

under the Global Magnitsky Human Rights Accountability Act to combat corruption, money laundering, and impunity in Guatemala, and for other purposes.

S. 750

At the request of Mr. BLUNT, the names of the Senator from Arkansas (Mr. BOOZMAN), the Senator from Nevada (Ms. CORTEZ MASTO), the Senator from Washington (Mrs. MURRAY) and the Senator from Arizona (Ms. MCSALLY) were added as cosponsors of S. 750, a bill to amend the Internal Revenue Code of 1986 to permanently extend the new markets tax credit, and for other purposes.

S. 785

At the request of Mr. TESTER, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 785, a bill to improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

S. 852

At the request of Mr. SCOTT of South Carolina, the name of the Senator from Nevada (Ms. ROSEN) was added as a cosponsor of S. 852, a bill to provide for the consideration of a definition of anti-Semitism for the enforcement of Federal antidiscrimination laws concerning education programs or activities.

S. 867

At the request of Ms. HASSAN, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 867, a bill to protect students of institutions of higher education and the taxpayer investment in institutions of higher education by improving oversight and accountability of institutions of higher education, particularly for-profit colleges, improving protections for students and borrowers, and ensuring the integrity of postsecondary education programs, and for other purposes.

S. 895

At the request of Mr. THUNE, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 895, a bill to provide for a permanent extension of the enforcement instruction on supervision requirements for outpatient therapeutic services in critical access and small rural hospitals.

S. 901

At the request of Ms. COLLINS, the name of the Senator from Mississippi (Mrs. HYDE-SMITH) was added as a cosponsor of S. 901, a bill to amend the Older Americans Act of 1965 to support individuals with younger onset Alzheimer's disease.

S. 926

At the request of Mr. WYDEN, the names of the Senator from North Carolina (Mr. TILLIS), the Senator from Washington (Ms. CANTWELL) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 926, a bill to amend the Internal Revenue

Code of 1986 to ensure that kombucha is exempt from any excise taxes and regulations imposed on alcoholic beverages.

S. 948

At the request of Ms. KLOBUCHAR, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 948, a bill to provide incentives to physicians to practice in rural and medically underserved communities, and for other purposes.

S. 988

At the request of Mrs. CAPITO, the name of the Senator from Mississippi (Mrs. HYDE-SMITH) was added as a cosponsor of S. 988, a bill to amend title XVIII of the Social Security Act to prohibit prescription drug plan sponsors and MA-PD organizations under the Medicare program from retroactively reducing payment on clean claims submitted by pharmacies.

S. 1013

At the request of Ms. STABENOW, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from Alaska (Ms. MURKOWSKI) were added as cosponsors of S. 1013, a bill to amend the Public Health Service Act to reauthorize school-based health centers, and for other purposes.

S. 1026

At the request of Mr. CASEY, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1026, a bill to amend the Internal Revenue Code of 1986 to allow workers an above-the-line deduction for union dues and expenses and to allow a miscellaneous itemized deduction for workers for all unreimbursed expenses incurred in the trade or business of being an employee.

S. 1043

At the request of Mr. LEE, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 1043, a bill to amend the Fair Labor Standards Act of 1938 to provide compensatory time for employees in the private sector.

S. 1062

At the request of Mrs. FISCHER, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 1062, a bill to provide authorization for nonpecuniary damages in an action resulting from a cruise ship accident occurring on the high seas.

S. 1081

At the request of Mr. MANCHIN, the names of the Senator from Oregon (Mr. WYDEN), the Senator from Michigan (Ms. STABENOW), the Senator from Virginia (Mr. WARNER) and the Senator from Minnesota (Ms. SMITH) were added as cosponsors of S. 1081, a bill to amend title 54, United States Code, to provide permanent, dedicated funding for the Land and Water Conservation Fund, and for other purposes.

S. 1125

At the request of Mr. TILLIS, the names of the Senator from Wyoming

(Mr. ENZI), the Senator from North Dakota (Mr. HOEVEN), the Senator from South Dakota (Mr. THUNE) and the Senator from South Carolina (Mr. GRAHAM) were added as cosponsors of S. 1125, a bill to amend the Health Insurance Portability and Accountability Act.

