

Talking to many of my friends in law enforcement in my State, they will tell you that the business of law enforcement and the work of law enforcement in our State have become more and more dangerous and more and more challenging. As I have said many times—and I will say it again here today—North Dakota has the finest peace officers in the entire country. Colt Allery personified that dedication of our peace officers to protect and serve their communities.

Losing an officer in the line of duty is always devastating, but in States like North Dakota, where we often say we know everyone, Colt's loss is being felt in communities across the State. Colt and his family will know that the entire State mourns his loss and that we had his back in this life and we will have theirs as they struggle with this incredible and unimaginable loss.

Growing up in St. John, ND, and as an enrolled member of the Turtle Mountain Band of Chippewa Indians, Colt never strayed far from home. And he made a commitment to do more than just be part of his community, he made a commitment to protect his community as a peace officer.

Colt started out as a corrections officer for Rolette County. After graduating from law enforcement training academy, he started work in the Rolla Police Department. He then went to serve his fellow tribal members as a tribal police officer of Turtle Mountain before recently moving to the Rolette County Sheriff's Office.

In North Dakota, we have a proud history of peace officers like Colt serving their State and local communities with distinction. I have had the privilege over my years in public service to work with law enforcement officials, from highway patrol, to State and local officers, to various Federal officers and our tribal police, and I will tell you again that these are some of the finest men and women I have ever worked with. These are the men and women—just like Colt—who could have chosen a different path. Instead, they chose to take the oath to protect and serve. They chose to selflessly put themselves in harm's way so they could make North Dakota a safer place for each and every person who lives there or who may by chance be passing through. They chose to put the needs of others before their own needs and, in fact, before their own families' needs. They chose a more difficult path to tread than most of us would be willing to follow.

Putting that uniform on each and every day places you in a unique and special group, a tight-knit community that very few people could understand what it takes to get the job done. All too often, it takes a tragedy like this one outside of Belcourt, ND, last week to recognize and appreciate our peace officers and the sacrifice they and their families make every day so that we can feel safe and secure in our daily lives.

I stand here this morning not only to celebrate the life of Colt Allery but to

celebrate each and every peace officer working in the State of North Dakota and across the country. I know that although Senator HOEVEN and I cannot be at the ceremony and at the celebration of Colt's life today, we stand today with the community and with the State in appreciation, and we stand today in mourning for the loss of Colt Allery and for the terrible sacrifice his fiancée, his children, and his family have made in service to our country and our State and their community.

Deputy Allery, I thank you for your service and your sacrifice on behalf of the people of North Dakota. May God bless you and welcome you, and may He bless your family.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. HOEVEN. Mr. President, for all the people of North Dakota, we thank Colt for his service, and we ask that God bless Colt Allery and his entire family.

With that, Mr. President, I yield the floor.

#### RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:34 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

The PRESIDING OFFICER. The Senator from Georgia.

#### GEORGIA SEVERE STORMS AND DEADLY TORNADOES

Mr. PERDUE. Mr. President, I rise today to express my sympathy and support for the people in my home State of Georgia. This past weekend, severe storms and deadly tornadoes tore through South Georgia destroying homes and businesses and taking the lives, unfortunately, of at least 15 Georgians.

Among those areas hit the hardest were counties surrounding the cities of Adel and Albany. These counties and cities are very near where I grew up and where I now reside personally. When last weekend's storms hit, emergency management teams there were still leading recovery efforts in response to deadly storms that had just caused widespread destruction earlier this month.

I am very grateful for the tireless and ongoing efforts of our first responders in our State and stand with our Georgia families during this difficult time. Our hearts, of course, go out to the families affected by these severe storms.

I now yield for the senior Senator from Georgia.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, I want to thank my partner, Senator PERDUE,

for arranging this colloquy today. I want to join him in expressing sympathy to the families of those who were lost in Georgia and to the thousands and thousands of Georgians who have been injured or hurt and who lost valuable property.

