

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.

States that expand Medicaid find that rural families have a dramatically higher likelihood of having insurance than those in rural areas where the States haven't expanded Medicaid.

As of now, 36 States, including Virginia, have expanded Medicaid and 14 have not. I am thrilled that earlier this year Virginia, after a multiyear battle, finally announced that Medicaid expansion was happening. In less than a year after expansion, nearly 293,000 adults are newly enrolled in Medicaid in Virginia, many of whom never had health insurance before in their lives—293,000 adults in a State where the population is about 8.5 million. That is a significant number of people who have received insurance through Medicaid expansion. They risk losing their eligibility if the administration is successful in its efforts to gut the ACA.

If we care about rural residents and rural communities, there are a number of things we can do.

First, we need to stand up against the administration's attempt to end the ACA, including its Medicaid expansion.

I have now been in public life for 25 years since I was elected to the Richmond City Council in May 1994. I will say that in all of the elections I have been in, up or down, and all the various legislative and other battles, the single most dramatic moment in my life as an elected official was standing on the floor of this body at 2 o'clock in the morning when Senator John McCain, fresh out of a hospital after being diagnosed with a glioblastoma brain tumor, cast the deciding vote, and by one vote—one vote—we saved the Affordable Care Act. I have never in my life in the public realm experienced something that was so dramatic and so consequential.

We have to continue to stand up. I would have thought that vote might have moved us to a new chapter where we would be talking about fixing and improving rather than repealing, but that is not the case, as evidenced by the lawsuit today. But my hope is that we will resist efforts to sabotage and destroy and instead join together in efforts to improve. I have joined with my colleagues to cosponsor a resolution allowing Senate legal counsel to intervene in the lawsuit, to defend the Affordable Care Act.

The second thing we can do to help rural communities is focus on the 14 States that haven't yet expanded Medicaid and provide them a clearer path and encouragement to do so.

I am proud to be an original cosponsor of something called the SAME Act, which would extend the same level of Federal assistance to every State that chooses to expand Medicaid regardless of when the expansion occurs. I think that is important.

Let's use the original Medicaid Program as an example. It was passed in 1965. It was not a mandate; it was an option. The last State—Arizona; State 50—that joined didn't join until 1982.

There was a 17-year period between when the first State joined the then-voluntary Medicaid Program and when the last State joined.

Let's make sure that whenever States join, they are treated the same. If this bill passes, States that choose to expand now—these 14 States—we would make sure that they get the full Federal level of assistance as was available to those States that initially joined, and that should help remaining States get off the sidelines.

Finally, we need to stand up against administrative sabotage to the Affordable Care Act. We shouldn't promote skimpy insurance plans. We shouldn't slash funding for enrollment, outreach, or marketing. We should build on and improve and, yes, fix—because it is not perfect—the ACA to extend its promise of affordable coverage to even more Americans.

That is why I have introduced Medicare-X legislation to establish a public insurance plan that could be offered on the ACA exchanges, beginning in rural areas. My bill would also make the ACA's tax credits more generous, expand tax credit eligibility to additional families, and allow for an enhanced reimbursement rate in rural communities where low patient volumes often pose financial challenges to healthcare providers.

In closing, the ACA has meant the difference between life and death for many families across the country, and I run into them every day.

I am going to be standing with some Senate colleagues on the steps of the Senate in a few minutes talking about a youngster from Winchester, VA, who has a series of significant healthcare challenges that would essentially in the past have made him uninsurable because of preexisting conditions but who now—because of that protection within the ACA, he and his family at least have the peace of mind of knowing that he can't be kicked off insurance or turned down for insurance because he happened to be born with a condition over which he had no control.

If the ACA were to be struck down, families and communities would suffer, and I think that in Virginia, that would particularly be the case in our rural communities.

Again, I am just going to hold up this issue of our rural hospitals. We need to protect rural hospitals not only because of the healthcare they provide but because they are employment centers and centers of community outreach. When we see the closure of rural hospitals overwhelmingly being in States that have not expanded Medicaid, that tells us how valuable that portion of the ACA has been to stabilize the provision of rural healthcare.

I will continue to fight to protect the ACA and the health of my rural communities in Virginia and elsewhere. I encourage my colleagues to do the same.

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

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

THE ECONOMY

Mr. THUNE. Mr. President, we received more good economic news on Friday with the announcement that the economy created 224,000 jobs in June.

Meanwhile, unemployment remained near its lowest level in half a century. June marked the 16th straight month that unemployment has been at or below 4 percent. That is a tremendous record.

June also marked the 11th straight month that wage growth has been at or above 3 percent. Before 2018, wage growth had not hit 3 percent in nearly a decade.

Friday's announcement was just the latest piece of good news about the economy. Thanks to Republican economic policies, the economy has taken off during the Trump administration. Economic growth is up, wage growth is up, personal income is up, and the list goes on.

Importantly, the benefits of this economic growth are being spread far and wide. One of the distinguishing features of the economic expansion that we have been experiencing is the way it has been reaching those who have trailed behind economically.

Over the past 3 years, pay hikes for the lowest income workers have exceeded pay hikes for the richest workers. Huge numbers of new blue-collar jobs have been created, and the employment situation for minorities has improved substantially.

The unemployment rates for Asian Americans, African Americans, and Hispanic Americans are all at or near record lows. The Wall Street Journal notes that "Nearly one million more blacks and two million more Hispanics are employed than when Barack Obama left office, and minorities account for more than half of all new jobs created during the Trump Presidency."

So where has all this economic progress come from? At the end of the Obama administration, 2½ years ago, the economic outlook wasn't too rosy. The economy was sputtering, and American families were struggling. Some were predicting that a weak economy would be the new normal.

Republicans, however, didn't agree with that. We knew that American workers and American businesses were as dynamic and creative as ever. But we also knew that burdensome regulations and an outdated tax code were holding our economy back and reducing the opportunities available to workers. So when we took office in 2017, we got right to work on improving