

who warned of debt and how our national debt could damage our economy and our national security.

Two years ago, my Republican colleagues passed a partisan tax giveaway, drafted behind closed doors, with no—with no—public input from Montanans or anyone else in this country. They promised that this tax giveaway would pay for itself, but it did not. Let me say that one more time. They promised the tax giveaway would pay for itself, but guess what. Just like the previous ones, it didn't.

Instead, it tacked about \$2 trillion onto our national debt, and it is another example of why we can't get our books in order—because we have a shortsighted fiscal approach that makes us the first generation to inherit from our parents and borrow from our kids.

My colleagues made campaign promises to tackle this debt. As a Congressman—as a Congressman—Mick Mulvaney, who happens to be the President's Chief of Staff, pledged to eliminate it, but this White House has done just the opposite.

As we stand here today, the debt has exploded to more than \$22 trillion, and it continues to climb higher every day, despite the country being in the middle of the longest period of economic expansion in our history.

Now, I am going to tell you it is one thing to run a deficit when you are in a recession—it is necessary to bring the economy back—but when you are in the longest period of economic expansion in this country's history, we should be paying down that debt, and we are not. We are adding to it as if we were in a recession.

Running trillion-dollar deficits during times of growth like this one, and everybody in this body knows it, puts the economy on a sugar high. It feels good now, but we all know it is not sustainable, and a crash is inevitable.

The same folks who voted to pile \$2 trillion onto the deficit now argue—some of them—that we cannot find the money to provide our veterans with the healthcare they have earned. They say we need deep cuts—deep cuts—into Medicaid and Social Security and other programs that many folks have paid into for their entire life, but yet we are going to cut them.

I have known, and we all know, that budgets and spending are about priorities, and it is clear that Congress's priorities are out of whack.

You wouldn't know it from watching C-SPAN, but it is possible to be fiscally conservative without cutting working folks off at the knees. I know this because, as president of the Montana Senate, I negotiated and passed a balanced budget because the State constitution requires it. Since coming to the U.S. Senate, I have led a push to add a constitutional amendment requiring that Congress pass a balanced budget.

Now, look, we all know it can't be done overnight, but in a measured ap-

proach, with bipartisan cooperation, we can at least get headed in the right direction. There is no reason why we cannot make smart investments in working families, our kids' education, 21st century infrastructure, and the other needs across this country without bankrupting future generations. Folks in the Treasure State know that, and Washington, DC, needs to know that too. It is time for Congress to follow Montana's lead.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Madam President, I ask unanimous consent to speak for as much time as I may require.

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

#### HEALTHCARE

Mr. ALEXANDER. Madam President, I often recommend to Tennesseans that they look at the U.S. Congress as if it were a split-screen television set.

Here is what I mean by that. During the last month, on one side of the screen you saw the usual Washington, DC, turmoil—Trump versus the squad, Mueller testifying, impeachment votes, battle over the border, Presidential candidates posturing, and of course the daily tweets.

On the other side of the screen was the President and congressional leaders agreeing to a 2-year budget that will strengthen our military, help our veterans, fund research for medical miracles, fund research for our National Laboratories, support our national parks, and save taxpayers a boatload of money by providing stability in funding.

I might add that this part of the budget—31 percent of the budget—is not the part of the budget that is creating the budget deficit. This part of the budget that we will be voting on tomorrow has gone up at about the rate of inflation for the last 10 years and is projected by the Congressional Budget Office to go up at about the rate of inflation for the next 10 years.

It is the entitlement part of the budget that is the problem, which is why I am voting for what the President and the congressional leaders have recommended, but then also on that side of the screen, away from the Washington, DC, turmoil, there was another story, which is the story I want to talk about today.

During that last same month, three Senate committees, by my count, made more than 80 bipartisan proposals, sponsored by at least 75 U.S. Senators of both political parties, to reduce the cost of healthcare that Americans pay for out of their own pockets.

