

medical bills. Last week, the Judiciary Committee unanimously reported out legislation that would keep pharmaceutical companies from gaming the patent system. Our colleagues—or political candidates—can go on TV and try to spin the ObamaCare system all they want, but we are going to continue to work hard to make real meaningful changes to make our healthcare system better.

BORDER SECURITY

Mr. President, on another matter, we know that a record number of migrants is continuing to cross our southern border, and the impact on Texas communities—the State I represent—has been overwhelming.

Detention centers are over their capacities. Customs and Border Protection officers and agents are pulling double duty in their being law enforcement officers and caregivers to children, not because that is what they have been trained to do but because that is what they must do in order to take care of this flood of humanity. Nongovernmental and community organizations are unable to keep up with this pace of the thousands of people who have been coming across the border each and every day.

Before the Senate recessed for the Fourth of July week, which was about 10 weeks after the President requested emergency funds, we finally passed a bipartisan bill to send much needed humanitarian relief. It includes additional funding for the departments and agencies that have depleted their resources in trying to manage this crisis, and it makes \$30 million available in reimbursement for which impacted communities may apply—charges that should be the Federal Government's responsibility and not the local governments'. As I said, after some handwringing and delay, the House passed this bill, and the President signed it. I hope my constituents back in Texas who have been working tirelessly to manage this crisis will soon find some relief.

It is important to remember, though, that depleted funding isn't the reason for the crisis; it is only a symptom of a larger problem. In other words, we are dealing with the effects and not the cause of the basic problem. Without getting to the root cause, we are only setting ourselves up for failure, which means we will be back here in another couple of months and will have to pass another emergency appropriations bill for an additional \$4.5 billion to try to deal with the problem we can fix but have refused to.

Sadly, this issue has become so politicized that few are willing to reach across the aisle and find solutions, and most of the proposals we have seen are ultrapartisan. The Democrats who are running for President support things like decriminalizing illegal border crossings or providing free healthcare to undocumented immigrants, both of which are unpopular, unsafe, and completely unaffordable. The vast majority

of Americans oppose open borders and already struggle to manage their own bills. They certainly don't want to be burdened with the costs of people who enter our country illegally and don't pay taxes.

We don't need these radical proposals to solve the crisis at our southern border. Both in the short term and the long term, we need bipartisan solutions that can provide some real relief. If we want to get to the root of the crisis and avoid making emergency funding bills the norm, we need to get down to brass tacks and talk about real reforms that, No. 1, will fix the problem and, No. 2, will stand a chance of actually becoming law.

Right now, there is only one bill, to my knowledge, that has bipartisan and bicameral support, and that is a bill called the HUMANE Act. I introduced this bill with my Democratic friend in the House, HENRY CUELLAR, to address the humanitarian crisis at the border.

First and foremost, the HUMANE Act includes important provisions to ensure that migrants in our custody receive proper care. It requires the Department of Homeland Security to keep families together throughout their court proceedings, and it includes additional standards of care. Beyond suitable living accommodations, the HUMANE Act requires each facility to provide timely access to medical assistance, recreational activities, educational services, and legal counsel.

It would require all children to undergo biometric and DNA screening so family relationships could be confirmed so as to ensure these children would be, in fact, traveling with their relatives rather than with human smugglers or sex traffickers.

In order to better protect children who would be released to Health and Human Services, this bill would place prohibitions on certain individuals who could serve as guardians. For example, no child should be released into the custody of a sex offender or a human trafficker. I would hope we could all agree on that.

In addition to improving the quality of care for those in custody, the HUMANE Act would improve the ways migrants would be processed. It would require the Department of Homeland Security to establish regional processing centers in high-traffic areas, which would serve as a one-stop shop by which the process would take place. This was a recommendation from the bipartisan Homeland Security Advisory Council. It would also alleviate the long wait times that are experienced by many asylum seekers. These centers would have personnel on hand from across the government to assist, including medical personnel and asylum officers.

In addition to these changes, the legislation would also include provisions to make some commonsense improvements, such as additional Customs and Border Protection personnel and training for CBP and ICE employees who work with children.