My wife Dianne sends her wishes as well. This part of Georgia is very close to me. I grew up as a young boy working on a farm in Fitzgerald, GA, not far from Albany. I know what these people are like, and they are salt-of-the-earth folks. They don't deserve something like this happening, but they do deserve and they do merit everything we can do to get them aid.

I am so happy Secretary Kelly called yesterday to offer the services of the Federal Emergency Management Agency. Governor Deal has done a great job of arranging the disaster area, and the Georgia emergency management people are already in place.

So my heart goes out to the injured. My heart goes out to my State. My prayers go out to the families of those who were injured and are in the hospital and those who have passed away and perished from the terrible tornadoes.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I now ask unanimous consent that the Senate observe a moment of silence for those who have lost their lives in Georgia and across the southeast in these recent storms.

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

The Senate will now observe a moment of silence.

(Moment of silence.)

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

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

(The remarks of Mr. FLAKE pertaining to the introduction of S. 195 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

#### MARCH FOR LIFE

Mr. FLAKE. Mr. President, I would like to say a few words about this Friday's March for Life. This Friday, the National Mall and Capitol campus will again be filled with men and women from every corner of the country. Together, they will gather in celebration of the sanctity of life and in solidarity for its protection. For 43 straight years, the March for Life has given a powerful platform for average people to join in the political discourse to influence Federal policy in support of life.

That emphasis on the ability of a single person to bring about historic

change is the theme of this year's march. Now, this year's march is called the Power of One. The March for Life uses the following quote from the author J.R.R. Tolkien to encapsulate this theme: "Even the smallest person can change the course of history."

This is a powerful message that we should all embrace. It reminds us that from the young people marching on a cold January morning to the unborn children whose futures are filled with unlimited potential, any one of them has the power to be a positive force for good.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I ask unanimous consent to speak in morning business.

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

### MEDICAID

Mr. CASEY. Mr. President, I rise today to speak about the Medicaid Program, a program that I am sure a lot of folks in Washington and around the country hear about a lot. We talk about it a lot, but I am not sure that people around here have a real sense of what it means to folks back at home.

Medicaid is a program that is more than 50 years old now. In some ways, the name doesn't convey the scope of it. In some ways, I wish it had a different name because it would remind people who benefits from it.

Instead of referring to it as the Medicaid Program, if you called it the "kids, seniors, and folks with disabilities program," or something like that, you would be accurately describing the scope and the reach of the program because it has a profound impact on the lives of children, on the lives of older citizens trying to get long-term care in nursing homes, and, of course, it has a huge impact on individuals with disabilities.

We know that in the campaign, President Trump made a statement. I am not quoting him exactly, but it was a brief statement during his campaign, and it was in writing that he would not cut Social Security, Medicare, or Medicaid. I think a lot of people had forgotten about that third one.

One of the tasks that we have in the Senate is to make sure that, when a statement like that is made, any President is held accountable to that promise.

The examples I could cite are many about the impact of Medicaid. Just a couple are significant. Not by way of exclusion, but I will just mention a few.

I am holding here a March of Dimes document. It is an issue brief by the March of Dimes, and it is entitled "The Value of Medicaid." I won't read it all, but here is just one fact that I am not sure a lot of people know. "Medicaid covers 45% of all births"—and they have a footnote for that. I am not sure

there are many in Washington who know that. But that is why I referred to it earlier in a more informal way as "the baby program," because all of those children come into the world paid for by Medicaid.

Medicaid has a substantial impact on rural families, rural America, and rural hospitals. By one estimate a couple of years ago, First Focus, one of the advocacy groups here in Washington that tracks issues that relate to children, estimated that as of 2012—and I doubt that it has changed much since then—more than 45 percent of rural children got their health care through Medicaid or the Children's Health Insurance Program. So almost half of rural children were benefitting from one program or the other.

Here are just a couple more. One in five seniors receives Medicare assistance through Medicaid, and that includes premium assistance, cost sharing, long-term care, dental care, and vision care.

Another important number is that two-thirds of nursing home residents are covered by Medicaid.