On June 26, after 17 hearings, 6 months of work, recommendations from 400 experts, our Health Committee, which I chair and of which Senator PATTY MURRAY, the Democrat from Washington State, is the ranking member, voted 20 to 3 to recommend to the full Senate 55 proposals from 65 Senators that would end surprise med-

ical billing, increase transparency so you can know the cost of your medical care—you can't lower your healthcare costs if you don't know your healthcare actually costs—and increase competition to reduce the cost of prescription drugs.

The next day after our Health Committee reported that legislation, the Judiciary Committee, headed by Senator GRAHAM and Senator FEINSTEIN, reported out 4 proposals from 19 Senators that would reduce prescription drug costs by banning anticompetitive behaviors by drug manufacturers and helping the Federal Trade Commission to block those who game the citizen petition process to delay generic drugs and biosimilars.

Then, last Thursday, the Finance Committee—this one headed by Senator GRASSLEY and Senator WYDEN—by a vote of 19 to 9, reported more than two dozen additional bipartisan proposals also aimed at reducing the cost of prescription drugs.

That is not all. The House Energy and Commerce Committee has passed its own solution to surprise billing.

Last Thursday, Senator MURRAY's staff and I met with Representatives FRANK PALLONE and GREG WALDEN, the leaders of the House Energy and Commerce Committee. The four of us agreed to work together to lower healthcare costs.

All of this work is consistent with what Secretary Azar and the President have been saying and doing to lower prescription drug costs and increase transparency.

For example, last week, after the Finance Committee released its legislation, the White House said it "is encouraged by the bipartisan work of Chairman GRASSLEY and Senator WYDEN to craft a comprehensive package to lower outrageously high drug prices, and today we are engaging with coalitions to help build support." That is from the White House.

Here is why this amount of activity is, in so many ways, such a good sign for the American people. In our committee, what we have seen before with fixing No Child Left Behind, 21st Century Cures Act, last year's response to the opioid crisis—the last of which occurred, by the way, while on the other side of the split-screen television was the acrimonious Kavanaugh confirmation hearing—what we have seen with these recent new laws I just mentioned is that when that many Senators and that many Congressmen of both political parties go to work together on a big issue that affects millions of American people, there is likely to be a result that affects the American people.

In other words, I believe legislation to end surprise medical billing, increase transparency, and lower prescription drug costs is looking like a train that will get to the station when Congress reconvenes in September, and well it should.

The cost of healthcare is Americans' No. 1 financial concern, according to

Gallup, and at one hearing before our Health Committee, experts from the National Academy of Medicine testified that up to half of what our country spends on healthcare is unnecessary.

That is such a startling fact that I sat down then with Senator MURRAY and with Senators GRASSLEY and WYDEN and with Senators GRAHAM and FEINSTEIN, and I said to the leaders of those committees: Surely, if the experts say that half of what we are spending is unnecessary, Democrats and Republicans can find some things we can agree on that reduce the cost of what we pay for healthcare out of our own pocket, and we have.

The work of these three committees, more than 80 proposals from 75 Senators, is the result of that work over the last 6 months.

Let me say a word about perhaps the most visible proposal in the Health Committee's bill. Surprise medical billing is one of the most urgent problems that the House, the Senate, and the President are trying to fix.

After about 20 percent of all emergency room visits, patients are surprised a few months later to receive an unexpected bill. It could range from \$300 to \$3,000 to \$30,000. This happens because patients see a doctor they didn't choose, either because of emergency care at an out-of-network hospital or because an out-of-network doctor, not chosen by the patient, treats them at an in-network hospital.

In his State of the Union Address and again at a White House event in May, President Trump called for an end to surprise billing. At the event, he gave me a copy of this medical bill, which we have enlarged on this chart. It was a bill sent to Liz Moreno, a Texas college student who had back surgery, and during a postsurgery followup visit, her doctor ordered a urine test. A year later, this bill showed up: \$17,850 for a urine test. That is about the price of a new Nissan Sentra. The bill was sky high because the lab that ran the test—a lab Liz did not choose—was considered out of network by her insurer.

Take Drew Calver, a Texan who told the President his story about getting \$110,000 in bills—the emergency room he was rushed to during his heart attack was out of network and so were the doctors who treated him.

