

Century Fox, Hewlett-Packard Enterprise, Walt Disney Company, and others have supported our narrowly crafted legislation because they know it is necessary, it is needed, and it doesn't affect the good actors.

I would love to see others in the tech community step forward and help us. We want them to partner with us in this. They should be as concerned as anyone, if not more, because online, on the internet, this is taking place. They should want to support, address this injustice, where traffickers exploit women and children with immunity.

Some in the tech community have argued this bill would inadvertently harm good-intentioned websites. I don't believe that is true, but, more importantly, nor do legal scholars who have looked at this.

Attorney General Xavier Becerra explained in last week's hearing that "we have to prove criminal intent. We can't win a prosecution unless we can show that the individuals we're prosecuting, like Backpage, had the intent—the knowledge—to do what they are doing. The legislation that you have before you is very narrowly tailored. It goes only after sex trafficking."

That was our intent, to do it narrowly. The bill targets websites that knowingly facilitate sex trafficking and protects those that don't. It is as simple as that. I think those in the tech community who remain in opposition to this legislation have to realize that by doing so, they are protecting these bad actors, bringing a bad name to the internet. Instead, they should partner with us to protect our kids.

I have spoken about courts and attorneys general calling on Congress to change the Communications Decency Act. The most powerful call on Congress actually came at the Senate hearing last week—not from a lawyer, not from a judge. It came from a mom.

Yvonne Ambrose, whom I mentioned earlier, the mother of the late 16-year-old, Desiree Robinson, with great courage, stated:

Backpage.com and other companies like it must be held responsible for what they have created. I'm sure when this act was put in place in [19]96, the Internet was in its infancy, and it was not intended to allow companies to legally sell children on the internet. But somehow, a dollar has become more important than a human life. If you're going to fix this problem, fix it.

Let's fix it. Last week's Senate hearing was a step in the right direction. Senators from both sides of the aisle understood the injustice that occurs and were passionate in expressing their desire to find a solution. I would just tell you that we have very carefully assessed this problem over the last couple of years, carefully and thoughtfully not just assessed it but looked for a legislative fix that would be a solution to the problems we have identified. We now need to act on it as soon as possible to save those women and children who are being trafficked online every day as we wait.

The Stop Enabling Sex Traffickers Act stops an injustice. I urge the Sen-

ate to take up this legislation, seize this opportunity, have the markup, get it to the floor, get it to the House where there is companion legislation, and fix this problem to protect our kids.

Thank you.

I yield back.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, first, I want to compliment Senator PORTMAN for his leadership on this issue of ending modern-day slavery and trafficking. The United States is taking the leadership globally in fighting trafficking.

We had the Trafficking in Persons Report that is looked upon as being the most authoritative document on how well every country is doing in fighting modern-day slavery and trafficking, but we must make sure we take care of issues here at home.

I applaud Senator PORTMAN's efforts to make sure we do everything in this country we can to protect those victims who are being trafficked for sex or labor. We need to redouble our efforts. I compliment my colleague for his leadership in this area. I can tell him that all of us here want to work with him to make sure America continues to lead in our fight to end modern-day slavery.

HEALTHCARE

Mr. President, I would like to say one thing about the fellows who serve in our office. I know many of us are privileged to have fellows who get assigned to us. Arnold Solamillos has been assigned to my office and has helped us in so many different areas. His expertise from the Social Security Administration is a valuable service. I, personally, thank him for the contributions he has made not just to my Senate office but to the work we do in the U.S. Congress.

Mr. President, I want to comment about the status of healthcare. We had expected that the majority leader might have brought up this week the Graham-Cassidy bill as part of budget reconciliation. I can tell you I am relieved he did not, but I hope this Chamber will consider healthcare legislation not 6 months from now, not a year from now, but there is important work we need to do now in regard to healthcare, and we need to work together, Democrats and Republicans.

One of the urgent issues is to reauthorize the Children's Health Insurance Program, CHIP. That program, as I am sure the Presiding Officer knows, expires in the next 2 days. We need to make sure there is predictability for our States to continue this extremely important program that protects the health of our children.

It was created as a bipartisan program, enjoyed bipartisan support. I certainly compliment Chairman HATCH and Ranking Member WYDEN for their work together to reach an agreement on the reauthorization of this program. I hope we can consider that very shortly.

I also would like to point out that we have very important healthcare policies that have time limits on it and expire, and we need to pass what is known as extenders in health. Some of these policies expire in the next 2 days.

I am going to just mention one. There are many others I could mention, but I want to mention one that I have been involved with ever since Congress made the mistake of placing a limit known as the therapy cap on rehab services. This limit makes absolutely no sense. It made no sense 20 years ago when it was imposed. It was put in there to reach a budget number and reconciliation and had nothing to do with policy.

