The Democrats have introduced the Central American Reform and Enforcement Act as a comprehensive response to our current border crisis. Let me tell you the highlights.

It addresses root causes in the Northern Triangle countries that drive migrants to flee. It cracks down on traffickers who are exploiting migrants. It provides for in-country processing of refugees and expands third-country resettlements so migrants can find safe haven without making that dangerous and expensive trip to our border. It eliminates immigration court backlogs so asylum claims can be processed quickly. It expands the use of proven alternatives to detention, like family case management, so immigrants know their rights and show up for court.

Democrats stand ready to work on smart, effective, and humane border security policies, but we need our Republican colleagues to condemn President Trump's cruel campaign against families and children and to work with us on a bipartisan basis.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

TREATIES

Mr. MENENDEZ. Mr. President, I am pleased, at long last, to speak on the floor today in support of four protocols amending the tax conventions between the United States and Spain, Switzerland, Japan, and Luxembourg.

I have long been a strong supporter and proponent of these tax protocols and worked to advance them across multiple Congresses. In the Senate Foreign Relations Committee, I voted to advance Japan and Spain protocols three times and voted four times to advance the protocols with Luxembourg and the Swiss Confederation. I am pleased that, after too many years of waiting, the majority leader has finally decided to take up these protocols.

I am a strong believer in the benefits these treaties provide our country. They play a critical role in relieving U.S. citizens and companies of double taxation, encouraging foreign investment in the United States, and enforcing U.S. tax law on those who seek to evade it. There are no downsides to these treaties.

As I conveyed directly to Secretary Mnuchin, the Treasury Department's initial interaction on these treaties without consulting the Foreign Relations Committee was completely inadequate. This botched effort resulted in a completely avoidable delay in taking up these four protocols. However, I am pleased that Treasury responded quickly to my concerns, including providing a written commitment on behalf of the administration that the Foreign Relations Committee chair and ranking member would be consulted on any changes to the model tax treaty prior to negotiations based on a new model or new model provisions. Therefore, I support moving the tax treaties as expeditiously as possible and urge my colleagues to support them.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MEDICARE

Mr. ALEXANDER. Mr. President, last month, during National Nurses Week, Ballad Health, a healthcare system in East Tennessee, announced it would be giving several thousand nurses a raise.

The head of Ballad Health announced a $10 million investment in pay increases for nurses.

He said: ''Our nurses and those who work with them in the provision of direct patient care are heroes . . . however, it is also true that . . . we face significant national shortage of these critical health care providers.''

Alan, the head of Ballad Health, said that his investment was, in part, because of a new rule proposed by the Trump administration in April.

This new rule will update the formula that determines how much Medicare will reimburse hospitals for patient care. The formula takes into account, among other things, the cost of labor in that geographic area called the area wage index.

This new rule attempts to level the playing field between hospitals in areas that have higher wages, and therefore are reimbursed at a higher rate than hospitals in areas with lower wages.

The Centers for Medicare and Medicaid Services Administrator, Seema Verma, wrote in a recent op-ed in The Tennessean in Nashville:

> Many stakeholders have raised concerns that the Medicare hospital payment system disadvantages many rural hospitals. Our proposed rule brings payments to rural and other low-wage hospitals closer to their urban neighbors.

I say this standing in the Senate Chamber, where we have the chairman and the ranking Democrat on the Agriculture, Nutrition, and Forestry Committee—two experts on rural areas and rural hospitals in our country.

In recent years, too many rural Americans have seen their local hospital close and their doctors leave town.

Since 2010, 107 rural hospitals have closed across 28 States and another 637—about one-third of all rural hospitals—are at risk of closing.

In Tennessee alone, 12 rural hospitals have closed since 2010.

A recent survey by the Robert Wood Johnson Foundation and the Harvard School of Public Health found that one in four Americans in rural areas couldn't access healthcare when they need it.

This new rule will help rural hospitals keep up with the cost of providing care and keep those hospitals open.

