

Medicaid, which has enabled her family to afford her hospital stays, her home healthcare, and her therapy. It has also enabled them to keep their daughter home with them in a loving family relationship, in a lovely family situation.

It is because of the access to Medicaid that this family has been able to stay in their home and keep their jobs, but the Senate Republican healthcare bill would rip Medicaid away from families like Emerie's. This family does not deserve that, and neither does any family who is working hard to take care of their children. These are all of our children, the children we see today who suffer from disabilities, who live and inspire us with their disabilities and their hope. This small help these families ask for from the Medicaid system should not be threatened, and these families should not be calling congressional offices begging us to please, please do everything we can.

Finally, I want to talk about Frances. Frances is one of the nicest people you are ever going to meet. For 25 years, she was a third grade teacher in Fessenden. When she was 21 years old, while she was teaching, she was diagnosed with a syndrome that affects the nerve endings in her body. She became paralyzed but taught herself to walk again. For the rest of her life, she will have to face the challenges that come with this disorder. Today, Fran can't walk anymore, and she has been in a wheelchair for the past 24 years.

For most of her life, Fran lived independently with her husband, who passed away in 2000. In the past few years, she has reached a point where she needs full-time care. She is now 84 years old. She lives in a nursing home in Harvey, and she has been there for 4 years. Fran had been in and out of nursing homes a few times beforehand, all which required private pay. Because of the extreme costs, Fran doesn't have any money or savings left. She spent it all on her healthcare.

Now she is one of many seniors on Medicaid, which enables her to afford the quality, long-term care she needs to live with dignity and support. At the nursing home, she gets extensive assistance with bathing, dressing, and doing any activities. Fran doesn't know what she would do without Medicaid. She doesn't have any children to help her. Her siblings are all older than she is, and they wouldn't be able to provide her with the level of care she needs. If it weren't for Medicaid, Fran would be out of options.

The Senate Republican bill threatens the coverage that Fran has and that so many others rely on. You know what, we cannot let that happen.

This issue has many faces. These are just three North Dakota faces I want to talk to you about. These families aren't interested in politics. They couldn't care less about politics. They want the ability to take care of themselves. There is no guilt to any of these conditions. There is no "you did it to yourself" to any of these conditions. This is the human condition.

We have to decide as a country, are we together in taking care of each other, or are we all on our own? That is the issue. How do we take care of the sickest among us? Are we together, or are we on our own? I believe we are stronger when we stand together to provide care to each other and to those who are not as fortunate.

I was talking to some of the families. It is hard when you are a mom, I think, to think about, well, what was your life with your child growing up? I had two children, born extraordinarily healthy. They barely missed a day of school, they were so healthy. They had an opportunity to engage in every level of activity, giving me and my husband the freedom to pursue other things in our lives. That is a gift. It is also a gift that we as a society can help those who don't have that level of good fortune but have children who need some special attention, children whose care you cannot afford on your own.

From the discussions I have had with so many of the families, very few of us could ever afford the medications and the therapies that guarantee quality of life not only for the child but for the family in terms of respite care.

Allison, Emerie, and Fran, we are going to keep talking about this, and we are going to keep evaluating all of the proposals that come our way. When they don't do right by you, Emerie, Allison, and Fran, when it is not the right solution for your family, it is not the right solution for North Dakota, and it is not the right solution for this country. We have work to do.

I know the Presiding Officer has been one of the leaders in analyzing and reviewing these bills. We have had a chance to have some discussions. I hope we will have further discussions about how we can continue to care for these wonderful North Dakotans.

The Presiding Officer knows story after story, having been a physician. Being a physician, my husband can tell you story after story about people who are challenged. In this system of healthcare, we all have to decide whether we stand alone or together. I believe America is stronger when we stand together and help each other.

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.

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

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

ABOLISH HUMAN TRAFFICKING ACT

Mr. CORNYN. Mr. President, I want to come to the floor to talk about healthcare, a subject I know the Presiding Officer feels passionate about as a medical doctor. But before I delve into the healthcare debate, I want to discuss briefly two important bipartisan pieces of legislation that I have been working on with my colleagues

across the aisle and that are moving forward today.

I know the strange thing about this place—by "this place" I mean Washington, DC—is that the bipartisan work we are able to do rarely gets much attention. What gets attention in the news is when we fight over controversial topics, but bipartisan legislation that actually helps people and that gets done here is rarely heralded or even noticed. So I think it is worth highlighting a couple of examples today.

