

there were a sense of urgency, an understanding, about how these parents feel and how these children feel.

So what would you do if you got that letter? Would you tell your kids? You don't want them to worry about it. What would you do? I believe hard-working families—and we are talking about working families, people with jobs, working—deserve better.

Then we have community health centers that serve 25 million people across the country, including 300,000 veterans and 7.5 million children. Our health centers are doing a phenomenal job. At more than 260 sites across Michigan, our health centers are serving 681,000 people, including about 13,000 Michigan veterans.

This month, health centers that were supposed to receive a new 12-month grant are only getting a small amount of funding to get them through the next few weeks, not knowing what is going to happen again. By June, Michigan's community health centers will lose over \$80 million in funding, and over 99,000 patients will lose care.

Last month, I had the opportunity to visit two of our great Michigan community health centers, each of their networks operating more than one site—Hamilton Community Health Network in Flint and Western Wayne Family Health Centers in Inkster. Like clinics across Michigan, these centers are serving literally thousands of Michigan families every day—people of Michigan who don't have medical care for one reason or another. Now those thousands of people are at risk of having no place to go if they get sick or if they need preventative care so that they don't get sick.

Hamilton Community Health Network will run out of funding in April, and Western Wayne Family Health Centers will not get their full funding this month. They were asking me: Should they lay people off? How should they be planning for their centers? What should they be doing?

That means 15,500 people are wondering what will happen to them if they or their children get sick or slip on the ice—which there is a lot of in Michigan—and sprain an ankle.

Felicia knows what it is like to live under that cloud of fear. She wrote me a letter indicating that in 2011 she was an AmeriCorps volunteer serving in Lansing and didn't have health insurance. When she started feeling tired all the time and losing weight, she went to the Center for Family Health in Jackson, MI, another great center. The Center for Family Health, which served 29,000 patients in 2016, will run out of funding in March if we don't act.

Felicia was diagnosed with stage 4 Hodgkin's lymphoma—pretty scary stuff. The Center for Family Health helped her get her health coverage through Medicaid and care from the University of Michigan, including chemotherapy and later a stem cell transplant.

Felicia wrote me:

Now I am feeling awesome, I am cancer-free, and I am working part time while I am finishing up college. I feel that I owe my life to the Center for Family Health.

Felicia knows the importance of community health centers; one in Michigan saved her life. People like Felicia and children who are covered by the Children's Health Insurance Program, which we call MICHild in Michigan, shouldn't have to wait a day longer. They are counting on us to get this done. It has been 100 days of uncertainty that did not have to happen.

Let me say that again. We have a bipartisan bill reported out of the Finance Committee. The House has reported their version. There is no reason we can't immediately put a 5-year extension on the floor of the Senate.

Senator BLUNT and I and our cosponsors of our bill have always assumed that once CHIP came to the floor, we would be adding in community health centers, for which there is strong support, and we would be able to get this done. People would know that their neighborhood health center is there. Their children can go to the doctor instead of sitting for hours in the emergency room. They would be able to see their doctor if they got sick. It has been 100 days since funding has expired for community health centers and children's health insurance. That is 100 days too many.

I have been coming to the floor every week to say: Let's do it today. Let's do it tomorrow. We don't have to wait and hold them as bargaining chips in some bigger appropriations negotiation. These are families. These are kids. These are people who want to have confidence in us that we will do our jobs. This one can get done. It could have gotten done before the holidays. What a great Christmas present that would have been. It can get done now.

On behalf of the 25 million people who use those community health centers, the 9 million children and their parents who use the Children's Health Insurance Program, I call on all of us to have the sense of urgency and the leadership—the leader—to bring this up. We can get it done in a day. We would all feel good about it because it would be something we would be doing together instead of having these families wait and wait.

Mr. President, before yielding, I want to acknowledge our newest Senator, Mr. JONES, who is here, and thank him. Even as he was in his happiness, and rightly so, on the evening he found out he was going to be the next Senator, he mentioned CHIP. In listening to that acceptance speech, it did my heart good to know that children's health insurance was at the top of our newest Senator's mind at that important time, and it is a pleasure to see him on the floor this evening.

I believe the Senator from Arizona is here.

