

dysfunctional can be fixed by its own Members, moving us to a functional set of rules. That is what I hope we would achieve in the days ahead.

I look forward to voting for Scott Palk, whenever we finish with a 30-hour clock of time—of wasted time—to be able to move on a nominee and to see wide bipartisan support again for a good nominee. Scott is going to do a great job on the bench. We need him there to be able to get started.

I yield back.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTHCARE

Mrs. MURRAY. Mr. President, I come to the floor today to talk about what my bipartisan healthcare bill with Chairman ALEXANDER means for the people we are all here to serve, what it means for patients and families in my home State of Washington and across the country who are worried about being able to afford the healthcare they need, and what it means for States and communities and hospitals that are administering and providing care.

Negotiations of this magnitude are always tough. There are some things you agree on, and sometimes there is common ground that emerges early, but there is no question that you also find areas of strong disagreement. You have to work your way to each answer step by step.

One issue that Chairman ALEXANDER and I agreed on from the very start of our negotiations, where we worked our hardest, and what we had the most discussions on was the goal of putting patients and families first and that it would be families who would benefit as much as possible from our efforts to restore stability to our markets. That was the crux of our debate. It was our guiding star.

I am very proud to say that our bipartisan bill does just that. Here is what is at stake. Here is what we know. Patients and families across the country are looking ahead to next year. They are rightly worried about their healthcare—premiums, benefits, and coverage—and they are realizing that they are about to pay the price for the uncertainty and partisanship we have seen on healthcare over the last 9 months.

Like all of my colleagues, I have listened and I have talked with many of these families in my home State, at hospitals, schools, roundtables, and in meetings with patients, doctors, providers, and veterans. They have all made it very clear that enough is enough with playing politics with people's healthcare.

Here is how our bipartisan bill would protect those families and restore certainty to the markets. I will not go into all of the details, of course, but I

do want to focus on some really important points.

First of all, this bill would restore the out-of-pocket cost reduction payments that President Trump has announced he will be ending for this year as well as for 2018 and 2019. This means that some serious sabotage—something that experts say would raise premiums by double digits for millions of families—would be off the table.

Second, this bill would make significant investments when it comes to healthcare outreach and enrollment to make sure that families know about their insurance options.

Third, this bill makes some changes to give our States more flexibility when it comes to developing plans and offering options while maintaining essential health benefits, like maternity care and protecting people with pre-existing conditions or protecting the elderly—and all of this while making sure that costs go down for families and preventing insurers from double-dipping and padding their profits with both cost reduction payments and higher premiums.

Put simply, this bill is an important step in the right direction of preventing premium increases, stabilizing healthcare, and pushing back against President Trump's recent actions.

This bill reflects the input of patients, Governors, State commissioners, experts, and advocates, and it has strong support from a majority here in the Senate. So far, 24 Senators—12 Democrats and 12 Republicans—have cosponsored this bill. I know there are a lot of others who agree that we need to act and that we must do so in our working together under regular order, as with our bill, rather than doubling down on partisanship and dysfunction.

I am focused on moving our bill forward as quickly as possible, and I certainly hope that the majority leader will listen to the Members on both sides of the aisle who also want this bill to be brought up for a vote without delay.

Let me be clear. As this bill moves forward, I am certainly open to changes that expand access to quality care, put families ahead of insurers, and maintain those core patient protections that I have been clear all along have to be protected. I am certainly not interested in changing our bipartisan agreement to move healthcare in the wrong direction.

Chairman ALEXANDER and I have a record of seeing tough legislation through to the end together, whether that is K-12 education, FDA user fees, mental health reform, or opioid use disorders, which is why I am confident that we can do the same with this stabilization bill.

We have negotiated a strong agreement that has the support of 60 Senators, and the support is growing. The President has also expressed his support for our effort, so I see no reason why we should not move this bill

through the Senate, get it signed into law, and then continue the bipartisan discussion on healthcare in the country.

I will also take some time to talk about another pressing healthcare challenge, and that is the immediate need to extend Federal funding for the historically bipartisan, expired primary care cliff programs, like the Community Health Center Fund, the National Health Service Corps, and, of course, the Children's Health Insurance Program, or CHIP.

It has now been almost 25 days since the Federal funding of these primary care cliff programs and CHIP were allowed to expire by the Republican majority, and in that time, I have heard from thousands of people in my State and nationwide who are urging Congress to act. Each day that passes is a day that we are failing to meet our commitment to these families and putting the health and well-being of nearly 9 million children, including more than 60,000 children in my home State of Washington and the 25 million patients who, at great harm and great risk, get care from the community health centers.

