

those who serve in our community hospitals. I actually know many of these healthcare providers because I am one of them. For many years I practiced orthopedic surgery in Casper, WY. I was a medical doctor, a physician, and chief of staff at the Wyoming Medical Center.

When practicing medicine in Casper, WY—or anywhere in the Presiding Officer's home State of Nebraska—you really treat patients from all over the State. That is because many people in Wyoming live in small towns. I am talking about patients in towns like my wife's hometown of Thermopolis, WY. My wife's parents are there. When they need specialty care, they go to Casper. For those who haven't traveled in Wyoming, it is about a 2-hour drive one way when the weather is good.

My point is, when you work in the Casper hospital, you are actually covering a large area in our State, and that is often the case in many States. So when I hear that Washington Democrats want to have a one-size-fits-all healthcare plan, I wonder if they have given any thought to people in the Nation's heartland, to people out west. Are they considering people in rural communities at all?

I will state that I think about the people of Wyoming every day. I am there every week. The staff at small hospitals who serve rural communities like Thermopolis, Rawlins, Lusk, Kemmerer, and at the Lovell hospital, where I attended a health fair this past Saturday, talking to all of the folks there—their needs are things I am not convinced Washington Democrats have any knowledge of or care for at all. The people at these hospitals work hard just to keep the doors open so that they can continue to care for patients right there.

So alarm bells go off when I see headlines like the one from the Washington Post that said:

"Who's going to take care of these people?" As emergencies rise across rural America, a hospital fights for its life.

That is the headline in the Washington Post, referring to a community hospital in Osage County, OK. The hospital has a sign out front that reads: "A small community is only as healthy as its hospital." That is the truth.

Hospitals across rural America are struggling. Many are, in fact, fighting for their lives. Still, Democrats are offering a plan that will destroy private health insurance in America, which is the lifeblood of our Nation's healthcare system; 180 million Americans get their insurance this way.

Democrats want to drastically reduce provider payments which, of course, would drive many doctors from practice and shutter many small hospitals. The Centers for Medicare & Medicaid Services Administrator has said a one-size-fits-all system "would decimate physician networks, creating a permanent physician shortage."

So how can rural hospitals survive with no financial cushion if Democrats'

one-size-fits-all healthcare plan passes? Just ask the New York Times, of all people. Last month, the Times ran with this headline: "Hospitals Stand to Lose Billions Under 'Medicare for All.'" Hospitals stand to lose billions.

The Times cites a study from George Mason University that found Medicare provider reimbursement rates are more than 40 percent lower than private insurance rates—40 percent lower. At these payment rates, the Times says, "[s]ome hospitals, especially struggling rural centers," like those in the Presiding Officer's home State and mine "would close virtually overnight."

There would be an overnight closure of hospitals under BERNIE SANDERS' and the Democrats' one-size-fits-all scheme for medicine in America.

I am sure a lot of people listening out there are thinking, maybe it is all a mistake; maybe Democrats don't really mean to threaten hospitals. Well, the fact is, Democrats have long argued that hospitals need to close. That is what they have said.

Look at what Dr. Ezekiel Emanuel, who is an architect of ObamaCare and a professor in Philadelphia, said on the subject. He actually wrote a book outlining all of this. It is titled, "Reinventing American Health Care."

He predicted that 1,000 U.S. hospitals would close by 2020. Well, we are approaching that year. We haven't closed 1,000 in this country, but over 80 have closed, and those are rural hospitals.

Last year he published an op-ed in the New York Times—the same Dr. Emanuel—ominously titled, "Are Hospitals Becoming Obsolete?" He writes:

Hospitals are disappearing. While they will never completely go away, they will continue to shrink in number and importance. This is inevitable and good.

Well, not in rural America—"good," he says, that thousands of hospitals and patients who rely on them are forced to close their doors for good. I disagree fundamentally with this principle and what he is saying.

Of course, all people who practice medicine in small towns want to keep the doors open because they know the impact on the lives of the people who live in those communities. Just last week I had a chance to visit with Dr. Mike Tracy, a family physician in Powell, WY. He is past president of the Wyoming Medical Society. He is passionate about caring for his patients, and guess what. He doesn't participate in Medicare at all. Instead, he provides his services privately by charging his patients a set, transparent monthly fee. He does what he does to keep his practice open. His focus is on his patients, not on Washington paperwork, and his patients are very happy. His practice is successful. The patients are happy with the time he is able to sit and be with them and look at them and focus on them, instead of the mandates of a Washington computer screen.

So you see, there are doctors like Mike all across the country who don't

want a one-size-fits-all healthcare system. Many doctors and many small community hospitals cannot afford it, and they will not survive it. Certainly, many rural communities can't survive it.

