

an estimated 157 million Americans will be affected by this massive tax. Even more middle-income earners across this country, 157 million Americans and working Americans, are expected to shoulder the weight of this tax.

Oliver Wyman estimated that premiums will rise by 3 percent in each year; 2018, 2019, and 2020. That is 3 percent each year. That is 9 percent over 3 years.

To put this in simple perspective, in Colorado alone, premiums in the individual market rose by 34 percent from plan year 2017 to plan year 2018. Adding an additional 3 percent every year for those 3 years would leave those on the individual market paying nearly 43.3 percent, on average, more year to year if combined with the 2018 increases at the end of that 3-year, 9-percent increase run.

What is more, according to the Department of Health and Human Services, the average individual market premiums have increased by 105 percent from 2013 to 2017. Think about that. When the Affordable Care Act passed, when ObamaCare was passed, a promise was made that the average family would see a decrease in their healthcare costs of \$2,500 per family, but, instead, from 2013 to 2017, they saw a 105-percent increase in costs. If the health insurance tax takes effect, as planned by ObamaCare, then we would see another 9-percent increase over the next several years on top of that.

Without congressional action to delay this tax, estimates show that costs will rise between \$200 and \$300 annually for individuals and \$500 annually for families. That is a \$200 to \$300 increase for individuals and a \$500 increase annually for families.

To put that into some perspective, 25 percent of Americans don't have access—emergency access—to \$100. In an emergency, 25 percent of Americans don't have immediate access to \$100. Yet here we are talking about a mandated law—you have to have insurance coverage under the Affordable Care Act—but this law would then increase costs \$200 to \$300 on an individual and \$500 annually for families.

Statistics from the Federal Reserve show how much of a hardship this would create. The Federal Reserve found that 46 percent of Americans did not have enough money to cover a \$400 emergency expense. Yet the ObamaCare HIT tax would increase family insurance costs by \$500. Forty-six percent of Americans don't have access to \$400 in an emergency. Yet the ObamaCare HIT tax would increase it by \$500.

This tax has the potential to push over half of Americans into financial ruin, and it would be negligent for Congress to allow this tax to take effect. The financial threat this tax imposes on hard-working families is a far cry from that bold promise that was made to reduce costs by \$2,500 per family—one of the biggest Pinocchios, so to

speak, of the Affordable Care Act. At a time when we know that almost half of Americans could not shoulder a \$400 emergency expense, it would simply be irresponsible to allow this ObamaCare HIT tax to take effect.

Furthermore, the impacts of this tax touch our seniors who have earned their benefits as well. For seniors enrolled in Medicare Advantage plans—and Medicare Advantage is one of the most popular aspects of Medicare—premiums are expected to rise by roughly \$370 a year per enrollee if Congress doesn't find a resolution. In many cases, these are fixed-income individuals who would see their premiums increase \$370 a year because of the ObamaCare HIT tax.

In addition, seniors enrolled in Medicare Part D prescription drug plans can expect their premiums to increase as well. Hit them on their Medicare plans and hit them on the prescription drug plans—higher costs due to this ObamaCare HIT tax.

Even more, the impacts of the health insurance tax have large-scale consequences in the workplace as well. A study by the National Federation of Independent Business found that allowing the HIT tax to take effect could result in job losses for as many as 283,000 people by 2023. This tax could have the impact of costing 286,000 jobs by 2023. Research and analysis from our most respected actuaries continue to validate the negative consequences of the health insurance tax.

On behalf of all hard-working Americans, I call upon my colleagues in the Senate to join me in cosponsoring this commonsense piece of legislation, the Healthcare Tax Relief Act. Healthcare plans are being finalized right now for the 2018 rate year, and it is urgent for Congress to take action so that consumers are not saddled with yet one more cost that they can't afford.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

#### RECOGNIZING THE UNIVERSITY OF MICHIGAN'S BICENTENNIAL

Mr. PETERS. Mr. President, I rise today to recognize the bicentennial of the University of Michigan. The university has adopted the motto "Always Leading, Forever Valiant" for its bicentennial year—a motto that captures its 200 years at the forefront of American academic excellence.

The genesis of the University of Michigan predates the founding of my home State of Michigan.

On August 26, 1817, Lewis Cass, Governor of the Michigan territory, enacted a charter to create the University of Michigania, aligned with territory judge Augustus Woodward's envisioned System of Universal Science.

