

votes and represents an approach to legislating that is ultimately as simplistic as it is dangerous.

If one asked 10 attorneys to analyze the text of amendment No. 861, one might very well receive 10 wildly different interpretations of what the undefined terms in the amendment mean, from the use of the term “attack by the government, military forces, or proxies of a foreign nation or by other hostile forces” to the phrase “used to ensure the ability of the Armed Forces of the United States to defend themselves, and United States citizens.”

As the authors plausibly argue, the intent of the amendment may very well be to simply reaffirm existing legal interpretations and norms that authorize the U.S. Armed Forces to defend itself and our citizens against attack by a foreign nation or other hostile force. As supporters argue, the amendment language avoids using the specific phrase “authorization for use of military force,” and thus one may argue that it is technically not an “AUMF.”

Yet adopting such an interpretation requires ignoring years of executive branch overreach when it comes to taking unilateral military action without seeking an authorization for use of military force or a declaration of war from Congress.

It requires willfully forgetting the behavior of our current President and past Presidents of both parties, who have chosen to define the concept of Commander in Chief under Article II of the U.S. Constitution to be less a commander and more an emperor while the legislative branch has sat idly by as its war powers were rapidly seized by the modern imperial Presidency.

Congress is a coequal branch of government. It is time we started acting like it. We cannot trust any President to take a blank check and fill in a reasonable number. I must oppose amendment 861 because, in my reading, any President of any party would adopt the broadest legal interpretation possible in defining what constitutes an “other hostile force” or an “attack” or what it means to “ensure the ability of the Armed Forces of the U.S. to defend themselves.”

This language risks unintentionally authorizing President Trump to order all types of military strikes against any number of potential entities that the President deems to be a threat. How would the Trump administration determine the precise baseline that defines the term “ability” of the military to defend itself? Would allowing the degradation of any platform or capability qualify as failing to “ensure the ability” of the U.S. Armed Forces to defend itself? If so, that would authorize the use of funds in the National Defense Authorization Act for Fiscal Year 2020 to take unilateral, preemptive action against a foreign nation or hostile force to preserve the current capabilities of the U.S. military.

I am confident the author of this amendment would disagree with this

interpretation of his legislative language. However, would the sponsor argue that such an interpretation is unreasonable or not possible? Would a Federal Court not defer to the Federal Agency’s interpretation of a vague and ambiguous statute? I do not know the answer to either question; yet I know this: I am not willing to take that risk.

We are living with the consequences of a previous Congress that rushed to pass a concise authorization for use of military force that appeared targeted and limited at first. We have watched as Republican and Democratic administrations alike subsequently employed creative and broad legal interpretations of that authorization to continually expand which parties were connected with the horrific terrorist attacks of September 11, 2001.

To this very day, the Trump administration cites this authorization for use of military force as legal justification to unilaterally deploy Americans all around the world, even though it was authorized in response to an event that took place before some of these troops were even born. To be clear, I am not asserting that I oppose the premise or substantive motivation of every military action that has taken place under the recent Presidential administrations. I am simply stating that such actions must be debated and voted on by Congress.

I deployed to fight in a war I personally opposed because it was ordered by the Commander in Chief, and these orders were pursuant to an authorization for use of military force that was publicly debated and passed by a majority of our Nation’s elected representatives. Opposing a vaguely worded amendment whose own author and proponents assert is duplicative and unnecessary and which I believe may unintentionally open the door to unlimited unilateral military action, ultimately is a vote to make our Nation stronger, more accountable, and a more perfect union in living out the principles contained in our founding document.

Critics may falsely allege that opposing amendment No. 861 is voting against our national defense and military. I will strongly reject any such ridiculous claim that slanders me with the accusation that I would ever risk the security and safety of the Nation I have proudly served in uniform. In voting against amendment No. 861, I am safeguarding our military from excessive use without congressional oversight. I am simply making clear that we, in Congress, must begin exercising the same care and attention in doing our job as our troops do when executing their missions downrange.

One of my primary motivations for serving the great State of Illinois in the U.S. Senate is to help restore congressional war powers. To remind my colleagues that whether one favors military action or opposes the use of military force, every Member of Congress should agree that such matters deserve to be debated and carefully

considered by our Nation’s duly elected representatives in the broad light of day. To remind my colleagues that we must always demand the Commander in Chief clearly outline our desired strategic end state before authorizing military action that puts our troops in harm’s way.