Today, those who have the most serious needs of therapy services are the ones who are the most at risk. So I would urge my colleagues that we need to take up these medical extenders, and we need to do it now. We need to do it quickly. We don't want to leave the uncertainty out there. Every day we leave the uncertainty, there is a question in the minds of individuals who need these services and those who are providing these services whether, in fact, Congress will extend the policies.

Let me talk a little bit about the broader issue of the Affordable Care Act. We had, I thought, a very informative hearing before the Senate Finance Committee on the Graham-Cassidy amendment to the Reconciliation Act. We had that hearing on Monday, and I thought it was a very informative hearing for the members of our committee and the American public. We had the opportunity to have one of the members of our committee on the panel of witnesses. Senator CASSIDY was a witness at the witness table. During the questioning, I said to him that he had mentioned many examples of individuals who are facing very high premium increases or they don't have the ability to pay the premiums and the out-of-pocket costs. He was using those examples, as some of my other colleagues were using, as to why we have to deal with a change in the Affordable Care Act.

I had the opportunity to question what individuals he was talking about. He identified the group. The group is those who are in the individual marketplace. These are not the families who have policies through their employers or in the group plans, these are individuals who have no other opportunity but to go into the individual market in order to buy their health insurance. Secondly, these are individuals who don't qualify for subsidies because their income is too high.

So I asked Mrs. Miller, who was on the panel who is the insurance commissioner from Pennsylvania, whether my estimate of the number of people who fall into this category is correct. She confirmed it is somewhere between 1 to 2 percent of the population that fall in the individual marketplace and incomes are too high for subsidies.

That is a significant number of Americans, and we need to deal with their concerns. Let me sort of spell out what that is all about. In my State of Maryland, the average cost—capital cost—of healthcare is somewhere around \$8,600 a year. If you don't have an employer helping to contribute to your healthcare insurance or cost or you don't qualify for any subsidies and you are a husband or wife with two children, then your average costs are going to be in excess of \$34,000. That is if you buy insurance so you are not exposed to the unexpected costs. A lot of families just can't afford that.

The problem is, the individual marketplace is not stable. There are too many uncertainties, and those premium costs can become unaffordable for those families whose incomes are too high to receive subsidies. It is an important group, but let's keep in mind it is 1 to 2 percent, so let's not jeopardize the healthcare of 98 to 99 percent of Americans in an effort to say we are doing something for the 1 or 2 percent.

Here is the rub. The Graham-Cassidy bill didn't help that 1 to 2 percent. In fact, it made it worse. It made it less likely that they would be able to get affordable coverage so they didn't deal with the problem that was identified for the reason for the reform. Instead, what the Graham-Cassidy bill did was basically to block grant the Medicaid Program to the States. They had a complicated formula, where many States, like Maryland, would lose a lot of money because we used our State resources to expand Medicaid, and now we are being penalized for it. The bottom line was every State was going to have a cap as to how much money the Federal Government was going to make available, and that cap became tighter and tighter every year.

So I asked one of the witnesses on our panel on Monday: How would you deal with that?

The witness who is responsible in his State said: Well, you manage to the cap. Those were his exact words: "You manage to the cap."

So I said to Mrs. Miller, the insurance commissioner from Pennsylvania: What does that mean, managing to the cap?

She said: Well, it means that in order to make the cap, you either knock people off the rolls and change the eligibility so fewer people have coverage in our State—and let me remind my colleagues the Congressional Budget Office, although they didn't give us a finite score, did say there would be millions of people who would lose their coverage under the Graham-Cassidy bill—so that is one way. Also, the bill eliminated the expansion of Medicaid, which was part of the Affordable Care Act and was responsible for tens of millions getting healthcare coverage. So there would be millions of people who would lose their benefits because the States have to manage to this cap that was in the bill.

The second way Mrs. Miller said you can manage to the cap is to reduce benefits, and many States have done that. They can impose caps. Caps means that if—I had so many people who wrote me letters, and I am sure the Presiding Officer got letters from people in his State—but the ones who really got to you was when you heard from a young husband and wife who have a child with special needs and that person indicated that within the first couple of months, they would have exceeded the cap that was in the insurance policies before the passage of the Affordable Care Act.

What are we supposed to do? If the State, in order to save money to manage to the cap, imposes a cap on how much the coverage is and you have a child with special needs, what do you do about that?

Well, the answer, quite frankly, is you either sell everything you have, mortgage everything you have, or go into a bankruptcy in order to take care of your child because you just can't do it.

So that is what was at risk.