The PRESIDING OFFICER. The Senator from Arizona.

DACA

Mr. FLAKE. Mr. President, over the past couple of months, we have seen a lot of effort with regard to immigration reform and in particular to address the situation of the so-called DACA kids, the Dreamers who were brought here through no fault of their own and are now protected—many of them—through the DACA Program. But those protections will run out on March 5. In fact, some have lost their protections already. So there is a great impetus and urgency to deal with this program.

I have said from the beginning that in order to establish a long-term resolution and to provide regulatory certainty, a true DACA fix must be a bipartisan solution. Over the past year, the two big items this Chamber and the Congress have dealt with—healthcare reform and tax policy—have been done under rules of reconciliation, meaning that if we could get a bare majority of Republican votes, that would be enough, if we could keep all the Republicans together. That is no longer the case with our approach to DACA. We are not under rules of reconciliation. It will require 60 votes, meaning that only a bipartisan solution will do. That is why I have been working on such a measure with my Republican and Democratic colleagues in Congress, as well as the White House.

As I have said repeatedly, on this issue, I believe that the President's instincts are better than some of the advice that he gets. I truly believe that he does want a solution for these young immigrants. I hope we can get there. We will have a meeting tomorrow at the White House—a bipartisan meeting—to try to get a little farther down the road.

Let me stress that a lot of words that are highly charged are thrown around this immigration debate. No word is perhaps more highly charged than the word “amnesty.” That has been thrown around by a number of my colleagues. I would suggest that is not the case here with the DACA kids. Amnesty, by definition, is an unconditional pardon for a breach of law. I don't think a child who was brought across the border by the parents has committed a violation of the law—not the child; certainly the parents but not the child. To provide relief for those kids and to allow them to stay in the only country they know I don't think should be called amnesty. Yet that highly charged word is often used. To suggest that anyone pursuing a bipartisan solution is proposing amnesty I think is misleading, and it sets back the cause of trying to fix the situation.

A proposal that we are drafting—this bipartisan group—offers a pathway to citizenship for only a specific group of young immigrants—as I mentioned, those who were brought here through no fault of their own. These are immigrants who are serving in the military, who are seeking education, who are holding good jobs. They will be required to continue to do so before they

can have a chance to earn citizenship. As for the parents of these young immigrants, nobody can deny the fact that they did break the law, and any bipartisan proposal on DACA cannot and will not reward them for this behavior.

I agree with the President when he said that dealing with DACA is a very difficult subject but that we must do so with heart. I believe that has been the case for those in this Chamber who have tried for 16 years to get a solution for these kids.

We have to prioritize border security measures, obviously, to determine which ones are sensible to include in a DACA measure. We will go beyond simply dealing with these DACA kids with some border security measures, but we have to find out which ones are sensible and make sense to include in this limited measure and table those that should be considered for the future.

I have been part of comprehensive immigration reform efforts in the past. I look forward to being part of comprehensive immigration reform efforts later this year, but this is not that. We have a very specific purpose to achieve before the 5th of March. The commitment we got was to have a bipartisan bill on the Senate floor by January 31. I believe we need to have that in order to have enough runway to get this done by March 5.

The White House, after much urging on our part, finally sent a list over as to what should be considered part of the border security plan. As I mentioned, many of these items need to be addressed. Maybe all of the items need to be addressed, but they need to be addressed as part of a larger, more comprehensive effort, not the limited fix we are going to do before March 5. I am all in when it comes to comprehensive immigration reform. I look forward to that debate. But we have to understand that we can't do it all before March 5 if we are going to protect these kids.

Some will say: Well, we get to March 5, if we can't do it, then we just kick the can down the road again with some other protection.

I think the courts have made it clear that what was done prior to this—the DACA Program itself—was not constitutional, and should we simply say we are going to extend that program now, it would be found unconstitutional by the courts. This is a real deadline, and we have to meet it. We have to focus specifically on protecting these DACA recipients. I think Republicans, Democrats, and the President all want this. The question is, Are we going to, just over the next couple of weeks, talk about bigger, broader issues that need to be dealt with but have no chance of being part of legislation?