S. CON. RES. 5

At the request of Mr. BARRASSO, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. Con. Res. 5, a concurrent resolution supporting the Local Radio Freedom Act.

S. CON. RES. 13

At the request of Mr. GARDNER, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. Con. Res. 13, a concurrent resolution reaffirming the United States commitment to Taiwan and to the implementation of the Taiwan Relations Act.

S. RES. 85

At the request of Mr. PORTMAN, the name of the Senator from Tennessee (Mrs. BLACKBURN) was added as a cosponsor of S. Res. 85, a resolution recognizing the 100th anniversary of the founding of Easterseals, a leading advocate and service provider for children and adults with disabilities, including veterans and older adults, and their caregivers and families.

S. RES. 120

At the request of Mr. CARDIN, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. Res. 120, a resolution opposing efforts to delegitimize the State of Israel and the Global Boycott, Divestment, and Sanctions Movement targeting Israel.

S. RES. 144

At the request of Mr. DAINES, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. Res. 144, a resolution designating May 5, 2019, as the "National Day of Awareness for Missing and Murdered Native Women and Girls".

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. INHOFE (for himself and Mr. REED) (by request):

S. 1215. A bill to authorize appropriations for fiscal year 2020 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for such fiscal year, and for other purposes; to the Committee on Armed Services.

Mr. INHOFE. Mr. President, Senator REED and I are today introducing, by request, the Administration's proposed National Defense Authorization Act for Fiscal Year 2020. As is the case with any bill that is introduced by request, we introduce this bill for the purpose of placing the Administration's proposals before Congress and the public without expressing our own views on the substance of these proposals. As Chairman and Ranking Member of the Armed Services Committee, we look forward

to giving the Administration's requested legislation our most careful review and thoughtful consideration.

By Mr. ENZI (for himself, Mr. ALEXANDER, Mr. BARRASSO, Mr. CORNYN, Mr. ISAKSON, Mr. BRAUN, Mr. BLUNT, Mrs. CAPITO, Mr. INHOFE, Ms. MCSALLY, Mr. THUNE, Mr. SASSE, Mr. ROMNEY, Mrs. HYDE-SMITH, Mr. GRASSLEY, Mr. CRAMER, Mr. KENNEDY, Mr. SCOTT, of South Carolina, Ms. ERNST, Mr. PERDUE, Mr. WICKER, Ms. MURKOWSKI, Mr. DAINES, Mr. LANKFORD, and Mr. GRAHAM):

S. 1170. A bill to amend the Employee Retirement Income Security Act of 1974 to establish additional criteria for determining when employers may join together in a group or association of employers that will be treated as an employer under section 3(5) of such Act for purposes of sponsoring a group health plan, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. ENZI. Mr. President, I rise to introduce the Association Health Plans Act of 2019. I have been championing association health plans, which I sometimes call small business health plans, for more than 15 years. As a small business owner, I understand firsthand the difficulties these employers face trying to provide health insurance for their employees. Small business owners want to provide comprehensive health insurance to their employees, but it can be a real struggle to afford those plans. In part due to these pressures, the number of small businesses offering coverage has dropped substantially over the years, from 47 percent in 2000 to 30 percent in 2017.

Few families are shielded from the rising costs of healthcare and, by extension, the rising cost of health insurance, but among the hardest hit are American small businesses.

Small businesses have limited ability to pool risk and lack coverage in the market, so they often end up paying more for health insurance than large employers who have more buying power. According to the National Conference of State Legislatures, small businesses pay about 8 to 18 percent more on average than large businesses for the same health insurance policy.

To put it another way, one family shoe store probably can't get an insurance company to play ball, but 1,000 family shoe stores probably could. This is the premise of the association health plans. Let's let small businesses band together and leverage their shared power in numbers to obtain comprehensive and affordable health insurance as though they were a single large employer.