That day, the President said: "For too long, surprise billings . . . have left some patients with thousands of dollars of unexpected and unjustified charges. . . . So this must end."

The Lower Health Care Costs Act the Senate Health Committee passed last month by a vote of 20 to 3 would have protected Liz and Drew from receiving those surprise bills. Here is how it works: Insurance companies would pay out-of-network doctors a local, market-driven benchmark rate, which would be the same local, market-based rate that insurers negotiated with doctors who agreed to be in network. Obviously, this would have saved Liz and Drew because they wouldn't have gotten a surprise medical bill.

The Congressional Budget Office says that by ending surprise medical billing, this approach would generally lower health insurance premiums. CBO also estimates that the approach would save taxpayers \$25 billion over the next 10 years.

Based on data from Kaiser, only about 5 percent of doctors at 10 percent of hospitals send most of these surprise medical bills. So our solution primarily affects those doctors whom patients have little control over choosing—anesthesiologists, radiologists, pathologists, emergency room doctors, and neonatologists. It does not affect doctors whom a patient can choose, such as cardiologists or primary care doctors or pediatricians. In fact, the American Academy of Family Physicians, representing primary care doctors, supports our Lower Health Care Costs Act that ends surprise medical billing.

Over the 17 hearings our Health Committee conducted in developing our legislation, we heard many stories about surprise billing. Here are a few.

Todd, a Knoxville father who wrote me, took his son to the emergency room after a bicycle accident. Todd was surprised when a few months later he received a bill for \$1,800—because, even though the emergency room was in network, the doctor who treated his son was not.

Ahead of the birth of their first child, Danny and his wife Linda, from Georgia, chose an in-network doctor and hospital. Of course, they thought their insurance would cover their bills. When Luke was born 3 weeks premature, he had to spend 11 days at the in-network hospital's neonatal care center. In the weeks after Luke went home, \$4,279 in bills were sent to Danny and Linda because the neonatal care center, located in their in-network hospital, was out of network.

Carrie Wallinger, from Phoenix, AZ, received a \$9,000 surprise medical bill after going to an in-network emergency room after her dog bit her finger. The doctor who came to stitch up her finger was from an out-of-network facility, and so she got an unexpected \$9,000 surprise bill.

A South Carolina woman who had to have an emergency C-section received a \$15,000 bill from an out-of-network anesthesiologist.

Usually when you are being wheeled into an emergency room for an emergency operation, you are not thinking about choosing a doctor, and you are not interviewing them about whether they are in network or out of network.

In Texas, after an ATV crushed his arm, Dr. Naveed Khan, a radiologist, needed advanced medical care. The cost of a 108-mile trip in an out-of-network helicopter cost \$44,631.

Nicole Briggs, from Colorado, had emergency surgery to remove her appendix at an in-network hospital. She owed \$4,727 because the surgeon was out of network.

In Mississippi, Stacy White took her husband to the emergency room at an

in-network hospital. The emergency physician who saw her husband was out of network, and to her surprise, they received a bill for \$2,700.

West Coz, a 3-year-old with a 107-degree fever, was airlifted from a small community in West Virginia to a more advanced hospital 75 miles away. His parents were left with a \$45,000 bill for the helicopter.

In Maine, the State representative who sponsored a bill to protect patients against surprise bills received a several-hundred-dollar bill himself because the radiologist who read his daughter's x-ray was out of network even though he took his daughter to an in-network hospital.

There are many more stories I could tell, but the bottom line is, in each case, this happened because the patient almost always had little choice. If you don't have choice, then you really don't have a functioning market. It is a market failure.

One reason for the uptick in surprise bills is that this market failure is now being exploited by private equity firms. Oftentimes, hospitals will contract with a company to staff their emergency rooms and hospitals. These companies will handle billing, manage schedules, and hire doctors to staff the hospital emergency room.

Here is some research done by Yale economist Zack Cooper. He found that two of the leading staffing companies—both backed by private equity firms—significantly increase the rate of out-of-network billing in a hospital once the firms are hired.