In 2013, I participated in what was called the Gang of 8. We negotiated for 7 straight months nearly every night. We were in Washington. We as Members negotiated—and our staffs did as well—much longer hours and into the

weekends. Then we brought that piece of legislation to the Judiciary Committee, where we debated it for a couple of weeks. I think we amended it more than 100 times. Then we brought it to the House floor for another couple of weeks and amended it several more times before passing it by a vote of 68 to 32. That was a long process—hard-fought compromises in that legislation. To suggest that we can go through a similar effort in the next couple of weeks—it simply isn't going to happen. The list the White House brought forward is simply something that we ought to consider for comprehensive reform but not for this specific fix.

With regard to the border itself, we all know that we need additional infrastructure on the border. I represent Arizona. We have some 375 miles of border. Some of the border has good barriers in terms of fences. The closest thing we have approximating a wall is these old landing strips from World War II that we put on their end and cemented in. They are opaque. You can't really see through them. We have them in a number of the communities along the border. We have been taking them out because they are not very effective and putting fences in place of them because we need to have visibility to the other side of the border.

Most of what the President is talking about along the southern border is a fence. We do need more fences. In the Gang of 8 bill, I think we authorized 700 miles of additional and improved fencing. Nobody is suggesting we don't need additional infrastructure or barriers on the border. The question is, How much do we provide for it in this legislation?

The President has made a request in the budget for about \$1.6 billion for the coming year. I think that will result in about 74 miles of fence between Texas and California. I think that is a good place to start. How much we authorize going forward will be very much in debate.

I know that during the campaign, the President talked long and hard about building a wall, but every time he mentioned building a wall, he talked about Mexico paying for it. We all know—and many of us knew at the time—Mexico was not going to pay for that wall. They are not. That is why the President is asking for \$18 billion of U.S. taxpayer money to fund that wall. To suggest that the President hasn't changed his position and that we are dealing with a proposal that we have known was coming from the White House simply isn't true. It has changed. The President initially said that Mexico would pay for it. That is not the case. The U.S. taxpayers are going to pay for any infrastructure on the border. That is as it should be. If we are putting up the border fence, we ought to pay for it. To suggest that nobody has changed their position is simply not true.

Deals like this where you need 60 votes necessarily involve compromise.

No party, no individual is going to get everything they want. The White House will not get everything they want. The Democrats in Congress will not, and neither will the Republicans. This will be a compromise.

I am simply suggesting tonight—let's get real about the time involved between now and when we have to fix this and not think that we can simply kick the can down the road and put in some temporary fix, some kind of bridge later that will protect these kids. Those protections will run out on March 5 and may be done at that point. Let's get serious. Let's all get serious, Republicans and Democrats, and not come to the table with unrealistic expectations about what can be done and what can be part of this legislation. Let's have something that we can put on the Senate floor by the end of the month to leave sufficient time to get this fixed by March 5. I hope we can all work together on this, Republicans and Democrats.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

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

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

CHILDREN'S HEALTH INSURANCE PROGRAM

Mr. CASEY. Mr. President, I rise to talk about another matter that will be before us in the days ahead. It should not be before us as it should have been done many months ago. In fact, if you want to count it by days, it should have been done about 100 days ago, as we have heard. That is the Children's Health Insurance Program, known by the acronym CHIP.

Most Americans know what the CHIP program is. It is a program that became Federal law a little more than 20 years ago in order to provide an opportunity for healthcare for those families whose incomes were a little bit too high, maybe, to have their children enrolled in Medicaid but those families did not have their children's healthcare paid for by their employers. You had a lot of families—a lot of middle-income families or families near middle income—who were caught in between and didn't have opportunities for healthcare. So CHIP was passed. For the most part, it was bipartisan. All of these years now—decades later—it remains bipartisan, but it is not reauthorized. Probably, the only two numbers I will get into tonight are 9 and 180. What do I mean by that? I will start with Pennsylvania.

So "180" means 180,000. That is the number of children, roughly, who were enrolled in the Children's Health Insurance Program as of December of 2017. If you look at it over the course of a year—of children becoming eligible and then maybe moving off of CHIP to some other insurance or having other changes—in Pennsylvania, roughly, in the last year, 340,000 children benefited, at one time or another, but the monthly number was 180,000 children just in