I mentioned children before and the profound impact it has on their lives. Medicaid covers 40 percent of all children in the country. I mentioned CHIP and Medicaid combined covering almost half of rural children. Just Medicaid alone covers 40 percent of all children—rural, urban, and everywhere in between. If you just consider low-income kids, or children who come from low-income families, Medicaid covers some 75 percent of those children.

So there is a lot to talk about. But one issue that we are in the process of engaging on as an issue is: What will happen to Medicaid?

Despite what the President said when he was campaigning—and I am talking specifically about Medicaid—just this weekend, the administration announced—without much attention drawn to it at the time, but I hope increasingly more attention—that the administration would support block-granting Medicaid. That is at variance with what the President said. In my judgment, it is a total contradiction of what he said, and now, apparently, his administration has embraced the House Republican approach to Medicaid, which is block-granting.

There are a lot of ways to measure the impact of block-granting. One that I will just cite for the record is a report by the Center on Budget and Policy Priorities dated March 15, 2016, entitled "Medicaid Block Grant Would Add Millions to Uninsured and Underinsured," which I ask unanimous consent to have printed in the RECORD.

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

[From the Center on Budget and Policy Priorities, Mar. 15, 2016]

MEDICAID BLOCK GRANT WOULD ADD MILLIONS TO UNINSURED AND UNDERINSURED  
(By Edwin Park)

House Budget Committee Chairman Tom Price's budget plan would radically restruc-

ture Medicaid by converting it to a block grant, cutting federal funding by about \$1 trillion over the next decade. It would also repeal health reform's Medicaid expansion. The combined result would be a total Medicaid cut of \$2.1 trillion over the next ten years, relative to current law, likely making tens of millions of Americans uninsured or underinsured.

Repealing the Medicaid expansion means that at least 14 million people would lose Medicaid or not get it in the future, based on Congressional Budget Office (CBO) estimates. In addition, the large and growing funding cut from the block grant would almost certainly force states to sharply scale back their Medicaid programs.

The Price plan would also repeal health reform's other coverage expansions, including the subsidies to help people afford marketplace coverage.

All told, not only would the estimated 20 million Americans who've already gained coverage through health reform lose it, but millions more who qualify for Medicaid apart from health reform would likely lose their Medicaid coverage as well. Tens of millions of Americans would likely become uninsured.

Under Price's "State Flexibilities Funds" block grant proposal, the federal government would no longer pay a fixed share of states' Medicaid costs, apparently starting in 2018. Instead, states would get a fixed dollar amount of federal funding, which would rise only modestly each year, as explained below.

Block-grant funding would fall further behind state needs each year. The annual increase in the block grant would average about 4.3 percentage points less than Medicaid's currently projected growth rate over the next ten years. In the plan's tenth year (2026), federal Medicaid and Children's Health Insurance Program (CHIP) funding would be \$169 billion—or roughly 33 percent—less than under current law (see graph). And the cuts would likely keep growing after 2026.

The block grant would cut federal Medicaid funding by \$1 trillion from 2017–2026. A small share of these cuts could come from CHIP which the Price plan would presumably merge into the Medicaid block grant as in past House Republican budget plans. Over the next ten years (2017–2026), the budget plan would provide nearly 25 percent less in federal Medicaid and CHIP funding to states than under current law—not counting the lost federal funding for the Medicaid expansion.

The loss of federal funding would be greater in years when enrollment or per-beneficiary health care costs rose faster than expected—for example, due to a recession or new treatment that improved patients' health but raised costs. Currently, the federal government and the states share in those unanticipated costs; under the Price plan, states alone would bear them.

As CBO concluded in 2012 when analyzing a similar Medicaid block grant from then-House Budget Committee Chairman Paul Ryan:

"The magnitude of the reduction in spending . . . means that states would need to increase their spending on these programs, make considerable cutbacks in them, or both. Cutbacks might involve reduced eligibility, . . . coverage of fewer services, lower payments to providers, or increased cost-sharing by beneficiaries—all of which would reduce access to care."

In making these cuts, states would likely use the large added flexibility that the Price plan would give them. For example, the plan would likely let states cap Medicaid enrollment and turn eligible people away from the program, or drop benefits that people with