In Washington State, as in so many other States, notices to families about gaps in their children's healthcare are about to go out as soon as December 1, and in my State, we will run out of Federal funds for CHIP in November.

Let me be clear. Parents in my home State and across the country should not be up at night, worrying about their children's healthcare because Congress cannot get the job done. That is so unacceptable.

There is a bipartisan deal in the Senate right now that was negotiated between the chairman and ranking member of the Finance Committee that would provide certainty for this vital program. I understand that extreme House Republicans have chosen, instead, to take an irresponsible path in their trying to ram through a partisan bill that will jeopardize the efforts in the Senate and in the House to come to an agreement as soon as possible.

To be clear, this delay has not been without serious consequences, but we can still act. It is up to Republican leaders now to reverse course, come to the table, and join with Democrats to get this done. It should not have to be said, but there should not be any place for partisanship or politics when it comes to protecting the children and families we represent. I hope that we get this done and get it done quickly, and I hope that all of our Members will move forward on this.

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

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

Mr. ALEXANDER. Mr. President, I see the Senator from New Hampshire on the floor. I ask through the Presiding Officer if she is about to speak or if I may speak after her. What I would like to do is to give a brief report on the Congressional Budget Office's report of the Alexander-Murray proposal, of which the Senator from New Hampshire is a cosponsor. I would like to do that either before or after she speaks. Either way would be fine.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, my understanding is that Senator CORNYN was about to come to the floor, but I would be happy to have the Senator give the CBO report on this legislation, which I very enthusiastically support.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, in respecting Senator CORNYN's prerogative, I will stop when he comes to the floor.

I believe that Senator MURRAY has come to the floor and has reported that the Congressional Budget Office has just finished an evaluation of the Alexander-Murray proposal to the U.S. Senate that would be for the purpose of reducing premiums and avoiding chaos in the individual insurance markets during the years 2018 and 2019.

The Senator from New Hampshire is a strong sponsor of that legislation. It is unusual, in fact, that it has 12 Republican Senators and 12 Democratic Senators. Not many pieces of legislation come to the floor with that support. The reason we accelerated work on it was that President Trump called me and asked me to work with Senator MURRAY to try to develop such a proposal. So now it is being considered by the President, by the House of Representatives, and by other Members of this body.

An important piece of information, as Senator MURRAY has said, is what the Congressional Budget Office writes about the impact of our proposal on the Federal taxpayers and on the consumers across the country.

President Trump has been very clear on one thing he wants, which is that we do not bail out insurance companies if, in 2018, we pay cost-sharing payment reductions, which are payments to pay for deductibles and copays for low-income Americans.

I 100 percent agree with President Trump on that, and Senator MURRAY 100 percent agrees with President Trump on that. We have language in our proposal to make sure that benefits go to consumers and to taxpayers and not to insurance companies. We asked the Congressional Budget Office to review that, and this is what it wrote: "On net, CBO and the staff of the Joint Committee on Taxation (JCT) estimate that implementing the legislation would reduce the deficit by \$3.8 billion over the 2018–2027 period relative to CBO's baseline."

In other words, the Alexander-Murray proposal would reduce Federal

spending by \$3.8 billion. Not only does it not cost anything, but it saves the taxpayers money.

They then wrote a second thing, and this is quoting the Congressional Budget Office: "CBO and JCT expect that insurers in almost all areas of the country would be required to issue some form of rebate to individuals and the federal government."

Let me say that again. This is the CBO talking, the nonpartisan Congressional Budget Office, with respect to the Alexander-Murray proposal that has been cosponsored by a total of 24 Senators—12 Republicans, 12 Democrats: "CBO and JCT expect that insurers in almost all areas of the country would be required to issue some form of rebate to individuals and the federal government."

The Congressional Budget Office has found that our proposal benefits taxpayers and consumers, not insurance companies. The specific benefit to the taxpayers is \$3.8 billion. The exact benefit to consumers has not been determined yet because that will be done State by State. Under our proposal, every State would come up with a plan to say, in 2018, because of the cost-sharing payments, premium rates need to be lower than they are already set. Then, in that State, they would be, and as a result, there would be rebates to individuals.

The CBO also found that there is a provision in the law for a catastrophic plan. That is a new insurance plan for people over the age of 29 that would have lower premiums and higher deductibles, but it would allow people to afford an insurance policy so that a medical catastrophe would not turn into a financial catastrophe.

"CBO estimates that making catastrophic plans part of the single risk pool would slightly lower premiums for other nongroup plans, because the people who enroll in catastrophic plans tend to be healthier, on average, than other nongroup market enrollees."