In the case of one of the physician staffing companies that Cooper studied, a large insurer's data showed that the cases of surprise billing increased by 100 percent at six different hospitals once this physician staffing firm took over those hospitals' emergency rooms.

In a New York Times article, Cooper described the 100-percent jump in surprise bills once these private equity-backed staffing companies entered by saying it was "almost . . . like a light switch was being flipped on."

In Axios, Cooper said: "If you're willing to engage in some fairly unsavory billing practices, (these services) could be quite lucrative. . . . That's just discouraging, and it makes people want to go to single payer." These surprise bill abuses make Americans want to go to single payer.

Our goal is to protect patients, not private equity firms and companies that are taking advantage of patients. Surprise medical bills are one of the most visible problems for the 180 million Americans who get their health insurance on the job.

When growing numbers of patients are receiving surprise medical bills that could bankrupt their families, it is time for Congress to act. If Congress can't fix such an obvious market failure in healthcare, pressure will only grow for a radical Federal takeover of healthcare that will take away private insurance from the 180 million Americans who get insurance on the job and

leave patients with less choice, fewer doctors, and worse healthcare.

Avik Roy wrote in *Forbes* that “if we do nothing [to address surprise medical bills], the problem will get far worse. If we do something that is too incremental, we’ll pat ourselves on the back and then be forced to revisit the problem in a few years. Americans deserve market-based alternatives to single-payer health care. Without reform of exploitive hospital prices, we’ll never get there.”

Americans want to be mindful consumers of healthcare. When Todd, the Knoxville father, wrote me, he said: “If I’m expected to be a conscientious consumer of my own health care needs, I need a little more help.” In other words, he needs for Congress to end surprise medical bills.

It is unacceptable to say to patients that, even by paying their premiums every month, even by researching and choosing in-network hospitals and doctors, they may be on the hook for thousands of unexpected dollars because of a surprise bill over which they had no control.

At least 75 Senators and the President of the United States have made it clear that our intent is to end surprise billing and to reduce what Americans pay out of pocket for their healthcare. When Congress reconvenes in September, I would encourage all of my colleagues to support these efforts to reduce healthcare costs.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

TRUMP ADMINISTRATION

Mr. VAN HOLLEN. Mr. President, I am here on the Senate floor today with my friend and colleague, the senior Senator from the State of Maryland, Mr. CARDIN, and I think we both agree that we would rather not be here today to talk about this subject. But I feel compelled to come to the Senate floor today because, in my view, we have a duty to speak out when the President of the United States of America engages in conduct that brings dishonor and disgrace to the Office of the Presidency. That is what we witnessed, once again, over the weekend when President Trump unleashed a torrent of personal, nasty, and racist attacks on Congressman ELIJAH CUMMINGS and the city of Baltimore, and President Trump has continued his poisonous barrage for days.

Congressman CUMMINGS can defend himself. He grew up having to confront racist bullies. In the face of these attacks, he has shown great strength and great integrity—the same strength and integrity he has brought to his efforts to fight for his dear city of Baltimore, his entire congressional district, and his constituents over many years.

Baltimore is a great American city with great people, great spirit, and great heart. Yes, of course, Baltimore faces many challenges. It is facing those challenges with determination, with unity, and with grit. The Presi-

dent’s attacks on this great American city have only served to rally the people of Baltimore, the people of Maryland, and, in fact, the people of the United States of America to support the city and the people of Baltimore.

Mr. President, I ask unanimous consent to have printed in the *RECORD* an op-ed that appeared in the *Baltimore Sun* today entitled “Baltimore leaders: ‘Proud not only to be in Baltimore, but of Baltimore.’”

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

[From the *Baltimore Sun*, July 30, 2019]

BALTIMORE LEADERS: ‘PROUD NOT ONLY TO BE IN BALTIMORE, BUT OF BALTIMORE’

(By Ronald J. Daniels and Kevin Plank)

We are proud and privileged to call Baltimore home. Baltimore is a city of creativity, optimism, and determination. Home to leading public and private research universities, world-class medical institutions, and a diverse business community, Baltimore is a city where both artists and start-ups thrive. From creating one of the nation’s first racially integrated library systems to producing today’s modern medical and technological breakthroughs, our city has a proud legacy of leadership in improving lives and setting a national example for a stronger tomorrow. It’s no wonder we are often named as a place where millennials are moving and staying. This is a city where people not only want to live, but love to live.