This does not mean they are allowed to cut corners. The coverage offered to association members is subject to the consumer protection requirements that apply to large employers. That includes important consumer protections

established on a bipartisan basis under the Employee Retirement Income Security Act, ERISA, the Health Insurance Portability and Accountability Act, HIPAA, and the Consolidated Omnibus Budget Reconciliation Act, COBRA. Association health plans also comply with the Affordable Care Act requirements for large-employer health plans.

Association health plans are not a new concept. They have long been permitted under Federal law. For example, the Wyoming Chambers Health Benefit Plan has served Wyoming's Chambers of Commerce since 2007. It currently offers comprehensive and affordable coverage to 11 local Chambers of Commerce, 52 employers, and 255 employees.

Last year, the Trump administration issued a new rule that made it easier for small businesses to band together for the purposes of offering an association health plan. Specifically, the Department of Labor created a new "pathway" for forming the association so that small businesses can band together by common industry or common geography. For example, flower shops across the Nation might band together to offer an association health plan, or small businesses in unrelated professions might band together just within my State of Wyoming.

The final rule also allowed self-employed Americans to receive coverage through association health plans established under the new pathway. It did not rescind the old pathway, so association health plans in existence before the final rule can continue to operate unchanged, or new ones can use that pathway to form.

The final rule also does not change existing ERISA preemption rules that authorize broad State insurance regulation of association health plans either through health insurance issuers or directly in the case of self-insured association health plans. I will repeat that again. The final rule does not change existing ERISA preemption rules that authorize broad State insurance regulation of association health plans either through health insurance issuers or directly in the case of self-insured association health plans.

Roughly 30 association health plans have formed under the new pathway since the Department of Labor finalized the rule. For example, the Las Vegas Chamber of Commerce formed an association health plan covering 500 small businesses and 100 sole proprietors. The Georgia Chamber of Commerce began taking steps to launch a new self-insured association health plan that could eventually enroll 800,000 people. Two Michigan small business associations joined forces to create an association health plan that has enrolled nearly 400 small businesses throughout the State.

There are likely more to come. According to the Congressional Budget Office, about 4 million people are expected to enroll in association health

plans by 2023, including 400,000 who would otherwise be uninsured.

All of this is to demonstrate one simple fact: Association health plans work. They provide coverage to people who would not otherwise have it, and they provide comprehensive health benefits at an affordable price.

Unfortunately, a Federal district judge vacated the Labor Department's final rule, threatening to disrupt coverage for tens of thousands of enrollees in association health plans formed under the final rule and threatening to restrict the ability of small businesses, working families, and self-employed Americans to band together to obtain affordable and high-quality health insurance in the future.

My bill will simply codify the Labor Department's final rule to provide certainty for current enrollees and to ensure the pathway remains available for new association health plans to form. It is not intended to disrupt the State authority. That is important so we don't need to build another Washington bureaucracy, and you can be assured of better help if you need it. Our State insurance commissioners are much closer to the real problems confronted by insurance consumers and are better able to deal with those issues at a local level. It is also not intended to affect association health plans created by other means than the pathway established in the final rule.

There has been a lot of discussion in the Senate lately about protections for people with preexisting conditions. I support protecting people with preexisting conditions. Every Republican Senator I know does too. It is important to point out that robust coverage doesn't mean very much if you can't afford to buy it. Unfortunately, that has been the experience for a lot of small business owners and self-employed Americans in my State. Association health plans can help solve this problem for small businesses. The Labor Department's final rule didn't just expand eligibility for a type of health insurance that has long been available for some small business owners in the United States. It made the promise of comprehensive and affordable health insurance coverage a reality for the same Americans who have identified the cost of health insurance as the No. 1 problem facing small businesses for the last 30 years.