In 1852, the university's first president, Henry Philip Tappan, pioneered a model of higher education in which scholars do not settle for existing knowledge but actively pursue new knowledge through rigorous science. This approach solidified the univer-

sity's enduring legacy as a center for scientific research and discovery.

The university has paved the way for future innovation with many firsts throughout the 19th and 20th centuries. It was the first university with a chemical laboratory, the first to own and operate a hospital, the first to teach aeronautical engineering, the first public university with dental and pharmacy schools, and the first with a program in human genetics. Perhaps the most game-changing first—it was the first large State university to open its doors to both men and women.

Today, faculty and students continue to reach new firsts by answering important research questions that will affect future generations. Take, for instance, how the university has laid the groundwork for breakthroughs in American mobility.

In 2015, Mcity, a public-private partnership led by the University of Michigan, became the world's first controlled environment designed to test connected and automated vehicle technologies. The 32-acre simulated urban and suburban landscape is designed to support rigorous, repeatable testing of self-driving car technologies before they are tested on public roads and highways. This hub of innovation reflects our State's legacy as the heart of the American auto industry and will help lead our country into the next era of transportation.

A similar nexus between our past and future is true across nearly every discipline that U of M's research touches—engineering, medicine, social sciences, humanities, and more. Students and faculty are developing new cancer treatments, creating energy-efficient batteries, engaging in cutting-edge environmental science to protect the Great Lakes, and building prototypes of engines to take us to Mars. That is just to name a few.

Tied with the University of Michigan's drive to pursue knowledge is its drive to put that knowledge into action for the greater good. At its core, the university's mission is to serve society. This has been demonstrated by its history of activism and civic engagement.

The university commemorates one such event that occurred on October 14, 1960. Senator John F. Kennedy, whose former desk is just a few feet in front of me here today, delivered an unplanned speech on the steps of the Michigan Union at 2 a.m. He challenged University of Michigan students to work abroad in developing nations in an effort to promote peace. These remarks laid the blueprint for the U.S. Peace Corps, which was established in 1961.

The University of Michigan continues to have a truly global reach. It provides a world-class education to a diverse student body of 63,000 students on its Ann Arbor, Dearborn, and Flint campuses, educating in-state, out-of-state, and international students alike. They are drawn to the university's unfaltering endeavor to expand our

base of knowledge and empower individuals to leave a lasting and positive impact on the world around them.

With more than 572,000 living alumni—including my daughter Madeline, who just graduated this past May—the University of Michigan has one of the largest alumni networks, full of artists, astronauts, business and government leaders, entrepreneurs, and humanitarians, as well as Nobel laureates in economics, medicine, and science.

The University of Michigan's many illustrious alumni include U.S. President Gerald R. Ford, Swedish diplomat and humanitarian Raoul Wallenberg, Pulitzer Prize-winning playwright Arthur Miller, actor James Earl Jones, civil rights leader Mary Frances Berry, Google cofounder Larry Page, and author and scholar Robin Wright. Many more alumni will follow in these footsteps. They share a drive to make what is affectionately known as the Michigan Difference and, of course, cheer for the Maize and Blue.

I would like to congratulate the University of Michigan on its bicentennial as we look forward to a future driven by Michigan innovation.

With that, I will close with something very simple: "Go Blue!"

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### OPIOID EPIDEMIC

Ms. HASSAN. Mr. President, I rise today to discuss an issue that is devastating families and communities in my home State of New Hampshire and across the United States: the fentanyl, heroin, and opioid crisis. This crisis is the most pressing public and safety challenge that New Hampshire faces. It does not discriminate. It affects people in every community and from every walk of life.

In 2016 alone, 485 people in New Hampshire lost their lives as a result of this epidemic. The rising use of synthetic drugs like fentanyl is making matters worse, killing people faster with smaller amounts. Last year, 72 percent of drug-related deaths in New Hampshire involved fentanyl. Behind those numbers are real people—moms and dads, sons and daughters who are dying. Their loss reverberates in pain and suffering for the family and friends whom they have left behind.

The people of my State have a long-standing tradition of sharing their stories and their priorities with their elected officials who represent them. Everywhere I go, I hear stories from those families and friends of people who have been affected by this crisis. Granite Staters are stepping forward and explaining what they have gone

through, all in an attempt to break down the stigma of addiction, push for solutions, and hope that they can help others by making their voices heard.