That is why we, as leaders of 10 of Baltimore’s anchor institutions, reject the recent unfair and ungenerous characterizations of our great city and its region. Like so many cities across America, Baltimore is a place of paradox, at once vibrant and full of promise and yet also burdened by the weight of generations of racial and economic inequities, deindustrialization, and disinvestment. Like other cities of our size and history, we face urgent challenges with crime, housing equity and our education system. But like all Americans, Baltimoreans deserve respect, support and steadfast partnership from elected officials at every level.

Baltimore is not and will not be defined by our challenges. What defines us is that we continually meet those challenges with resilience and persistence, that we invest in innovation for Baltimore and for the nation, and that we harness the talent of so many exceptional individuals to create opportunity not for the few, but for the many.

Baltimore’s remarkable people include icons past and present like Supreme Court justice Thurgood Marshall; the longest serving woman in Congress, Sen. Barbara Mikulski; and Rep. Elijah Cummings, outspoken advocate for all his constituents, from west Baltimore to Catonsville and beyond. These leaders are known not only for their deep commitment to our city and communities, but for their stature and public service on the national stage.

We see the promise of Baltimore because we are fortunate to work, serve and live here, alongside our colleagues, employees, students and neighbors. Such promise is proven daily in our shared commitment to our city’s growth and the success of its residents. Baltimore fosters talent in its strong academic institutions and has seen rising venture capital investment in its businesses—a testament to the dynamism and innovative spirit of our businesses large and small. Our leading businesses and non-profits, called upon and supported by our vibrant faith community, launched BLocal, a targeted economic investment and community

development plan that over three years has invested more than \$280 million and hired more than 1,700 Baltimore residents in underserved neighborhoods. BLocal expresses to the fullest the deep and long-term investment of the city’s anchor institutions.

We never move forward as a community—or indeed, a nation—by denigrating each other. Nor does it serve any of us to demean a vibrant city and its citizens who exemplify those most American of qualities: can-do optimism, grit and creativity.

Justice Thurgood Marshall wisely counseled that “In recognizing the humanity of our fellow beings, we pay ourselves the highest tribute.” And as this city has shown, time and again, when we work together, we rise together. For this and so many reasons we are proud not only to be in Baltimore, but of Baltimore.

Mr. VAN HOLLEN. This is signed by many of the leaders in our community, including the President of Johns Hopkins University; the head of Under Armour, a great American company; the head of a number of major companies in the city of Baltimore; the Casey Foundation; Morgan State University, a great HBCU; Eddie Brown, one of our great civic leaders; and many other leaders of Baltimore—diverse leaders who have come together to stand up with pride for the city of Baltimore.

I would like to read to the Senate what they say in the first paragraph:

We are proud and privileged to call Baltimore home. Baltimore is a city of creativity, optimism, and determination. Home to leading public and private research universities, world-class medical institutions, and a diverse business community, Baltimore is a city where both artists and start-ups thrive. From creating one of the nation’s first racially integrated library systems to producing today’s modern medical and technological breakthroughs, our city has a proud legacy of leadership in improving lives and setting a national example for a stronger tomorrow.

I want to pay particular attention to these next sentences:

It’s no wonder we are often named as a place where millennials are moving and staying. This is a city where people not only want to live, but love to live.

If you come to Baltimore today, you will, in fact, find lots of young people from other parts of the country coming to settle, work, and raise their families in this great American city. The President may say that nobody wants to live in Baltimore, but the facts show a very different story about young people—young people who understand that they have a great future in Baltimore and are moving to that great city.

Of course, it is true that Baltimore faces a series of problems. In Baltimore we have had a legacy of racial discrimination and segregation.

I would like to read from yesterday’s editorial in the *Baltimore Sun*.

Mr. President, I ask unanimous consent to have printed in the *RECORD* the editorial from the *Baltimore Sun*, dated July 29, 2019.

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