This is not to say there is not more that can be done. The final rule is an important step forward, but it is not a silver bullet. There is more Congress can do to advance association health plans, and there is more Congress can do to improve our healthcare system and address the issues of rising healthcare costs and rising drug prices, all while ensuring protections for people with preexisting conditions, but one thing we can do immediately to help people with preexisting conditions is to pass the bill I am introducing today. The district court judge struck down the Labor Department's final

rule and did not issue a stay, so thousands of currently covered individuals are at risk of losing their health insurance coverage. Passing this bill will ensure that they do not.

Small businesses ought to have the opportunity to band together and leverage their combined strength so they can negotiate and provide their employees with comprehensive and affordable health insurance coverage. That coverage should be subject to the same consumer protection requirements that apply to large employers offering similar coverage. Small businesses and their employees are the bedrock of our country's economy, and proper health insurance coverage is a key element of family well-being and peace of mind. This bill will strengthen those foundations so we can continue to prosper as a country.

#### SUBMITTED RESOLUTIONS

##### SENATE RESOLUTION 159—DESIGNATING APRIL 24, 2019, AS “MENINGITIS B AWARENESS DAY”

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 159

Whereas it is the custom of the Senate to increase awareness of serious illnesses that affect the lives of the people of the United States;

Whereas meningococcal disease, more commonly referred to as “bacterial meningitis”, is any infection caused by the bacterium *Neisseria meningitidis*;

Whereas meningococcal disease is uncommon, and the flu-like symptoms of the disease make diagnosis difficult;

Whereas meningococcal disease can cause serious illnesses, such as—

(1) an infection of the lining of the brain and spinal column known as “meningitis”; and

(2) blood infections known as “sepsis”;

Whereas the disease strikes quickly and may lead to severe or permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, and may even lead to death within 24 to 48 hours;

Whereas, although 1 in 10 people are carriers of *Neisseria meningitidis* bacteria with no signs or symptoms of disease, *Neisseria meningitidis* bacteria may sometimes cause illnesses;

Whereas there are different strains of meningococcal disease, including strains caused by *Neisseria meningitidis* serogroups A, C, W, Y, and B;

Whereas vaccines exist to help provide protection against all strains of meningococcal disease caused by the serogroups common in the United States;

Whereas meningococcal disease is spread from person to person via the exchange of *Neisseria meningitidis* bacteria through respiratory and throat secretions during close or lengthy contact, including contact such as—

(1) sharing beverages or eating utensils;

(2) kissing; and

(3) spending time in close contact with someone who is sick or who carries the bacteria;

Whereas community settings in which large groups of people gather, such as college

campuses, may increase the risk of transmission of meningococcal disease;

Whereas, because of the way meningococcal disease is spread through close personal contact, the social behavior of young adults ages 16 to 23 increases the risk of those adults contracting the disease;

Whereas students in dormitory settings and at crowded events are particularly vulnerable to meningococcal disease;

Whereas college students ages 18 to 24 were found to be 3.5 times more likely to contract meningitis B, the strain of meningococcal disease caused by serogroup B, compared to their peers not in school;

Whereas the single best way to help prevent all common strains of meningococcal disease is to be vaccinated with—

(1) a MenACWY vaccine to protect against the strains of meningococcal disease caused by serogroups A, C, W, and Y; and

(2) a separate MenB vaccine to protect against the strain of meningococcal disease caused by serogroup B;

Whereas the incidence of meningococcal disease in the United States has steadily declined from 1.20 cases per 100,000 individuals in 1995 to a historic low of 0.11 cases per 100,000 individuals in 2017;

Whereas, although vaccines for serogroups A, C, W, and Y have been available for many years, a vaccine for serogroup B was not available until 2014;

Whereas, despite the existence of a vaccine for serogroup B since 2014, meningitis B has been responsible for all United States college campus outbreaks since 2011, with some cases resulting in death;

Whereas, because the strain of meningococcal disease caused by serogroup B requires a new, separate vaccination, students heading to college may mistakenly think that, if they received the MenACWY vaccine, they are protected against all strains of the disease, and may not realize that they are not protected against the strain caused by serogroup B;

Whereas, according to the Centers for Disease Control and Prevention, *Neisseria meningitidis* serogroup B accounts for approximately half of all cases of meningococcal disease among individuals ages 15 to 22 in the United States;