A major objective, I think, of all of us is to attract more young, healthy people into the pool as a way of lowering rates for everybody.

"As a result of the slightly lower estimated premiums, CBO and JCT expect that federal costs for subsidies for insurance purchased through a marketplace established under the ACA would decline by about \$1.1 billion over the 2019–2027 period."

We have already said what the Congressional Budget Office has reported earlier; that if we don't pass something like the Alexander-Murray proposal, this is what happens: If the cost-sharing payments are not paid, premiums in 2018 will go up an average 20 percent. They are already up. Our proposal will take them down. The Federal debt will increase by \$194 billion over 10 years, if we don't pass our proposal, due to the extra cost of subsidies to pay higher premiums, and up to 16 million Americans may live in counties where they are not able to buy any insurance in in-

dividual markets. The 350,000 Tennesseans in individual markets in Tennessee would be terrified by the prospect of not being able to buy any insurance or by the skyrocketing premiums.

I thank Senator CORNYN and the Senator from New Hampshire, Mrs. SHAHEEN, for allowing me to interrupt and make a brief statement.

Let me go to the bottom line once more. The President has said repeatedly, Senator MURRAY has said repeatedly, and I have said repeatedly that the Alexander-Murray amendment, the short-term bipartisan plan to reduce premiums and avoid chaos, must not bail out insurance companies. We have written language to make sure it does not, and now the Congressional Budget Office says it does not. It does not bail out insurance companies. It does benefit consumers. It does benefit taxpayers to the tune of \$3.8 billion. That is very important information.

I am encouraged by the President's comment yesterday. He thanked me at the luncheon for working in a bipartisan way on this. I am encouraged that Senator HATCH and KEVIN BRADY have introduced a bill recognizing the importance of continuous cost sharing. The ball is in the hands of the White House right now. They have our recommendations. They made some suggestions. That is the normal legislative process.

I am hopeful that something that has this kind of analysis; that it doesn't bail out insurance companies, that avoids a big increase to the Federal debt, that makes certain that people will be able to buy insurance for the next couple of years, that begins to lower premiums, that almost all Democrats want and that Republicans in the House have all voted for once this year when they voted for their repeal-and-replace bill—something like that sounds like something that might become law before the end of the year, and I believe the sooner the better.

I thank the Presiding Officer, Senators CORNYN and SHAHEEN.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am delighted to follow Senator ALEXANDER and was very pleased to hear the news from the CBO that this Alexander-Murray proposal not only doesn't bail out insurance companies, as we all agree we should not do—we want to make sure savings go to consumers—but it also will save taxpayers \$3.8 billion.

This is a bipartisan agreement. I applaud the work of Senator ALEXANDER and Senator PATTY MURRAY to craft this bipartisan agreement to address the challenges we have in the short term with healthcare. Senators ALEXANDER and MURRAY have given us a template for bipartisan negotiations not just on healthcare but on other critical matters that are going to come before this Senate—tax reform, reauthorizing community health centers and the Children's Health Insurance

Program, reaching an agreement on the 2018 budget. These are all major issues facing this country and issues we should be working on in a bipartisan way. The Senate is at its best when we observe regular order and we follow the committee process, when we work across the aisle and make principled compromises to get things done for the American people. I believe that is exactly what this health insurance bill does.

In a Senate that is nearly equally divided between Republicans and Democrats, this is the only productive way forward for us to address the challenges that face this country. Too often we have seen people use bipartisan negotiations as a last resort, but bipartisanship should be the Senate's first resort, not the last resort. It should be the foundation of our work in this body. This is how the great majority of Americans want us to conduct the Senate's business.

When I travel around New Hampshire, this is the consistent comment I hear everywhere I go: Why can't you all work together to get things done for this country? This is especially true on matters like healthcare and tax reform, which affect families throughout the country.

I am encouraged that the Alexander-Murray bill has earned strong bipartisan support and, as Senator ALEXANDER said, has 24 original cosponsors. That number is equally divided between Republicans and Democrats. This is a balanced agreement that has been negotiated by both parties over many months, and I think it is our best bet for stabilizing marketplaces in the short run so we can continue to work on long-term issues around healthcare.

I am especially pleased this agreement provides for the continuation of cost-sharing reduction payments for 2 years. These payments are necessary to keep premiums, deductibles, and copayments affordable for working people. Without these payments, the cost of coverage will skyrocket, insurers will leave the marketplaces, and millions of people will lose their healthcare coverage. I have been working on this issue of cost-saving reduction payments since earlier this year, when I introduced a bill that would permanently appropriate funds for the CSRs.