Alan from Ballad Health said: ''This proposed change indicates that Washington finally understands that rural health systems, like ours, have been historically unable to keep up with the real cost growth of nursing and other direct care providers.''

Craig Becker, who leads the Tennessee Hospital Association, wrote in The Tennessean earlier this month that this rule ''is good news for our State's hospitals and will provide much-needed relief to many of them, especially those in rural areas'' and that the rule ''finally will address the significant inequities in the Medicare area wage index—the first meaningful effort by any administration to address this flawed system.''

This new rule from CMS will help ensure Americans can access healthcare close by to their homes by leveling the playing field between urban and rural hospitals that rely on the Medicare hospital payment system.

Last month, the Senate Health, Education, Labor, and Pensions Committee, which I chair and Senator MURRAY of Washington State is the ranking Democrat, approved, by a vote of 20 to 3, a bipartisan package of 55 proposals from 65 Senators to lower healthcare costs that will help rural Americans.

For example, the legislation would ban anticompetitive terms that large hospital chains sometimes use in contracts with employers, such as the so-called all-or-nothing clauses. These clauses increase prices for employers and patients and can block healthcare plans from choosing hospitals based on the care quality, the patient experience, or one hospital's competitive pricing.

Banning all-or-nothing clauses will help level the playing field for smaller, independent hospitals who are not part of a large corporate chain.

Another provision in the Lower Healthcare Cost Act of 2019 will expand technology-based healthcare to help Americans in rural areas have access to specialty care.

I hope the Trump administration and CMS Administrator Verma will quickly finish this rule and give Americans better healthcare choices and outcomes at lower costs, especially in our rural areas.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, before our distinguished leader and chairman of the Health, Education, Labor, and Pensions Committee leaves, I want to thank him for his hard work.

Having grown up in a small, rural community in Northern Michigan, I

can speak directly to how important healthcare services are. My mother was director of nursing at a small hospital, and I know, since that time, they have gone through many changes, barely holding on to the hospital. We have had a number of hospital closings and consolidations.

There is important work that has happened in the health community. I want to congratulate the distinguished chairman and also indicate that the Presiding Officer and I, as we were doing the farm bill—it is my honor and privilege to work with the Presiding Officer—we were part of the solution, including language on telehealth in rural development to actually help expand services, and I think telehealth is an important way to do that as well.

I thank the chairman for his comments.

PRESCRIPTION DRUG COSTS

Mr. President, 2 weeks ago, people in Michigan and across the country were getting ready to celebrate the Fourth of July.

Families were deciding what to take on picnics and planning a day on the water, particularly if you were in Michigan, on the Great Lakes, and were finding the very best possible place to watch the community fireworks display—and we have many great fireworks displays.

So what were drug companies doing to celebrate?

Well, nothing so wholesome, I am afraid. Instead, they were raising prices on prescription medications—prices that are already the highest in the world.

People in the United States have the highest prices in the world. Happy Independence Day.

On July 1 alone, just 1 day, 20 companies ratcheted up the price of 40 of their prescription drugs by an average of more than 13 percent—just in 1 day.

Those companies aren't alone. Already this year, prices have gone up for more than 3,400 different medications. The average price hike was five times the rate of inflation.

I know families in Michigan, seniors in Michigan, would love to have their incomes, their wages go up five times the rate of inflation, but that certainly didn't happen. It is getting harder and harder for the average Michigan family to afford the medications they need to get and stay healthy, and I know that is true all across the country. I know because I hear about it every day.

I know we hear these stories every day. I hear this from friends and family and certainly people as I am moving and traveling throughout Michigan. Some folks skimp on groceries—it is still happening today—or put off paying their electric bill or their gas bill. Other people take their heart medication every other day instead of every day, which, by the way, is dangerous to do. Still others cut back on insulin, putting their lives at risk. We had testimony before the Finance Committee from a mom whose son did that and lost his life.

Perhaps nobody has been hurt more than our seniors. Seniors tend to live on fixed incomes, as we know—pensions and Social Security. They also tend to have more medications than younger people, and costs quickly add up.