There was a third way to manage to the cap, and Mrs. Miller said: We could cut provider fees, and States have done that. Cutting provider fees means that in areas where there is a large Medicaid population, you are going to have a hard time finding a hospital or a doctor that will be willing to treat the lack of access to care. We saw that over and over again, where people may have coverage, but they can't get a provider. That is not access to care.

So, for all of these reasons, what would have been done under the Graham-Cassidy bill would not have dealt with the 1 to 2 percent where we do have an issue and we need to work on it, it would have created significant problems for millions of others, and I haven't even gotten to the fact that it eliminated the Patients' Bill of Rights and insurance protections that we put into law against preexisting conditions and things like that. So I was glad to see we are not considering that amendment this week. That, to me, was the right decision.

I know we are now going to end this fiscal year in the next 2 days and that next week we are likely to see come out of the Budget Committee another budget document so that we are back on fiscal year 2018 rather than fiscal year 2017. We don't know whether that will deal with taxes or with healthcare, but there will come a time that we may be getting back to this debate. I would hope we don't need a budget resolution to do it. I hope we can move in a bipartisan manner and get some things done now to improve and stabilize the Affordable Care Act.

I have been participating, under the leadership of Senator ALEXANDER, the chairman of the HELP Committee, and Senator MURRAY, the ranking Democrat on the committee—who have been conducting hearings over the last several weeks, and we have invited Members who are not on that committee to

join them. We were able to ask the witnesses questions. We were able to find out whether there were some common areas where we could in fact help stabilize the market that includes the 1 to 2 percent I have already talked about who are the ones who have issues here.

I have met with our insurance carriers in Maryland in reference to why we were having large increases in the individual marketplaces, and we went over the various reasons. The three principal reasons were all talked about in this bipartisan group. Quite frankly, Senator ALEXANDER said: Look, we are trying to see whether we can't come together with some legislation, perhaps to pass as early as this month, which gave a lot of us confidence that at long last we are coming back to work, Democrats and Republicans.

I was criticized by some of my constituents during this debate who asked: Where is your proposal? How are you going to fix it? So several months ago I filed legislation, and I was pleased to see that a couple of the issues I included in my legislation were consensus proposals in this bipartisan group that has been meeting for the last couple of weeks.

One of those that is in my legislation and that is in conversation is to have predictable funding for the cost sharing. As we know, President Trump has raised a question as to whether he is going to continue to pay the insurance companies for keeping the copays and deductibles and premiums low for low-income families. He is doing it on a month-to-month basis. If we could make that a predictable payment, as was anticipated under the Affordable Care Act, that could affect a significant part of the premium increase that has been sought in the individual marketplace. That was what was told to me in Maryland, and that was confirmed by a wide network of groups from many States in the discussions with Senator ALEXANDER and Senator MURRAY. That is something we could do right now. We anticipated that would be done. We can do that, and then we can help those people whose examples were given for reasons why we need to address the Affordable Care Act.

A second issue that is included in my legislation that was very much included in this discussion is, let's make it easier for States to implement a reinsurance program. A reinsurance program takes the high risks and spreads them over so an insurance company doesn't have to impose higher premiums because they have unknown risks. It is a pretty simple process, to use reinsurance. The State Senate used reinsurance and it has worked. It was in the original Affordable Care Act.

The problem is, the States' budgets have already been put to rest. In order to do a reinsurance program, you have to put some money upfront in order to save money. The States just don't have those funds. So let's look for ways we can make it easier for States to implement the reinsurance program, and

part of that is to deal with the waivers that are in the Affordable Care Act. We have guardrails to make sure States use waivers but do not compromise the protections that are in the statute. So let's make it easier for States to implement a reinsurance program which could also bring down rates. Quite frankly, I didn't see anyone object to those two suggestions that were made, which would certainly help.

There are other things I hope we can do. The three main reasons given by the insurance carriers in Maryland for the premium increases are, No. 1, the uncertainty of the cost-sharing payments; No. 2, the reinsurance program; and, No. 3, that we are not enforcing the requirement that everybody be in the pool. We don't do that. You get those that are at the highest risk who are going to come in, but those who feel like they are not going to be using the policies stay out, and then we have adverse risk selection and therefore higher premiums than there should be.

So we really need to do a better job to try to get people into the plans. That is why many of us have been urging our appropriators to provide the funds so we can inform people about the advantages of having healthcare coverage and we can get a broader market in there. I certainly hope a law is passed by Congress that requires the coverage would be enforced. These are things I think we all could do.

There are other issues I hope we can deal with that I think will help all people, in addition to the 1 to 2 percent who need immediate help, as well as bring down the entirety of our healthcare costs. Part of that is to bring down healthcare costs generally. We all know prescription drugs are too expensive in this country. We pay twice what other countries pay. One simple way is to get the same discounts for Medicare as we get for Medicaid. My understanding is that saves billions of dollars. It was in my legislation, just one simple way. I think that if you can collect the bargaining power of the Medicare marketplace, we can certainly get better prices than we get by using a divided market.