Today, in the Senate Judiciary Committee, we passed the Abolish Human Trafficking Act, which I introduced with Senator KLOBUCHAR. As the father of two daughters, I am always reminded of the profile of a victim of human trafficking in this country, a girl between the ages of 12 and 14 years old, who perhaps has run away from home. Who knows what the circumstances are at home? But they are looking for a better life, only to find themselves in too many instances exploited and the victims of human trafficking.

This bill reauthorizes several critical trafficking victims protection act programs that help fight the scourge of trafficking so that survivors can get the help they need and our law enforcement officers can go after the perpetrators of this terrible crime.

A vital provision of this bill is an extension of the Domestic Trafficking Victims Fund, which provides critical resources that victims need to recover from this crime. Part of the fund is financed through fines collected on convicted traffickers, and last year it provided almost \$5 million in services for victims. Let me dwell on that for just a minute.

When I was privileged to be attorney general of the State of Texas, part of the job was to administer the Crime Victims' Compensation Fund. This was a fund into which fines and penalties of people convicted of criminal acts went into the Crime Victims' Compensation Fund, so we could then use grants for the victims of crime to help them recover. That is exactly the kind of model we created with the Domestic Trafficking Victims Fund. My hope is that over time it will produce more money that will be available to help the victims of human trafficking to a greater extent. That is the idea, and these are not tax dollars, so that is an additional benefit. It is actually the fines and penalties of the perpetrators that go into this fund that then help the victims to heal.

This bill also makes the Human Trafficking Advisory Council permanent so that the group of survivors who advise people like us on what additional tools are needed to combat trafficking can continue to do so.

On the preventive end, this legislation lends a hand to our Nation's law enforcement so they can track down perpetrators of the crime and bring them to justice. It implements screening protocols for the Department of

Homeland Security so that law enforcement officials at every level know how to spot trafficking victims and how to respond. This is actually a really important element of fighting human trafficking.

A few years ago, when we had the Super Bowl in Dallas, TX, I was shocked to learn that the Super Bowl is one of the largest human trafficking events during the year. That is pretty sobering and, frankly, disgusting. Training people, including law enforcement, to be able to identify victims of human trafficking, some of whom may not consider themselves a victim until it is too late, only to find themselves a victim of modern day human slavery—but being able to identify victims of trafficking so that we can get law enforcement involved and get them rescued is a big, important part of fighting this crime.

In the long run, this legislation requires the Department of Justice to implement a national strategy to reduce the demand of human trafficking by essentially putting the johns—the people who buy sex from trafficking victims—out of service. This is a cause that clearly crosses partisan lines, and it is literally a nonpartisan issue.

I am glad we are making progress on this. I am thankful for the bipartisan support of my colleague from Minnesota, Senator KLOBUCHAR, as well as the Judiciary Committee members like the chairman, Senator GRASSEY, and the ranking member, Senator FEINSTEIN, and many other Members on both sides who are cosponsors.

JOBS FOR OUR HEROES ACT

Mr. President, the second piece of legislation I want to mention is the Jobs for Our Heroes Act of 2017. This, too, is a bipartisan bill that makes it easier for our veterans to get jobs in our Nation's trucking industry. The men and women in our military learn valuable skills that can easily be transferred to the private sector when they leave the military and become a veteran, and this bill is designed to help veterans transition from their military service to getting jobs in our Nation's trucking industry. This is an area that is constantly in need of trained people with commercial drivers' licenses who can work in this industry.

As I suggested, many of our military servicemembers have experience driving similar vehicles while serving in the Armed Forces. Yet for them to get a job in trucking, they are required to go through a very expensive and time-consuming training program as if they have absolutely no knowledge or job experience whatsoever, largely duplicating what they already know just because of the regulations. That doesn't make any sense to me.

The legislation that I have introduced with Senators ELIZABETH WARREN, TAMMY DUCKWORTH, and THOM TILLIS takes into consideration the previous training and experience of veterans and allows them to apply for an exemption so they can quite lit-

erally get on the road and start working without delay.

This bill is twofold. Not only does it encourage our transportation industry to hire veterans, it helps our veterans transition into civilian life, connecting them to a well-paying job and a meaningful career. I expect the Commerce Committee to consider and pass this bill, as well, today.