The bottom line is that only Congress has the power to declare war. We are the ones tasked with deciding when and how we send Americans into combat. We are the ones the Constitution charged with that most solemn duty.

For too long, too many elected officials have avoided the responsibility and burden of declaring war. Fearing electoral risks and staring down coming elections, multiple Congresses have shirked their constitutional responsibility to our troops by refusing to repeal the existing authorization for use of military force, while avoiding consideration any new authorizations for use of military force. Enough—enough of being so worried about political consequences that we fail to do our own jobs, even as we expect our troops to do theirs without complaint every day.

We need to do better by our servicemembers. We owe it to them to honor their sacrifices. Part of that means ensuring that no American sheds blood in a war Congress has not authorized, or unintentionally authorized by passing vague language such as in amendment No. 861 that can be twisted to be read as empowering President Trump to take preemptive military action.

We should be disciplined in forcing any President who wishes to go to war to bring their case to Congress and give the American people a vote through their elected representatives. That is how we truly respect our servicemembers and military families: by demanding debate that is honest and clear-eyed about the likely loss of life and the risks of escalation that accompany any use of force. It is our duty, and it is the least we can do for those willing to risk their lives in safeguarding our democracy, our way of life, and our Constitution.

So with the drums of war beating louder and louder by the day, I must oppose amendment No. 861 and keep my promise to all who served or are serving now in defense of this country we love. I must continue seeking to hold all of us who have the honor of serving in Congress accountable for taking back congressional war powers. Moving forward, I urge the leadership of the Senate and House Armed Services Committees to work with me to strike or significantly restrict this language during the conference negotiations that will take place over the National Defense Authorization Act for Fiscal Year 2020.

LOWER HEALTH CARE COSTS ACT

Mr. ALEXANDER. Mr. President, I ask unanimous consent that a copy of my opening statement at the Senate

Health Education, Labor and Pensions Committee be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

LOWER HEALTH CARE COSTS ACT

Mr. ALEXANDER. Today we are voting on three bills:

First, the Poison Center Network Enhancement Act, offered by Senators Murray and Burr, to reauthorize and update the national network of poison control centers.

Second, the Emergency Medical Services for Children Program Reauthorization Act, offered by Senator Casey and me, to ensure that, from the ambulance to the emergency room, emergency health care providers are fully prepared to treat children, who typically require smaller equipment and different doses of medicine.

Third, the Lower Health Care Costs Act—a package of 54 proposals from 65 senators—29 Republican and 36 Democrat, including nearly every member of this Committee—that will reduce what Americans pay out of their own pockets for health care.

The Lower Health Care Costs Act will reduce what Americans pay out of their pockets for health care in three major ways: First, it ends surprise billing. Second, it creates more transparency—there are twelve bipartisan provisions that will: eliminate gag clauses and anti-competitive terms in insurance contracts, designate a non-profit entity to unlock insurance claims for employers, ban Pharmacy Benefit Managers (PBM) from charging more for a drug than the PBM paid for the drug, and require that patients receive more information on the cost and quality of their health care. You can't lower your health care costs until you know what your health care actually costs. And third, it increases prescription drug competition—there are fourteen bipartisan provisions to help more lower-cost generic and biosimilar drugs reach patients.

This legislation also extends mandatory funding for community health centers, and four additional public health programs, to ensure the 27 million Americans who rely on these centers for primary care and other health care can continue to access care close to home, offered by Senator Murray and me, along with Senators Casey, Cramer, Klobuchar, and Murkowski.

We have paid for this extension for five years with savings from other parts of the larger bill, which will prevent the uncertainty and anxiety of short-term extensions.

The Managers Amendment we are voting on today includes two additional, significant provisions: First, a bill from Senators McConnell and Kaine that will raise the minimum age for purchasing any tobacco product from 18 to 21. This has also been a priority of Senators Young, Romney, Roberts, Murkowski, Collins, Schatz, and others.

And two, from Senators Grassley and Leahy, and many others, the CREATES Act, which will help bring more lower cost generic drugs to patients by eliminating anti-competitive practices by brand drug makers.

Altogether, this legislation will help to lower the cost of health care, which has become a tax on family budgets and on businesses, on federal and state governments.