As the Presiding Officer knows better than most, as he has traveled his State and as I have traveled mine, if a small community loses a hospital, it is harder to attract doctors, nurses, teachers, businesses—all of the things that are vital for a community to have. So the threat is very real in terms of what the Democrats and what BERNIE SANDERS and the one-size-fits-all healthcare plan would bring to our country.

Let me just tell people who are watching the debate right now: Democrats' one-size-fits-all healthcare—what this will mean for you is that you will pay more to wait longer for worse care. That is what it means. That is what it means to you. You will pay more to wait longer for worse care. That is what is at stake.

We all need to make our voices heard loud and clear: no to Democrats' one-size-fits-all healthcare scheme, yes to real reforms that improve healthcare and bring down the costs for all Americans.

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.

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

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

ENERGY INNOVATION

Mr. CORNYN. Mr. President, it seems a bit surreal but necessary, nonetheless, to come here to the Senate floor to talk about the perils of socialism and its sudden resurgence within the Democratic Party.

We have seen our Democratic friends push for policies like Medicare for All, which would completely wreck the system that provides healthcare for our seniors and force all Americans onto the same plan, regardless of the fact that they never paid anything into it, like our seniors have, and regardless of the fact that they may indeed like their private health insurance that they get from their employers.

Do you remember when the Obama administration promised in 2013, "If you like your plan, you can keep it"? Well, I don't really think they meant it, but that is at least what they said. Democrats have gotten so much more radical today that their motto should be, "If you like your plan, you can't keep it under Medicare for All."

They have also promised things like free college—and, believe me, "free" is popular, especially if you don't think you are ever going to have to end up paying for it—promising anyone and everyone that they can go to college for free.

Now, there are some smart things we can do to help prepare high school students and college students to hold down their debt and to make sure that they get the sort of advice and counseling they need to make sure they are studying something that is going to be able to provide them an income with which they can repay the loans that they take out, and there is some work we need to do in that area.

Across Texas, I have had a chance recently to go to a number of middle schools and high schools, and in Texas—and I am sure we are not alone—there are many high schools where students can get dual credit, college and high school credit, and some of them graduate from high school with essentially 2 years of college behind them, and it costs them nothing. It is free. I guess that is free. Actually, it is not free, either, but they don't have to pay anything more for it, and their parents don't have to pay anything more for their property or sales tax for it.

So that is a smarter way to approach this, rather than this radical idea that things like college can somehow be free, knowing that, actually, there will be somebody that pays for it, whether it is our children, when they grow up and they have to pay back the money that we have recklessly borrowed in our deficits and debt, or by raising taxes, and you can't raise taxes enough on the rich people in order to pay for this. So, inevitably, that burden will fall on the middle class.

To put the icing on the cake on these radical policies, you have to look at this Green New Deal proposal that the Democrats have rolled out and really call this the icing on the cake in their socialist proposals.

They want to take over the entire energy sector of the economy, and they want to regulate it, and they want to tax it in such a way as to promise somehow something that is never going to be realized.

For example, they say they want to achieve net zero emissions in 10 years. Well, Texas, Oklahoma, and other States generate a lot of electricity from renewable sources, particularly wind-generated energy, but there is no way in the world you are going to be able to eliminate things like natural gas and other sources of energy because the wind doesn't always blow and the Sun doesn't always shine. So you are going to need something to provide the baseload when the wind is not blowing and the Sun is not shining. This pie-in-the-sky idea of net zero emissions in 10 years by going entirely to renewables is simply fantasy.

They also want to overhaul our transportation system. They want to rebuild and retrofit every single building in the country, but they offer no real details, and, in fact, I think there is a reason for that, because they don't even talk about the details of what needs to be accomplished or the cost there would be associated with trying to accomplish it.

The only estimate I have seen is a \$93 trillion price tag, but that is an important piece of information that you would think the public would have a right to know, and that is not something the advocates of the Green New Deal have been particularly proud of.

Even if this is something a majority of Americans want, we don't currently have the technology or the resources to make it happen. Our Democratic friends know that. So they are, in essence, making a promise for something that they can't deliver because of the price and because the technology has not yet been invented.

So what was really bizarre here on the Senate floor was that when the majority leader provided our Democratic colleagues a chance to vote on this resolution on the Senate floor, not a single Democratic colleague voted for it. They voted "present."

Well, that is a new one on me. I thought when we came here to the Senate, our job was to represent our constituents and vote yes or no on legislation. To show up and vote "present" seems to me like an abdication of that responsibility, but it also is some evidence of how really cynical and insincere this proposal really is.

That is not to say that it isn't popular when you start offering free things and you start promising things that are unaffordable or unattainable.