These are two bipartisan examples that show we actually can work together in the U.S. Senate in ways that will help all of our States and the people we serve.

HEALTHCARE LEGISLATION

Mr. President, there are subjects that are controversial. If there is one that sort of stands out above the rest, it is healthcare. Unfortunately, this has become all too much of a polarizing issue politically.

I happened to be in the Senate Chamber on Christmas Eve in 2009, at 7:30 in the morning, right before Christmas, of course, when our Democratic friends jammed through on a party-line vote the Affordable Care Act, now known as ObamaCare. I remember the promises the President made at the time. President Obama said: If you like your policy, you can keep your policy. That proved not to be true. He said: If you like your doctor, you can keep your doctor. Well, that wasn't true, either. Then he said: Well, you will be able to save \$2,500 per family of four on your premiums. What experience has shown us is that instead of a \$2,500 savings, a family of four has experienced a \$3,000 increase in their premiums. That is 105 percent in the 39 States or so that have ObamaCare exchanges.

ObamaCare has been a failure if you consider the promises that were made and the promises that were broken. In experience, what we have seen is insurance companies, because of flaws in the design, literally leaving the States, leaving insured people with no option when it comes to their insurance. Perhaps they do have an insurance policy available, but their premiums have gone through the roof, as I indicated earlier—105 percent on balance since 2013. Their deductible is frequently so high that they are denied the benefit of what insurance they have because they are basically self-insured at \$5,000, \$6,000, \$7,000, or more.

Yesterday, we announced that our work on a market-driven, patient-centered healthcare reform plan to replace ObamaCare would continue over the next few weeks. As I said yesterday, I expect that we will revisit the Better Care Act when we come back for the July work period, which is the week after the Fourth of July. As the Republican conference has continued our discussion on our plan to replace the failed Affordable Care Act, three things have become clear to me.

Let me start with the first one. The first one is that our Democratic colleagues are not willing to lift a finger to help. Surely, they have constituents, as I do in Texas, who are con-

tacting them, telling them about their horror stories with regard to no access to policies, premiums that are sky high, and deductibles that are unaffordable. Apparently, they are unmoved by those stories.

As we continue to move toward a Republican healthcare solution, which is what we are left with when our Democratic colleagues refuse to participate, I want to remind my colleagues as to why we have this choice before us and why the hard work is worth it.

All of us have our stories from our States about premium hikes and lost coverage and frustration at the hands of a convoluted law, but I want to talk about the story of a young lady from Fort Worth, TX.

She is a nurse who graduated from Texas Christian University in 2010. By her own account, she is young, in good health, and has a fulfilling career in the healthcare industry. Her first job took her to the Rio Grande Valley in South Texas. While she had to pay out-of-pocket for care, she only had a monthly healthcare premium of \$71, but after the ObamaCare bill passed in 2013, she said: "My plan disappeared." In other words, she was one of those who suffered from the broken promise that if you liked your plan, you could keep it, because it disappeared.

There was a new plan, but her deductible rose to \$8,500. Now, I do not know many people who could pay out-of-pocket \$8,500 for their healthcare before their health insurance kicked in. To add insult to injury, her monthly premium skyrocketed from \$71 to \$300. She is paying \$300 a month for a policy with a deductible of \$8,500. It is not worth very much. One year later, this plan under Blue Cross Blue Shield also disappeared, leaving her to consider the cheapest marketplace plan for \$400 a month. She started at \$71, went to \$300, and then went to \$400 a month for, what she called, a "dismal" policy.

Ultimately, she did find a more affordable plan for \$247 a month. Yet, every year, she has seen her premium grow. She started out at \$71, finally to end with \$247. That is three times-plus what she originally paid, and her premium continues to grow every year.

Yet, as a nurse, her perspective is not just about herself. She cares passionately about her patients as well.

She wrote this to me:

I'm irritated, but at least I can afford it. But who can't? A lot of folks and a lot of my patients! I certainly couldn't if I had a family.

Doing nothing is not an option, which is why I am mystified that our Democratic colleagues have simply refused to participate in the process. For 7 years, we have promised the American people we would replace ObamaCare with something better that would include market-based solutions in order to provide care that more people could afford. This is based on a principle that, I believe, is a core principle: If people have the choice between products, they will choose the one that