Whereas vaccination for serogroups A, C, W, and Y is routinely recommended by the Centers for Disease Control and Prevention;

Whereas the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention recommends that decisions to vaccinate adolescents and young adults ages 16 to 23 against the strain of meningococcal disease caused by serogroup B should be made at the individual level with health care providers;

Whereas a recent study found that many doctors are not talking to patients about the MenB vaccine, including 49 percent of pediatricians and 69 percent of family physicians who do not regularly discuss the MenB vaccine during routine visits with individuals ages 16 to 18;

Whereas meningitis vaccines are covered by public and private health insurance plans, and individuals should be encouraged to contact health insurance plans to determine coverage of MenACWY and MenB vaccines;

Whereas the Federal Vaccines for Children program covers both MenACWY and MenB vaccines for—

(1) children and adults who have no health insurance or whose health insurance does not cover those vaccines; and

(2) children less than 19 years of age who are American Indian, Alaska Native, or eligible for Medicaid or other State health plan coverage;

Whereas, in 2012, before meningitis B vaccines were available in the United States,

Kimberly Coffey, a 17-year-old high school senior on Long Island, New York, died from meningitis B;

Whereas Patti Wukovits, R.N., the mother of Kimberly Coffey, created the Kimberly Coffey Foundation, a vital organization with the mission of—

(1) providing education to the public and health care professionals about meningococcal disease; and

(2) advocating for two types of vaccination for meningococcal disease;

Whereas the goal of the Kimberly Coffey Foundation is to ensure that no other family will endure the loss of a child or have a loved one experience the devastating effects of meningococcal disease;

Whereas June 15, 2019, marks the seventh anniversary of the death of Kimberly Coffey;

Whereas 19-year-old Emily Nicole Stillman, while a sophomore at Kalamazoo College in Kalamazoo, Michigan, tragically contracted bacterial meningitis before meningitis B vaccines were available in the United States;

Whereas, on February 2, 2013, after just 36 hours in the hospital, Emily Nicole Stillman passed away;

Whereas, in 2014, Alicia Stillman, the mother of Emily Nicole Stillman, created the Emily Stillman Foundation—

(1) to preserve the memory of Emily Nicole Stillman;

(2) to advocate for organ and tissue donation; and

(3) to advocate for the increased availability of vaccines for all vaccine-preventable diseases, including the increased availability of meningitis vaccines for children;

Whereas February 2019 marked the sixth anniversary of the death of Emily Stillman;

Whereas the Meningitis B Action Project, a joint initiative of the Kimberly Coffey Foundation and the Emily Stillman Foundation, is committed to raising awareness about meningococcal disease throughout the United States;

Whereas students, parents, educators, and health care providers should learn about all strains of meningococcal disease and how to protect against all strains of the disease; and

Whereas April 24, 2019, should be designated as “Meningitis B Awareness Day” to coincide with the observance of World Meningitis Day: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates April 24, 2019, as “Meningitis B Awareness Day”; and

(2) encourages—

(A) all individuals to contact health insurance plans to determine coverage of MenACWY and MenB vaccines; and

(B) students, parents, educators, and health care providers to learn about all strains of meningococcal disease and how to protect against all strains of the disease.

##### SENATE RESOLUTION 160—RECOGNIZING THE CONTRIBUTIONS OF DEFENSE LABORATORIES TO THE TECHNOLOGICAL DOMINANCE OF THE UNITED STATES ARMED FORCES AND SUPPORTING THE DESIGNATION OF APRIL 25, 2019, AS “DEPARTMENT OF DEFENSE LABORATORY DAY 2019”

Mr. JONES (for himself, Mrs. SHAHEEN, Mr. SCHUMER, Mr. REED, Ms. DUCKWORTH, Mr. WICKER, Mrs. HYDE-SMITH, Mr. PETERS, Mr. TILLIS, and Mr. BROWN) submitted the following resolution; which was referred to the Committee on Armed Services: