

polarized political times—the Finance Committee trying to find common ground.

The reality is, the principles around which healthcare reform has traditionally been based are still pretty valid. I believe, as the ranking Democrat on the Senate Finance Committee, that healthcare is a basic human right. I also believe our colleagues on the other side of the aisle have valid points as well about having a role for the private sector in the delivery of healthcare. So I have long used those kind of bedrock principles to guide me with respect to healthcare, and that is why I wanted to come to the floor today to talk about what was just announced by Republican Senators—Republican Senators only—to make one last attempt to roll back Americans' healthcare before they lose the opportunity to take advantage of the special rules that would allow partisan-only approaches, and they expire at the end of the month.

As I said, my focus—as was the case last night with Chairman HATCH, and we are far from done here—was to find common ground with respect to a critical program for children.

Earlier today, our colleagues, Senators GRAHAM, Cassidy, and HELLER, introduced a partisan bill that, in my view, might be the most harmful version of TrumpCare yet, so I wanted to take a few minutes this evening to explain why this type of legislation is still a bad deal for American families.

This legislation that has been authored by the three Republican Senators gives a super block grant—a blank check—to the States so that they can do whatever they want to Americans' healthcare. Based on everything else I have seen this year, that is going to mean an awful lot of pain for vulnerable people and an open door to the worst abuses of insurance companies, which had been relegated to the history books when the Affordable Care Act was passed. My view is that this is probably the largest healthcare devolution in history, which is pretty much sending it to the States and saying: Have at it.

First of all, the bill ends Medicaid as Americans know it today. This year's debate over healthcare made one matter clear—that Medicaid matters. It pays for the healthcare of America's most vulnerable and serves as a safety net for the people who might not think they will need it. It covers nursing home care for older Americans who spend down their hard-earned savings. It pays for addiction treatment services for those who are struggling with opioids, as millions of Americans are today. It helps Americans with disabilities live healthy, productive lives in their communities rather than in institutions. That is just the tip of the iceberg of the good work Medicaid does for those from Portland, OR, to Portland, ME. Under the legislation that I am discussing—Graham-Cassidy-Heller—that is gone.

The plan ends the expanded Medicaid coverage that 11 million Americans

count on today. It puts a cap on Medicaid and offers hundreds of billions less in support from the Federal Government. It is essentially telling States "good luck" and is asking them to make all of the hard decisions about which Americans will get adequate healthcare and which people will go without. History tells us that the most vulnerable Americans who are without a voice or a powerful lobby are inevitably going to be the ones worse off.

There is one more step that this bill takes that is different from previous versions of TrumpCare and similar proposals. Rather than reducing the tax credits that help Americans get help, which is similar to earlier Republican approaches, this bill just gets rid of them. It gets rid of them completely. That means asking States to use their Federal health block grants to cover Medicaid, nursing home care, care for those with disabilities, addiction treatment, tax credits for healthcare, and more—and all from the same pot of money. To me, that is a recipe for a healthcare disaster.

This proposal also opens up loopholes for the big insurance companies to undermine key consumer protections—those that bar discrimination against those who have preexisting conditions and set essential benefits that all Americans are entitled to receive.

I thought we were done with those days—the days when, in effect, healthcare worked for the healthy and the wealthy and when we had discrimination against those with preexisting conditions. Basically, unless you were healthy and did not have a preexisting condition or unless you were wealthy and could pay for your healthcare costs, you were really in deep trouble. As far as I can tell, this new proposal undermines those key consumer protections that bar discrimination against those who have preexisting conditions, and it takes us back.

Mr. President, I ask unanimous consent to proceed for up to 10 more minutes.

The PRESIDING OFFICER (Mr. CASSIDY). Without objection, it is so ordered.

Mr. WYDEN. Mr. President and colleagues, thank you for your courtesy.

During the TrumpCare debate, it was clear that unraveling the consumer protections that Americans count on today causes the whole system to come apart at the expense of those who need healthcare the most.

I have heard the authors of this bill argue that the States will be able to keep the Affordable Care Act or do it their own way, but this bill asks each State to do a whole lot more with a whole lot less. That does not sound like a prescription for State innovation; it sounds like more of the same failed, partisan approach that the public witnessed earlier this year.