Instead of talking about these policies that are unwanted, unachievable, and unaffordable, let's talk about some real solutions. I think that is the responsibility of people like me who say the Green New Deal will not cut it, to which people might ask: Well, what are your suggestions? And I think that is an important and fair question.

No matter what your perspective on energy issues and the environment, I think every single one of us can agree on at least one point: We need smart energy policies that will strengthen our economy without bankrupting American families.

I would just note, parenthetically, that we have actually made some pretty good progress when it comes to emissions control. Between 1970 and 2017, combined U.S. emissions of six criteria air pollutants have gone down 73 percent. During that same period of time, the American economy grew by 262 percent, the number of vehicle miles traveled grew 189 percent, and our population grew 59 percent. We were able to reduce pollutants by 73 percent at a time when the population was growing, people were driving more, and our economy was growing.

More recently, between 1990 and 2017, the United States reduced sulfur dioxide concentrations by 88 percent, lead by 80 percent, nitrogen dioxide by 50 percent, particulate matter by 40 percent, ground-level ozone by 22 percent, and carbon monoxide by 77 percent.

From 2005 to 2017, carbon dioxide emissions declined nearly 15 percent in the United States. During that same period of time—and this is a fair com-

parison—China's annual carbon dioxide emissions have increased roughly by double—twice what they were during the same time period.

So I would say that we can blame America first for all sorts of problems. I don't think that is fair, nor is it accurate, and, particularly, when you start talking about the environment and controlling ozone-depleting CO₂ emissions. I think there is a better way to approach it, and we need to start with the facts.

I think the facts are that we need to form partnerships to leverage the capabilities of the private sector and achieve cost-effective solutions. None of the people advocating the Green New Deal can really tell you how much you would be paying for electricity if we were able to implement the Green New Deal, how much you would have to pay for your transportation costs, or how much you would have to pay to heat or cool your house. We need policies that make sense, that are affordable and achievable, and that will actually bring down the cost of each of those items for the American people.

The solution isn't a \$100 trillion Green New Deal; it is good old-fashioned, all-American innovation. By incentivizing research into the development of new technologies, we can keep costs low for taxpayers, while securing our place as a global leader in energy innovation. One great example of the type of solution I am suggesting you could learn about by taking a trip to the NET Power plant in La Porte, TX, right outside of Houston, which I did recently. NET Power has developed a first-of-its-kind power system that generates affordable, zero-emissions electricity using their unique carbon capture technology. They have taken natural gas—one of the most prevalent and affordable energy sources that there is—and they have made it emission-free. This is a shining example of the environmentally and fiscally responsible policies we should be advocating and supporting.

Last year, renewables accounted for only 17 percent of our total energy sources. That includes hydropower, wind, solar, biomass, and various other sources. Seventeen percent. Natural gas already accounts for more than double that. So if we could take this incredibly common and affordable energy source and make it more environmentally friendly, why wouldn't we do that? Why wouldn't that be a more sensible, fiscally responsible way of addressing this?

These policies are important for conservation but also for securing our competitiveness on the world stage. If American companies don't produce these technologies first, well, you bet somebody else will.

The heavyhanded government approaches we are seeing from our Democratic colleagues are not the answer. Instead, we have to harness the power of the private sector and build partnerships to drive real solutions.

Yes, we need to invest in innovative solutions and encourage the private sector to continue prioritizing reliable, affordable, and environmentally sound energy sources.

When you implement government policies that get government out of the way and let the experts do their jobs, you can be pro-energy, pro-innovation, pro-growth, and pro-environment. I will soon be introducing some legislation that I think will help us move down that road. We know the United States leads the world in emissions reduction, and this bill will build on that success without a one-size-fits-all mandate that would bankrupt our country.

DEBBIE SMITH ACT

Mr. President, on another topic, as I highlighted earlier this week, the Senate has unanimously passed the Debbie Smith Act of 2019, which would provide critical resources for law enforcement to test rape kits, prosecute criminals, and deliver justice for victims. This was a major bipartisan achievement, and I look forward to working with our House colleagues to get this legislation to the President's desk as soon as possible.

But there is more we need to do to assist victims of violence and sexual assault. For example, today I am filing the Help End Abusive Living Situations—or HEALS—Act, which will provide domestic violence survivors with expanded access to transitional housing. This will help these victims permanently leave their abusers, rebuild their lives, and begin a long-term healing process.

Even more pressing, folks on both sides of the aisle agree that we need to reauthorize and strengthen the Violence Against Women Act, also known as VAWA. It is something I strongly support and an issue our friend and colleague Senator ERNST continues to champion here in the Senate.