The HUMANE Act would make much needed reforms to improve the processing and quality of care for migrants. Importantly, it would also take steps to address the flow of those who enter our country by the tens of thousands each month.

I spend a lot of time talking to folks who live and work on the border about the status quo and what we need to do to prevent this crisis from becoming even bigger. The most common feedback I get is that we need to close the loopholes that are being exploited by the people who are getting rich off of trafficking in human beings from Central America, across Mexico, and into the United States.

One of the most commonly exploited loopholes is something called the Flores settlement agreement, which was created to ensure that unaccompanied children don't spend long periods of time in the custody of the Border Patrol. It was and remains an important protection for the most vulnerable people who are found along our border. It also ensures they can be processed and released to either relatives or to the Department of Health and Human Services pending the presentations of their cases before immigration judges when they claim asylum. Yet a misguided 2016 decision by the Ninth Circuit effectively expanded those protections from children to families.

One thing I can say with some certainty is that human smugglers and traffickers are not fools; they are entrepreneurs. They are twisted and criminal, to be sure, but they are entrepreneurs. They know how to exploit the gaps in our system, and they know how to make money while doing it. They know, if adults are traveling alone, they could be detained for long periods of time before they are eventually returned home after presenting their cases before immigration judges. So now, rather than there being single adults who arrive at the border alone, adults are bringing children with them so they can be processed as family units, thus taking advantage of that expansion of the Flores settlement agreement and drawing out the process to the point at which it overloads the system. They realize they can bring a child—any child—and pose as a family so they will be released after 20 days, never to be heard from again.

We have seen a massive increase in the number of families who have been apprehended. In May of 2018, roughly 9,500 families were apprehended. In May of this year, the number skyrocketed to more than 84,000. So, in just 1 year, it went from 9,500 to 84,000. Now, are legitimate families crossing the border? Absolutely. Yet we know many of these people who claim to be related are fraudulent families who use innocent children as pawns to gain entry into the United States. Something that nobody wants to talk about is, often, these children are abused and assaulted along the way, and many arrive at the border in critical health.

If we care about the welfare and the lives of these children, we cannot let these practices continue. It is unfair not only to these children but to the American people and to the immigrants who have waited patiently to enter the United States legally for people to be able to game the system, move to the head of the line, and break all the rules while doing it.

The HUMANE Act would clarify that the Flores agreement applies only to unaccompanied children. It would also provide greater time for processing and immigration proceedings to take place before a family is released from custody.

Eliminating this pull factor is an important way to stop the flow of those illegally entering our country because they know how to game the immigration system.

While the HUMANE Act will certainly not fix every problem that exists in our broken immigration system, it is an important start. It is a necessary start. It is the only bill pending before the Congress that is bipartisan and bicameral, and I would encourage all of our colleagues who are serious about our responsibilities to get to the root of this humanitarian crisis to join us and get this passed and sent to the President for his signature.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

AFFORDABLE CARE ACT

Mr. Kaine. Mr. President, I rise today in support of the Affordable Care Act and to discuss the devastating impact its potential elimination would have on rural families and rural communities.

My State, Virginia, has so many rural communities, and in that, I am with every other Member of this body, and I want to talk specifically about them.

The Trump administration has sought for years to end the Affordable Care Act using every tool available. They have worked on that task here in Congress to repeal it and sabotage it and even dismantle it in the court system. Today marks another milestone in that deeply troubling effort.

The U.S. Fifth Circuit Court of Appeals will hear oral arguments in a case that could strike down the Affordable Care Act in its entirety. If the ACA were struck down, families and communities around the country would bear life-altering consequences, and the healthcare system would be thrown into chaos. Tens of millions of Americans would lose healthcare coverage and protections for preexisting conditions, among the countless other consumer protections that have been put in place by the ACA.

A number of my colleagues are going to be on the floor this afternoon speaking about particular aspects of this that trouble them. I want to focus on one in particular: how important the Affordable Care Act's Medicaid expansion is to rural America and how much

is at stake for those communities should the Affordable Care Act be eliminated.