I know a bit about State innovation and have enjoyed talking with the distinguished President of the Senate about it. I wrote the provision that is

currently in law that says that States have a chance to do better, not worse. What the States have been most interested in up until now is something called reinsurance, and the States that have been making headway in terms of their getting the green light from the Federal Government have used the existing law that I wrote. Yet the idea of letting States do worse is a different story, and it sure looks to me as if we will be seeing benefits cut and insurance plans being worth little more than the paper on which they are written. On top of that, Americans in red States should not be subjected to worse healthcare than those in blue States simply on the basis of their ZIP Codes.

So I come back to the bottom line in terms of bipartisanship in healthcare. I think that the way one makes lasting change in the American healthcare system is to find common ground across the aisle. I talked about some of the key principles behind it. I mentioned the fact that Chairman HATCH and I came together last night on a general framework for the children's health insurance bill.

Now, I have been approached by colleagues about this legislation, so I can only assume that means it is going to be pushed forward through the deeply partisan process known as reconciliation. That did not end well previously, and I am sure going to fight with everything I have to block partisan reconciliation tactics in the days ahead.

I close by saying let's try to pick up on the kind of approach Chairman HATCH and I tried to pursue last night—with a bipartisan effort on CHIP. Let's try to find common ground. I think healthcare is a basic human right. I also think Republicans have valid points with respect to there being a significant role for the private sector. I am interested in approaches that give all Americans the ability to have affordable, good-quality healthcare, and I think that we get it best if we pursue bipartisan approaches. I believe many of my colleagues here in the Senate share these views, and I hope the Senate will not have yet another knockdown, drag-out battle over a partisan reconciliation bill that will harm the American people but will instead pick up on the kind of bipartisan principles I have discussed tonight.

I thank the Presiding Officer and Senator HOEVEN for the courtesy of having the additional time.

I yield the floor.

(At the request of Mr. CORNYN, the following statement was ordered to be printed in the RECORD.)

NATIONAL DEFENSE AUTHORIZATION BILL

- Mr. RUBIO. Mr. President, due to ongoing and urgent recovery efforts from Hurricane Irma, which devastated many parts of Florida, I am staying in my State to assess the damage and help marshal the full capacity of recovery resources available to us. Congress

has passed authorizations for use of military force, AUMFs, that the President is using to fight the war on terror and conduct counterterrorism operations against our enemies. This includes the Islamic State, which the State Department recently reaffirmed is guilty of genocide, and other terrorist groups that continue to pose grave and persistent threats to the United States and our allies.

Paul amendment No. 871 would repeal these critical congressionally passed AUMFs, so I therefore oppose this amendment.●

(At the request of Mr. SCHUMER, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mr. MENENDEZ. Mr. President, I was unavoidably absent for rollcall vote No. 195, the motion to table Paul amendment No. 871 to H.R. 2810, the National Defense Authorization Act for 2018. Had I been present, I would have voted nay.●

HUMAN PERFORMANCE OPTIMIZATION

Mr. TILLIS. Mr. President, I am honored to represent over half of all U.S. Special Forces. I would like to address the topic of working to close a growing gap in understanding, assessment, and prediction between traditional and nontraditional strategies for human performance optimization as it relates to our military servicemembers and overall readiness.

I support Department of Defense efforts designed to simultaneously improve the overall health and wellness of uniformed personnel and sustain the operational readiness levels of the respective military services. I am encouraged by efforts initiated at both Special Operations Command, SOCOM, and the respective SOCOM component commands and am requesting that these commands consider additional steps to incorporate new ideas for the troops.

I would like to see the Department of Defense examine the impact of recent trends in the health and performance industry to emphasize greater reliance on natural movement, full-range body motion, nontraditional gravity-aided suspension exercises, and nontraditional resistance training for optimizing an individual's state of fitness, long-term durability, resilience, and overall wellness. It is important to note that such approaches can produce significant and measurable improvements in muscular strength, endurance, motor control, and the maximum cognitive and workload performance of individual military operators.

The potential for an improvement in comprehensive readiness and lethality of Special Forces is significant. Efforts to improve muscular strength, endurance, and the workload performance for individuals under more natural and

realistic training scenarios coupled with the establishment and documentation of optimum and minimum physical thresholds can improve overall unit readiness and sustainability among and throughout the ranks of special operations forces.

