the Senate doesn't have enough votes to pass this TrumpCare bill.

I urge everyone watching and listening to remember that this fight is not over. The Senate will be back next month, and Republicans will be doing everything they can to make tweaks or shaves or changes or amendments to the bill to get it past this body. We need the engagement, the persistence, even the resistance of Delawareans and Americans to make sure the Senate TrumpCare bill never becomes law.

This is as urgent now as ever because of how fundamentally heartless this bill is. As many nonpartisan organizations, including the Congressional Budget Office, have pointed out, this bill is essentially a massive tax break for the wealthy paid for on the backs of some of America's most vulnerable citizens.

Many of my colleagues have already discussed the devastating impact this bill would have over time on millions of Americans. This Senate bill would make hundreds of billions of dollars in cuts to Medicaid, it would slash tax credits that help Americans buy health insurance, and it would force 22 million Americans off their health insurance and drive up costs for many millions more.

If that is not bad enough, the Senate TrumpCare bill does all of this slashing and cutting in large part to give another tax break to our wealthiest citizens. If this bill becomes law, the very richest Americans would get an extra \$700 billion in tax breaks over the next decade.

If it only affected the millions of Americans who depend on Medicaid or who purchase insurance on the individual market, it would be unconscionable, but it is even worse. Let me explain.

Many of our constituents don't realize that even Americans who get their health insurance through their employer—the 150 million Americans who get their health insurance through their employer—have benefited from the Affordable Care Act. In fact, I think that in some ways, the consumer protections put in place by the ACA are the most important accomplishment of that bill.

A core requirement of the ACA was that all health insurance plans cover what are known as essential health benefits. These are basic services, such as emergency care, prescription drugs, pediatric services, maternity and newborn care, hospitalization, healthcare for the mentally ill, and substance

abuse treatment for the addicted. To put it more succinctly, these are all the reasons many people want health insurance in the first place. Thanks to the ACA, almost every insurance plan in the country today has to carry these core services, and that includes the more than 150 million Americans and the half a million Delawareans who get their health insurance through their jobs.

The Senate TrumpCare bill would allow States, through waivers over time, to gut these essential health benefit requirements, gradually making many Americans' health insurance less and less valuable and less and less protective of their and their families' health.

That provision of the Senate TrumpCare bill would also allow States to waive the ban on insurers imposing annual and lifetime limits on essential healthcare coverage. Even if you get good insurance through your employer, if you have an unexpected development—let's say the premature birth of a child, who develops serious medical challenges, or a terrible diagnosis that requires expensive and repeated surgery—you either have to come up with that money on your own or you are forced into bankruptcy once you hit the lifetime cap.

Let me demonstrate with an all-too-real example. About 1 in 10 newborns has to spend time in the neonatal intensive care unit, or NICU, after they are born. According to the American Medical Association, in the NICU, "it is not unusual for costs to top \$1 million for an extended stay." That means even a baby born to parents with great insurance coverage through their employer hit their lifetime insurance cap before they even leave the hospital for the first time.

As Americans are scrambling to find ways to pay for their astronomical out-of-pocket costs under the so-called Senate TrumpCare bill, wealthier Americans and corporations will be given big tax breaks.

Moreover, while Senate Republicans may claim their bill still covers pre-existing conditions, insurance under this bill would be rendered meaningless if it doesn't cover what you need to treat your preexisting condition through these essential health benefits.

Let's briefly recap this Senate TrumpCare bill. Millions of Americans lose health insurance. Those who managed to keep it end up paying more but get less coverage. The wealthiest Americans get another big tax break. That is a painful, even cynical, political calculation.

Since I came to the Senate 7 years ago, I have said more times than I can count that I want to work with Republicans to fix the parts of the Affordable Care Act that need fixing. Let's simplify the reporting requirements that burden small businesses and increase the tax credits that help small business employers offer insurance to their employees. Let's find ways together to in-

crease competition and expand the tax credits to bring down premiums and deductibles on the individual market. Let's explore new mechanisms that control healthcare costs by incentivizing reforms and producing healthier outcomes, rather than more tests and services. Sadly, this Senate TrumpCare bill does none of these things.

It is my hope that after today's developments, that after the next few weeks, that after hearing from their constituents and returning in the next month, that my colleagues will recognize that if we work together, we can address the broken parts of the ACA and sustain the best of what it has done to expand insurance and healthcare for millions of Americans.

Let me close with a story I shared earlier today on the steps of the Capitol. This is Kerry Orr. Kerry is from my hometown of Wilmington, DE. Kerry is a massage therapist and self-employed yoga instructor. Like many Americans, she considers the Affordable Care Act "nothing short of miraculous."

Kerry signed up for health insurance in 2014, thanks to a subsidy that made it available to her through the ACA. She had some nagging abdominal and lower back pain for years but didn't think much of it, considering she had no family history of disease and had never even had stitches before. But that next year, in January of 2015, a routine procedure covered by her new insurance—which she told me she wouldn't have even gone for if it hadn't been covered by this new health insurance—revealed that Kerry, in fact, had stage III colon cancer. She had surgery a week later. She had 6 months of chemotherapy, and she ultimately faced no out-of-pocket expenses and is fully in remission. Kerry's cancer has now been in remission since September 2015.

She wrote to me earlier this year:

The ACA came along at the last possible moment to save my life. I am certain that without it, I would have continued to live with the discomfort and try to self-treat until the cancer was too advanced to be successfully treated.

I am opposing the Senate TrumpCare bill for Kerry and for the thousands of Delawareans and millions of Americans just like her. I have heard stories from Delawareans about things that need to be fixed in the Affordable Care Act, and I hope I get a chance to work across the aisle to do that, but I have also heard from hundreds of Delawareans whose lives have been improved or, in cases just like Kerry's, saved by the Affordable Care Act. I will not yield on defending the best parts of the ACA that have saved the lives of Americans across this country.

In the days and the weeks to come, I hope all Americans will stay active, stay engaged, and stay the course so that we can push aside this cruel, cynical bill and find an opportunity to work together on a bill with real heart.

That fight is not yet over, and I will not yet yield.

Thank you, Mr. President.

I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 154, Neomi Rao to be Administrator of the Office of Information and Regulatory Affairs.

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 senior assistant legislative clerk read the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

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 senior assistant legislative 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 Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

Mitch McConnell, Chuck Grassley, Deb Fischer, Steve Daines, Luther Strange, Bob Corker, Thom Tillis, Tom Cotton, Tim Scott, Johnny Isakson, Richard C. Shelby, Michael B. Enzi, Richard Burr, John Hoeven, David Perdue, Roy Blunt, Todd Young.

Mr. McCONNELL. I ask unanimous consent that the mandatory quorum call with respect to the cloture motion be waived.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO ANNE ANDERSON

Mr. LEAHY. Mr. President, I would like to recognize Ireland's Ambassador