A recent Gallup poll found that the cost of health care was the biggest financial problem facing American families. And last July, this Committee heard from Dr. Brent James, from the National Academies, who testified that up to half of what the American people spend on health care may be unnecessary.

Over the last two years, this Committee has held 16 hearings on a wide range of topics related to reducing the cost of health care—specifically, how do we reduce what the

American people pay out of their own pockets for health care.

Last December, I sent a letter to experts at the American Enterprise Institute and the Brookings Institution, and to doctors, economists, governors, insurers, employers, and other health care innovators, asking for specific steps Congress could take to lower the cost of health care.

We received over 400 recommendations, some as many as 50 pages long. In May, Senator Murray and I released for discussion the Lower Health Care Costs Act. Since then, we've received over 400 additional comments on our draft legislation, and last Tuesday, we held a hearing to hear additional feedback.

Last Wednesday, Senator Murray and I formally introduced the Lower Health Care Costs Act—a bipartisan package of 54 proposals from 65 senators that will reduce what Americans pay out of their own pockets for health care.

At our hearing on this legislation last week, Ben Ippolito, an economics and health fellow at the American Enterprise Institute, said: "Together, the provisions in this bill would meaningfully increase competition and transparency in health care markets. If enacted, this legislation would lower insurance premiums and drug prices for consumers, and would ensure patients are no longer exposed to surprise medical bills. By lowering costs, this bill would also improve access to health care."

We also heard from Fredrick Isasi, Executive Director of Families USA, at our hearing, who said: "The Reducing Lower Health Care Costs Act is an ambitious piece of legislation—particularly so as a bipartisan bill in these most contentious of times."

And Avik Roy recently wrote in Forbes:

"Overall, its provisions could be thought of as incremental in scope. But some—especially those around transparency—could have a significant impact."

Here are a few of the ways this legislation will lower health care costs:

Ensures that patients do not receive a surprise medical bill—which is when you unexpectedly receive a \$300 bill, or even a \$3,000 bill, two months after our surgery, because one of your doctors was outside of your insurance network.

Senators Cassidy, Hassan, and Murkowski have done valuable work to solve surprise medical billing by proposing a solution last fall and again this spring, and lighting a fire under Congress to end this harmful practice.

I thank them for their dedication to this issue, and for working with Senator Murray and me to reach a result that protects patients.

Senator Murray and I have agreed on a recommendation to our colleagues that the best solution to protect patients from surprise medical bills is to pay doctors and hospitals that are out-of-network the median contracted rate that in-network doctors and hospitals receive for the same services in their local geographic area, known as the benchmark solution.

This is a change for me because I was inclined to support an in-network guarantee since I believe it is the simplest solution.

Some of my colleagues are inclined to support a new independent system of dispute resolution, known as arbitration. The Congressional Budget Office has indicated that the benchmark solution is the most effective at lowering health care costs and Chairman Pallone and Ranking Member Walden have recommended this proposal to the House of Representatives.

We have also extended this protection to air ambulances, because according to the Government Accountability Office, nearly 70 percent of air ambulance transports were

out-of-network in 2017 and the median price charged by air ambulance providers was about \$36,400 for a helicopter transport and \$40,600 for a fixed-wing transport.

It is time to stop studying the issue of exorbitant air ambulance charges and take action.

Our legislation will treat air ambulances the same as health care providers—by using the local, commercial market-based rate for in-network health care.

This legislation will bring more generic and biosimilar drugs to market faster and lower the cost of prescription drugs by: Helping biosimilar companies speed drug development through a transparent, modernized, and searchable patent database. Senators Collins, Kaine, Braun, Hawley, Murkowski, Paul, Portman, Shaheen, and Stabenow worked on this provision.

Improves the Food and Drug Administration's drug patent database by keeping it more up to date—to help generic drug companies speed product development, a proposal offered by Senators Cassidy and Durbin.

Prevents the abuse of citizens' petitions that can unnecessarily delay drug approvals, from Senators Gardner, Shaheen, Cassidy, Bennet, Cramer, and Braun.

Clarifies that the makers of brand biological products, such as insulin, are not gaming the system to delay new, lower cost biosimilars from coming to market, from Senators Smith, Cassidy, and Cramer; and Eliminates a loophole that allows drug companies to get exclusivity—and delay less costly alternatives from coming to market—just by making small tweaks to an old drug, a proposal from Senators Roberts, Cassidy, and Smith.