Therefore, I would encourage the Department of Defense, and especially Marine Corps Forces Special Operations Command, MARSOC, to identify and describe common denominators with respect to key performance indicators, KPI, among MARSOC operators, develop algorithmic tools for predicting appropriate individual physical and cognitive loads, and examine the efficacy of potential intervention programs to minimize discriminatory KPI gaps among MARSOC personnel. Let's close the gap in understanding between traditional and emerging strategies for human performance optimization. I strongly believe it could have a positive impact on the readiness of our honorable men and women in uniform to win conflicts.

REMEMBERING PETE DOMENICI

Mr. McCAIN. Mr. President, I was deeply saddened to hear about the passing of my friend and former colleague, Senator Pete Domenici, a great American who dedicated his life and career to public service. I had the great privilege of serving alongside Pete for many years and knew him as a gentleman who always behaved in the highest traditions of the Senate. Pete was a knowledgeable and pragmatic leader who knew how to reach across the aisle to advance bipartisan solutions to the Nation's biggest problems. Perhaps the best example of his skill for compromise was when he negotiated the Nation's last balanced budget in 1997. Pete represented the very best ideals of the U.S. Senate and left an indelible mark on this Chamber. Cindy and I extend our deepest condolences to Nancy and the entire Domenici family as they mourn the loss of a great man.

ADDITIONAL STATEMENTS

150TH ANNIVERSARY OF THE ELGIN FIRE DEPARTMENT

• Ms. DUCKWORTH. Mr President, today I wish to recognize the Elgin Fire Department's 150th anniversary and congratulate the brave men and women who protect the 100,000 residents living in Elgin, IL.

For more than 100 years, the Elgin Fire Department has worked to preserve the safety and well-being of Illinoisans. Firefighters are the first responders who often put themselves in danger to rescue citizens from emergency situations involving extensive smoke and fire. The medical treatment responders save numerous lives, which may have been lost without prehospital care.

The Elgin Fire Department continues to serve its community by providing

fire safety education, fire inspection, and domestic preparedness planning, among other community outreach efforts, to increase community readiness. The department's stellar service ensures that the families and friends of Elgin are prepared for any emergency.

I extend my best wishes for a remarkable and memorable anniversary. Thank you for your selfless work to Elgin, IL.●

RECOGNIZING THE GUADALUPE CENTERS

• Mrs. McCASKILL. Mr. President, I ask the Senate to join me today in recognizing the work of the Guadalupe Centers in Kansas City, MO. Their mission is to improve the quality of life for individuals in the Latino communities of greater Kansas City, and they excel at their mission. Many Kansas City families view Guadalupe Centers as a pillar in their lives. I am here today to honor the Guadalupe Centers as the standard all community organizations should strive to become.

Founded in 1919, the Guadalupe Centers originally served as a safe haven for Mexican immigrants who experienced discrimination, poverty, and lack of social services following the Mexican revolution. During the subsequent decades, the centers expanded its services to include English classes, boys' and girls' clubs, adult education classes, and home economics. Much of this expansion came under the leadership of Dorothy Gallagher, known as the Godmother of Guadalupe.

While the Guadalupe Centers continue to assist members of the Latino community balance life in the United States while maintaining their cultural heritage to this day, it has also expanded significantly. As Kansas City's Latino population grew and prospered, the centers added employment assistance programs, a credit union, a health center, counseling, youth programs, a preschool program, and the Alta Vista Charter High School. In 2013, the Missouri Public Charter School Association recognized Alta Vista High School as the "Missouri Charter of the Year."

To kick off Hispanic Heritage Month each year, the Guadalupe Centers host the Blanco y Negro Awards gala in Kansas City. While honoring individuals and institutions critical to the growth and development of the organization, the gala also assists with funding the nonprofit. Last year alone, the Guadalupe Centers served over 9,268 individuals and families through its variety of programs and services. It will be my honor to attend the Blanco y Negro Awards gala on September 15 to support the Guadalupe Centers and honor the beginning of Hispanic Heritage Month.

Since 1988, we have celebrated Hispanic Heritage Month from September 15 to October 15. Each year, we take these 30 days to commemorate the significant contributions of Hispanic and