Republicans and Democrats say we must do more to provide services for victims of domestic violence and sexual assault, and while we certainly had some disagreements on the way to do that, there is no question that VAWA has traditionally been a bipartisan commitment. That is why I was so shocked earlier this year when House Democrats blocked the Republican effort to reauthorize this critical law before it lapsed last February.

The current violence against women law lapsed in February because House Democrats refused to allow us to extend it. Why would they do that? If they claim to be supportive of efforts to protect women and others from violence and assault, why would they let the very law that authorizes the various programs Congress has paid for in the past—why would they let that lapse? Well, sadly, this is where politics rears its ugly head.

We were seeking a short-term reauthorization of the existing Violence Against Women Act so bipartisan negotiations could continue on a long-term update and extension of the law, but

House Democrats recklessly blocked this reauthorization of VAWA because they were seeking to add controversial provisions that should never be a part of a consensus bill—certainly not one that enjoys broad bipartisan support.

In the face of this political jockeying by House Democrats, I am proud to say that the Appropriations Committee did the right thing: It continued to fully fund all Violence Against Women Act programs through the remainder of this fiscal year. So this means that House Democrats, when they tried to kill VAWA by refusing to reauthorize it, actually failed to accomplish their goal if their goal was to deny women and other victims of violence the critical funding needed for these programs.

Despite the efforts they undertook to let VAWA expire, critical domestic violence and sexual assault prevention programs will continue to receive full Federal funding until we can reach a bipartisan consensus agreement and update the law. So good for the Appropriations Committee for making that happen, but my point is that VAWA should never be used as a political plaything or pawn.

I am somewhat encouraged by ongoing, bipartisan negotiations here in the Senate, and I commend Senator ERNST for her commitment to this effort and look forward to supporting a long-term extension of VAWA that is done in the right way—through negotiation and agreement, not political gamesmanship. That is the wrong way to do things. We know better—if people will simply stop the political posturing and political games and do the work the American people sent us here to do.

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

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

PRESCRIPTION DRUG COSTS

Mr. GRASSLEY. Mr. President, I am here to discuss with my colleagues issues dealing with the work of the Senate Finance Committee and possible legislation that hopefully will come up this summer to keep healthcare costs down, particularly prescription drugs.

In the process of doing that, I want to set the record straight on an issue that affects every American who is eligible for Medicare. More specifically, I am here to talk about efforts to reduce the rising cost of prescription medicine.

Prescription drugs save lives. Millions of Americans like myself wake up every morning and take their daily medication, but there is something that has become a very tough pill to swallow for an increasing number of Americans, and that is paying for the rising cost of prescription drugs.

I applaud President Trump for turning up the volume on this issue last summer. That is when the President announced his administration's blueprint to lower drug costs for all Americans. He found out—and we all found out—that is a goal that has widespread support that includes Republicans and Democrats, as well as urban and rural Americans.

Of course, the President can only do so much—whatever law passed by Congress allows the President to do and that doesn't solve all the issues. So even though I applaud the President, that doesn't mean I exclude in any way the responsibility of Congress to take action.

There are many good ideas to build upon that share broad, bipartisan, bicameral support. There is one policy, however, that some Members are talking about that I don't agree with, and that is repealing what is the noninterference clause in Medicare Part D. I would like to explain why Congress kept the government out of the business of negotiating drug prices in the Medicare program. Some 16 years ago, when I was formerly chairman of the Finance Committee, I was a principal architect of the Medicare Part D program.

For the first time ever, Congress, in 2003, added an outpatient prescription drug benefit to the Medicare program. Maybe I ought to explain for my colleagues why it took between 1965 and 2003 to include drug benefits in the Medicare program. Remember, in 1965, prescription drugs or drugs generally didn't play a very big role in the delivery of medicine like they do today, but over time, they have become more important.

That is why great support at the grassroots, both bipartisan and bicameral, evolved into what we call the Medicare Part D program, adopted in that year, 2003. So we came to the conclusion that adding the prescription drug benefits for seniors was the right thing to do, but it needed to be done in the right way—right for seniors and right for the American taxpayers. By that, I mean allowing the forces of free enterprise and competition to drive costs down and drive value up.

For the first time ever, Medicare recipients in every State had the voluntary decision to choose a prescription drug plan that fit their pocketbooks and their healthcare needs.

The Part D program has worked. Beneficiary enrollment and satisfaction are robust. The Part D marketplace offers consumers better choice, better coverage, and better value; yet here we are again. It has been 13 years since Part D was implemented, and once again, I am hearing the same calls to put the government back into the driver's seat of making decisions on what you can take in the way of pills or what your doctor might be able to prescribe to you based upon what a formulary might be. We want the private sector to decide the formulary, not the