So there are things we can do. We can have a better delivery system for providing healthcare to people in this country. I have talked about this many times—collaborative and integrative care models. In Maryland, we have Mosaic, which is a behavioral health facility, working with Sheppard Pratt, a mental health hospital. They worked together in order to have a more efficient delivery system. We need to encourage those types of models that use integrative care to bring down healthcare costs.

Lastly, we need more competition. Yes, I have always supported a public option under the exchanges. I think that makes sense.

We have a lot of other proposals that have been given. Let's sit down and talk about these proposals to see if we can't find ways to make our system better.

We have, once again, reached a situation where the majority has pulled the budget reconciliation, this time permanently, from the fiscal year 2017 calendar year. Let us start the new year that begins on October 1—the new fiscal year—with a commitment from Democrats and Republicans to work together, to share our best ideas, to make sure our children are protected by the extension of the CHIP program, to make sure policies that are currently in place that protect our constituents such as the therapy cap relief are extended.

Let's join together so the Affordable Care Act can be made stronger, particularly in stabilizing the problems in the individual marketplace, and help bring down the growth rate of healthcare costs. That is what we should be working on now, and I encourage my colleagues to do just that.

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

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

BURMA

Mr. MERKLEY. Mr. President, anyone who watches the news, reads the newspaper, or goes on social media knows there are a lot of bad things happening in our world. Folks at home and across the globe are confronting devastations from hurricanes, earthquakes, floods, wars, and forest fires, as in my home State. Tensions between the United States and North Korea have never been higher, reaching a dangerous level. The world is watching all of this with bated breath.

In the midst of this deluge of news, a human rights catastrophe is unfolding virtually unnoticed. I am talking about the members of the Burmese military engaging in horrific acts of unthinkable violence against the Rohingya—a Muslim minority population in a predominantly Buddhist nation.

The Burmese military, along with civilian accomplices, have slaughtered more than 3,000 innocent civilians. They have raped thousands of Rohingya women. They have beheaded children as young as 6 years old. They have burned countless villages to the ground. Through these brutal acts, the Burmese military has driven half a million Rohingya refugees to camps in nearby Bangladesh, with Burmese soldiers continuing to shoot at them as they try to cross the border—a border, by the way, along which landmines have been laid by the Burmese military.

The brutality of what is happening in that country is truly beyond comprehension. The Burmese Government calls it a security operation, but we need to call it exactly what it is—eth-

nic cleansing. So often I have heard the words “never again,” that the United States will stand up to ethnic cleansing. This is one of those moments when we must stand up.

What is happening in Burma is a crime against humanity. As a country, we have more responsibility to take a stand and to speak out against it, to make the world take notice of the atrocities, call for their end, and to work toward their end.

The Rohingya are a people trapped in a cycle of violence and persecution by the Burmese Government and military. The Government of Burma has turned them into stateless people—refusing to recognize them, refusing to give them citizenship in spite of the fact that much of the Rohingya community has been there for centuries. They need our help.

The Burma Government has adopted laws that ban the Rohingyas from traveling without official permission, from owning land, from securing a public education, from obtaining employment by either a state or private business.

When the Burmese Government says that it will welcome back the refugees who can prove their citizenship, they are being completely disingenuous and completely treacherous, because they know—and the whole world should know—that the very laws of Burma make it impossible for the Rohingya to prove their citizenship since they have been denied citizenship by the Government of Burma. We cannot sit idly by and let ethnic cleansing continue.

One nation that has stepped up is Bangladesh. As the leaders of Burma have persecuted the Rohingya and burned the villages and shot the refugees as they were fleeing, the Government of Bangladesh has opened its door. It has proceeded to allow humanitarian groups access and the United Nations access. This is commendable, but more needs to be done. These refugee camps are overcrowded. There are not enough supplies, clean toilets, food, or clean water. Doctors Without Borders says that they are on the brink of a “public health disaster.” Unlike Bangladesh, other countries have yet to speak up.

Indeed, I am concerned by reports that some factions within India have been explicitly, publicly seeking to expel India's own Rohingya population. It is important for the international community to weigh in with them and to ask them to respect international law and to protect the Rohingya refugees. India knows full well that there is nowhere to send them. If they send them back to Burma, there will just be more persecution of the men, the women, and the children.

It underscores the fact that the Rohingya need help and that the world should answer the call. As we do, we must use what influence we have to put an end to the violence and the persecution of this ethnic minority. We need to call on Burma's leaders to protect these minorities, not to assist in the