As the CBO said, the language in the Alexander-Murray bill ensures that these CSRs are not a bailout to insurance companies, but they are a way to help people with the cost of insurance. They are orderly payments that are built into the law that will go directly to keeping premiums, copays, and deductibles affordable for lower income Americans. Both Democrats and Republicans recognize that these payments are an orderly, necessary subsidy that keeps down the cost of health coverage for everyday Americans. As Senator ALEXANDER said, we saw that these payments were in the bill the House voted for around healthcare, and

they were also in the Senate bill earlier this year.

In recent months, I have heard from hundreds of people across New Hampshire about the enormous difference healthcare reform has made in their lives. We are a small State; we have just about 1.3 million people. Nearly 94,000 Granite Staters have gotten individual healthcare coverage through the marketplaces. Nearly 50,000 have gotten coverage thanks to the Medicaid expansion program in New Hampshire. That has been a bipartisan effort, with a Republican legislature and a Democratic Governor, to get that program in place, and it continues to enjoy the support of the Republican legislature and the Republican Governor.

Because of the Affordable Care Act's increased access to care, we also have 11,000 Granite Staters who have substance use disorders and who have been able to get treatment for the first time. New Hampshire has the second highest rate of overdose deaths from the heroin and opioid epidemic. Having treatment available through the expanded Medicaid Program has made a difference for thousands of people in New Hampshire and their families. Hundreds of thousands of Granite Staters with preexisting conditions no longer face discrimination resulting in denial or sky-high premiums. These are important achievements, and this legislation will allow us to continue down that road to make sure people have healthcare coverage they can afford.

For people across New Hampshire and across this country, healthcare coverage is often a matter of life or death. It is about being able to take a sick family member to a doctor. It is about knowing that a serious illness will not leave a mountain of debt.

I am very pleased to be able to join in the bipartisan efforts led by Senators ALEXANDER and MURRAY to strengthen the parts of the healthcare law that are working and to fix what is not working. The other provisions in this legislation will allow States more flexibility through the 1332 waiver process. The Alexander-Murray agreement expedites waiver approval so States can implement smart fixes to stabilize their marketplaces, for instance, by establishing a State-based reinsurance program. The agreement also includes a restoration of funding for open enrollment outreach in educational activities, and it protects four protections related to insurance affordability, coverage, and plan comprehensiveness. All of these changes are positive steps forward, steps that I hope will set us on a bipartisan path, strengthening elements of the Affordable Care Act that are working well and fixing elements that need to be changed.

I am hopeful the Alexander-Murray agreement can gain the bipartisan support it needs to pass in Congress, that it can gain the President's signature, and I am encouraged by Senator ALEXANDER's comments about the Presi-

dent's comments yesterday because we need to restore certainty and stability to the marketplaces. Instead of partisan efforts to undermine the law and take health insurance away from people, we should embrace the spirit of the Alexander-Murray agreement. Let's work together in a good-faith, bipartisan effort to build a healthcare system that leaves no American behind.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

SAFER ACT

Mr. CORNYN. Mr. President, I know people watching and perhaps reading the newspaper, watching cable TV, and listening to talk radio think nothing ever happens here in Washington, DC, and they would be wrong. Certainly, we can always do better, and I am disappointed we haven't been more successful, but there are some measures we can make in the right direction in important pieces of legislation that make a very profound difference in people's lives.

Today I want to talk about a problem that, thanks to a bill passed by the Senate on Monday, we are helping to solve. This has to do with the untested rape kit backlog in our country.

Years ago, thanks to a courageous woman named Debbie Smith, I became a lot better informed about the nature of this problem: rape kits, the forensic evidence that is taken in sexual assault cases but which remained in evidence lockers in police stations untested or was sent to laboratories and never processed. At one point, it was estimated that there were as many as 400,000 untested rape kits in our country.

As the Presiding Officer knows, this is powerful evidence because of DNA testing. We can literally almost say with certainty whether there is a match between the DNA of a suspect and that in a rape kit. This forensic evidence is collected following a sexual assault. Similarly, we can decide and determine whether there is no match whatsoever and, frankly, exclude somebody who is a potential suspect from being the guilty party by using this same powerful forensic evidence.

It is also important not just to solve the crime at hand but also to get sexual predators off the streets because we know this type of offender is likely to strike time and time and time again. The experts tell us that when opportunities don't provide themselves for sexual offenders to go after adults, frequently they will even go after children. So this is very important evidence.

As we know, there is typically a statute of limitations that after a period of time a case cannot be prosecuted, but it is really important, as I mentioned, to continue to test as many rape kits as we possibly can to get serial offenders off the streets and to determine whether somebody has been charged or suspected of a crime and is in fact innocent.