In 2017 alone, the average price of brand-name drugs that seniors often take rose at four times the rate of inflation, according to AARP—four times the rate of inflation in 1 year—for the average medication a senior citizen is using. That is one of the reasons why 72 percent of seniors in a recent poll said they are very concerned about the cost of their medications.

It is absolutely shameful that people in America, one of the richest countries in the world, are going without the medicine they need to survive. We can fix that. This does not have to happen.

I have always believed healthcare is a basic human right and that it includes medicine. Over and over again, I say on the Senate floor: Healthcare is not political. For a senior, for a family, for a child, it is personal. It is personal.

We need to do something about it, and the No. 1 way we know we can bring prices down is to let Medicare negotiate—let Medicare negotiate—for prescription drugs. Harness the full power of tens of millions of seniors and people with disabilities across the country who are on Medicare to bring down the prices.

We know negotiation can work because it works for the VA. We know that. The VA—Veterans' Administration—is allowed to negotiate the price of prescription drugs and, on average, saves 40 percent—40 percent—compared to Medicare.

In fact, if Medicare paid the same prices as the VA, it could have saved $14.4 billion on just 50 of the most commonly used drugs in 2016 alone—in 1 year, $14.4 billion on just 50 commonly used medications. This is according, again, to the AARP.

So what is stopping us?

Well, we have the biggest lobby in the world called the pharmaceutical lobby in DC. The fact is, in 2018, there were 1,451 lobbyists for the pharmaceutical and health product industry. That is almost 15 for every 1 of us as Senators.

Their job—and they do it extremely well—is to stop competition and to keep prices high.

Back in 2003, Medicare Part D was signed into law. I had worked very hard as a new Member of the Senate to have Medicare cover prescription drugs, but in the end, they blocked Medicare from harnessing the bargaining power of 43 million American seniors in order to bring down prices. Unfortunately, our Republican colleagues supported that.

Sixteen years later, pharmaceutical companies are still doing everything they can to put profits before people. One of those people is Jack, who lives in Constantine, MI, and was diagnosed with cancer late last year.

Imagine being told you have cancer and then being told the drug you need to treat it is going to cost you $15,000 the first month—$15,000. Jack was lucky. A generic drug became available. However, that drug still cost $3,400 the first month and $400 every month after that. That is about $8,000 a year. In Jack's words, it is an ''extreme hardship''—$8,000 a year—trying to figure out how to be able to have your cancer medication so you can continue to live.

Jack added: ''I hope and pray you and your colleagues on both sides of the aisle would be able to get something done.''

We can get something done, and we can do it quickly. The best thing is to let Medicare negotiate and harness the bargaining power of 43 million people. There are various proposals that are good proposals and are being talked about. We can cap increases, but that doesn't cut prescription drug costs right now. If we are going to seriously talk about making medicine affordable and do it the right way—do it the right way and the way we know that will work—it is about letting Medicare negotiate. Let Medicare negotiate.

I think it is time to take Jack's advice. We need to work together. We need to put people above profits. We need, very simply, rather than moving the chairs around on the *Titanic*, to harness the bargaining power of 43 million Americans and get the best price for them. They deserve it.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative 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. CRUZ). Without objection, it is so ordered.

BORDER SECURITY

Mr. CORNYN. Mr. President, last Friday I joined the Vice President of the United States and a number of our colleagues on the Senate Judiciary Committee for a trip to the Rio Grande Valley and, specifically, to McAllen, TX.

The Rio Grande Valley Sector, headquartered in McAllen, is ground zero for the humanitarian crisis on our southern border. I know some of our colleagues refused to acknowledge that this was indeed a humanitarian crisis on our border, but that seems to have waned in recent days in light of the overwhelming evidence. In fact, in 2014 President Obama himself called it a humanitarian and security crisis, and it has gotten nothing but worse.

Of all the sectors, it is head and shoulders above the rest in terms of apprehensions of people trying to enter the country illegally. In fact, 46 percent of all apprehensions along the southern border last month occurred in the Rio Grande Valley Sector. Across