Earlier this year, Greg and Linda of Derry, NH, reached out to my office to share the story of their son, who was also named Greg. They wrote to say:

If you were to put a name and face to this disease, it would be that of the devil. Let's change that. Let's put a face of hope and humanity to the disease of addiction. If by doing so, even if just one life is saved, it is worth it.

I would like to share some of Greg's story today. Greg was born on November 16, 1985. He and his younger brother Neil were raised in a caring and loving home, where their parents did their best to teach them right from wrong, stressing the importance of being considerate, polite, and kind.

When Greg was 15, his parents moved to Derry, where he attended Pinkerton Academy and graduated with honors in 2004. During his senior year, like so many other students his age, he applied for college, eventually deciding on Keene State College, pursuing a major in biochemistry. He had a dream of becoming a physician.

He excelled academically, but his mom Linda said that during his transition between his freshman and sophomore year, something began to appear off. She wrote:

I saw firsthand that something was off about him. He was very quiet and withdrawn. He was showing obvious signs of depression which runs in both sides of the family.

Even as his depression progressed, Greg battled through. He graduated cum laude with a bachelor's degree in biochemistry. After graduating and moving back home, his parents urged him to seek help, but Greg held back. During this time, he had an outpatient surgery, after which he was prescribed an opioid-based painkiller. His mom said that after he was prescribed that opioid, he went from bad to worse.

Eventually Greg sought help. He saw a physician and was prescribed an antidepressant. His mom said he seemed to be coming back around; he seemed happier. He took steps to advance his career, hoping to find a job with his biochemistry degree that would offer him a reimbursement on tuition so that he could continue to pursue a career in medicine. Though the job market was tough, his mom said:

Hands down, I have to say that one of the happiest days of my life was when he finally got a decent job. . . . The dark cloud was lifted—temporarily.

Unfortunately, Greg eventually lost that job, and then things spiraled out of control. His mom wrote:

The years following were a nightmare to remember. Just imagine a loved one slowly losing all sense of themselves. Legal trouble, bouncing from one job to the next, losing his license more than once while we drove him back and forth from jobs—some an hour away.

A restraining order here, a night in jail there. Debts that weren't getting paid. Fits of rage, fights, a lack of interest in family, friends, and basic hygiene.

She said:

By the time our worst fears were confirmed, he was using heroin, we basically lost the soul of our son.

Greg's last few years were filled with back-and-forths. He had overdosed, his brother finding him in the bathroom of their home. Tired of being dependent on heroin, he sought help, signing up for a methadone clinic, entering rehab, and giving his parents hope that he would make progress.

Unfortunately, he started to use again but was getting ready to enter a drug court program. After joining his family on a vacation to visit an ailing relative, he decided to clean up his act, going to the gym and eating right.

Tragically, though, his mom wrote:

This was short lived however, as the demon snuck into his room and stole him from us. All he left for us was a lifeless body on the floor behind a locked door.

Greg's death and his heartbreaking story is the story of far too many people in New Hampshire and across the country, of people with dreams, hopes, and aspirations, whose lives are cut short as a result of this illness. Greg wanted to be a doctor. He wanted to be a husband and a father. He loved dogs and video games, and he loved to watch Patriots games on Sunday with his mom, his dad, and his brother. As his mom put it:

Brilliant and head strong, he was to be reckoned with, and as his parents, we will never stop trying, on his behalf, to see that there is an end to this epidemic.

His parents wanted to make clear that his substance use disorder really grew as a result of the opioid he was prescribed following surgery, a painkiller that was originally manufactured for terminally ill patients. They believe that pharmaceutical companies marketed this drug at the expense of their son, saying: "Given to ease pain and suffering, ironically, it has caused irreparable pain, suffering, and death."

We can never thank families who have lost loved ones enough for speaking out about this issue and for working tirelessly and courageously to try to prevent others from suffering as they have. Nor can we forget to thank law enforcement and first responders who are on the frontlines of this epidemic.

I want to make a special mention of Greg's father, Greg senior, who is a firefighter in Nashua, witnessing as a first responder every day the havoc that this crisis wreaks on other families and living with the reality of his own family's loss too.

Greg's mom said that at the moment of his death, she vowed that she would ensure that his life would not be in vain. His family reached out because they wanted to make a difference. I am grateful for their efforts to do this because they do, in fact, have the ability to make change.

Speaking up helps break down the stigma that prevents too many from seeking help and prevents too many others from offering it. It provides a