Medicaid expansion enables low-income, rural residents to get affordable, quality health insurance so they can get the care they need. It is often the case that insurance companies do not compete with the same intensity in rural communities because there are just not enough patients. So it is common in rural America for somebody wanting to buy an insurance policy on the exchange, for example, to maybe have only one option. Medicaid expansion has turned out to be a huge benefit for many low-income people living in rural America. Many of those who are receiving insurance pursuant to Medicaid expansion were previously uninsured, and so for some, it is the first insurance they have had in their lives.

A particular impact of Medicaid expansion has not been on just individuals receiving that Medicaid but on the hospitals that are sort of the healthcare and even economic pillars in rural communities. Rural hospitals often have a difficult time making the finances work. Again, lower patient volumes make it difficult. Medicaid expansion has meant that the care they have been providing that in the past might not have been reimbursed at all—they are now able to at least get a Medicaid reimbursement, and that has been a significant financial benefit to these hospitals.

Mr. President, you understand this because your State is like mine, and there are a lot of rural communities. Rural hospitals are often the lifeblood of rural communities. They can be the largest employers in a town or a county. They often do a tremendous amount of outreach on healthcare and other philanthropic efforts not just within the hospital walls but outside the hospital walls—sponsoring the Little League teams and doing the things that make a community a community.

Residents of rural communities need access to healthcare, but they also need access to jobs and good healthcare information. Rural hospitals provide that.

I have seen the impact of rural hospital closures in Virginia firsthand. Two rural hospitals in Virginia closed in recent years because Virginia did not expand Medicaid initially. In the last year, Virginia has done Medicaid expansion, but before Medicaid expansion was done, we saw hospitals close in two communities in Virginia: Patrick County, which is a south side Virginia county that is on the border with North Carolina, and Lee County, which is a far southwestern Virginia county that is on the border with Kentucky and Tennessee. Two hospitals have closed in those communities.

I got a letter from a mother in Christiansburg, VA, which is actually up near Virginia Tech. Her name is Robin, and she wrote about the closure of the Pioneer Hospital in Patrick County in 2017.

She wrote this:

My mother who recently turned 70 still lives in the county, and we are approaching a point of either moving back to Patrick County or moving my mother to Christiansburg where we currently live. My son has severe food allergies that could lead to anaphylactic shock (which would require immediate medical attention) so this variable also weighs very heavily on my mind when considering the options of how to manage my family's land and take care of my mom. I don't want to live somewhere without access to emergency health care. It seems inconceivable that this is the case in the era in which we live now. . . . Please help get my home county back on the medical map to give its economy and its people a fighting chance.

Blacksburg is probably an hour and a half to 2 hours away. The mother is living in a county that now has no hospital—she has turned 70—so she doesn't have access to the care that she needs. The daughter is trying to decide: Do I move back? But I have a son who needs care because of allergies. Do I have to move my mother out of the home where she would rather stay?

Rural hospitals across the country are struggling to keep their doors open for a number of reasons, but here is an amazing set of statistics. Whether a State expands Medicaid pursuant to the ACA is a massively significant factor in rural hospitals' financial outlook and decisionmaking. Without Medicaid expansion, rural hospitals may be forced to cut vital services or even close. Here is the data point that really says it all: Since January 2010, 107 rural hospitals have closed in the United States, and 93 of those 107 hospitals were in States that had not expanded Medicaid at the time of the closure.

Hundreds more rural hospitals are at risk of closure. Rural hospital closures disproportionately occur in States that have not expanded Medicaid. The success of the Texas case would wipe out the ACA, including Medicaid expansion, and deeply penalize these rural hospitals.

A comprehensive 2018 study published in Health Affairs found that Medicaid expansion is directly associated with hospital financial performance and that expansion substantially reduces the risk of hospital closure, particularly in rural areas. The study also found that going back to pre-ACA eligibility for Medicaid would drive even more rural hospitals to closure.

So we think about Robin's dilemma of a mother living in a rural area where the hospital has closed. If the ACA is struck down and there is no Medicaid expansion, this is going to be faced by more and more rural communities across the country, and that means this is a dilemma individuals and their families will ultimately face.

Research from Georgetown University's Health Policy Institute indicates that the uninsured rate for low-income adults in rural communities fell three times as fast in States that expanded Medicaid as compared to States that did not expand. Turn that around.