Modernizes outdated labeling of certain generic drugs, offered by Senators Bennet and Enzi.

This legislation creates more transparency by:

Banning gag clauses that prevent employers and patients from knowing the true price and quality of health care services. This proposal from Senators Cassidy and Bennet would allow an employer to know that a knee replacement might cost \$15,000 in one hospital and \$35,000 at another hospital;

Requiring health care facilities to provide a summary of services when a patient is discharged from a hospital to make it easier to track bills, and requires hospitals to send all bills within 45 calendar days to protect patients from receiving unexpected bills many months after care, a provision worked on by Senators Enzi and Casey; and

Requiring doctors and insurers to provide patients with price quotes on their expected out-of-pocket costs for care, so patients are able to shop around, a proposal from Senators Cassidy, Young, Murkowski, Ernst, Kennedy, Sullivan, Cramer, Braun, Hassan, Carper, Bennet, Brown, Cardin, Casey, Whitehouse, and Rosen.

It will support state and local efforts to increase vaccination rates, and will help prevent disease outbreaks, through two proposals worked on by Senators Roberts, Peters, and Duckworth.

There is a provision to help communities prevent and reduce obesity, offered by Senators Scott and Jones.

A provision from Senators Schatz, Capito, Cassidy, Collins, Heinrich, Hyde-Smith, Kaine, King, Murkowski, and Udall will expand the use of technology-based health care models to help patients in rural and underserved areas access specialized health care.

And there is a proposal to improve access to mental health care led by Senators Cassidy and Murphy, building on their work in the HELP Committee that became law as part of the response to the opioid crisis.

There are other proposals:

For example, banning anti-competitive terms in health insurance contracts that prevent patients from seeing other, lower-cost, higher-quality providers. The Wall Street Journal identified dozens of cases where anti-competitive terms in contracts between health insurers and hospital systems increase premiums and reduce patient choice.

Banning Pharmacy Benefit Managers, or PBMs, from charging employers, health insurance plans, and patients more for a drug than the PBM paid to acquire the drug, which is known as “spread pricing.”

Eliminating a loophole allowing the first generic drug to submit an application to the FDA and block other generic drugs from being approved.

Provisions to improve care for expectant and new moms and their babies.

Provisions to make it as easy to get your personal medical records as it is to book an airplane flight.

And provisions to incentivize health care organizations to use the best cybersecurity practices to protect your privacy and health information.

I hope we will today vote to approve this legislative package so we can present it to Majority Leader McConnell and Minority Leader Schumer for the full Senate to consider next month and would expect that other committees will have their own contributions.

Since January, Senator Murray and I have been working in parallel with Senator Grassley and Senator Wyden, who lead the Finance Committee.

They are working on their own bipartisan bill, which they plan to markup this summer. The Senate Judiciary Committee is marking up bipartisan legislation on prescription drug costs tomorrow. And in the House, the Energy and Commerce, Ways and Means, and Judiciary Committees have all reported out bipartisan bills to lower the cost of prescription drugs.

Secretary Azar and the Department of Health and Human Services have been extremely helpful in reviewing and providing technical advice on the various proposals to reduce health care costs.

And the president has called for ending surprise billing and reducing the cost of prescription drugs. The Administration has also taken steps to increase transparency so families and employers can better understand their health care costs. The Lower Health Care Costs Act is just one example of this Committee reaching a result on a difficult issue.

We did that with fixing No Child Left Behind, with the 21st Century Cures Act, with user fee funding for the Food and Drug Administration, and most recently, with our response to the opioid crisis that included input from 72 senators of both political parties.

We reached those results in the midst of the argument Congress has been locked in for the last decade about where six percent of Americans get their health insurance.

Especially for Americans without subsidies, the cost of health insurance remains way too expensive. But the reality is we will never have lower cost health insurance until we have lower cost health care.

That is why I am especially glad that 65 Senators, including nearly every member of this Committee, have worked together on the Lower Health Care Costs Act which takes needed steps to actually bring down the cost of health care that Americans pay for out of their own pockets.

ADDITIONAL STATEMENTS

TRIBUTE TO TRENT CLARK

• Mr. CRAPO. Mr. President, along with my colleagues Senator JAMES RISCH, Representative MIKE SIMPSON, and Representative RUSS FULCHER, I congratulate Trent Clark on his upcoming retirement from the Bayer Corporation after 26 years of service. We have greatly enjoyed working with Trent over the course of his career and thank him for the service he has provided to the people of Idaho in both his official and individual capacities.

On behalf of Bayer, Trent has provided steadfast dedication to his responsibilities inherent as public and government affairs director. In that role, he has provided invaluable assistance to Bayer's operations in Soda Springs, which are an integral part of the southeastern Idaho economy. Most notably, Trent has played a critical role in the effort to permit Bayer's next phosphate mine, Caldwell Canyon, which has 40 years of estimated reserves and will be one of the world's most environmentally sustainable mining operations, particularly in its approach to sage grouse habitat. Trent has also helped to further important company efforts to support our local communities, particularly their school systems, and to protect our environment. Additionally, for many years, Trent has worked in a collaborative manner with key stakeholders with a genuine humility and desire to achieve a positive outcome.

As an individual citizen, Trent has also provided excellent service to the people of Idaho in his capacity as chairman of the Idaho Workforce Development Council and as a member of the boards of the Idaho Humanities Council, Idaho Community Foundation, and the Idaho Association of Commerce and Industry. Trent's prior public service includes 2 years as the State executive director of the Farm Services Administration, 3 years as chairman of the Idaho Republican Party, a year as staff to the Joint Economic Committee of Congress, and 8 years as staff to former U.S. Senator Steve D. Symms.

Prior to joining Bayer, Trent graduated with honors from Brigham Young University, where he majored in political science and botany. He also earned an associate of arts degree from Ricks College in Rexburg, ID. After college, Trent worked as a botany instructor for the Yellowstone Institute, as well as an executive vice president for the Fox Creek Pack Station.

In addition to Trent's strong record of leadership and service to the community, Trent has served his family and church well. Trent has been married to the former Rebecca Lee since May 23, 1986, and together, they have four children: Brittany (deceased), Kathleen, Christin, and Alexander. Trent and his family enjoy horseback riding and backcountry hiking and

camping. It is our sincere wish that Trent be blessed with many years of retirement with his family. •

TRIBUTE TO TROY WITT

• Mr. DAINES. Mr. President, this week I have the distinct honor of recognizing Troy Witt, of Garfield County, for his selfless actions in helping those in need.

Troy, a rancher and commercial trucker of Sand Springs, spearheaded an effort to send much needed donations to farmers and ranchers impacted by record flooding in Columbus, NE, in March of 2019. He was inspired by Montanans who came to his aid following the Lodgepole Complex fire, Montana's largest fire of the 2017 wildfire season. After losing 85 percent of his ranch, Witt was overwhelmed by the outpouring of support and supplies he received from those he had never met.

When the opportunity presented itself, Witt decided to pay it forward. He planned to load up his 53-foot trailer with as much hay, fencing material, water and other supplies as he could and drive the 700 miles to the drop-off site in Columbus. After the Garfield County Disaster and Emergency Services echoed Witt's plans, farmers from around Montana offered to donate supplies. His efforts helped bring hope to a region where hundreds had lost homes and businesses.

Witt's act exemplifies the spirit of compassion and selflessness that Montanans embody. I and many others thank Mr. Witt for his good deed. •

TRIBUTE TO CLYDE TERRY

• Mrs. SHAHEEN. Mr. President, today I wish to salute Clyde Terry for his many years of dedicated service and staunch advocacy on behalf of people with disabilities. Clyde is retiring from his longtime role as CEO of Granite State Independent Living, and he leaves a legacy worthy of our praise and our gratitude.

Granite State Independent Living—GSIL—is a nonprofit that breaks down barriers for seniors and people with disabilities and expands the training and support services available to them. Its mission is grounded in a firm belief that all people have a right to define their own level of independence. Under Clyde's leadership, GSIL has blossomed into an essential statewide organization with a \$17 million budget and several awards and accolades to its name, including Non-Profit of the Year Awards from Business NH Magazine, NH Business Review, and the Greater Concord Chamber of Commerce. Service offerings have grown as well to meet the aging, education, and employment challenges faced by so many across the Granite State.

Clyde has tapped into a wealth of experience to build GSIL into an expansive and responsive organization that remains committed to its founding principles of personal choice and direction. Before his tenure at GSIL, he was