

31, 2018, and the vital role of the United States-Japan alliance in promoting peace, stability, and prosperity in the Indo-Pacific region and beyond;

(2) underscores the importance of the close people-to-people and cultural ties between our two nations;

(3) calls for the strengthening and broadening of diplomatic, economic, and security ties between the United States and Japan; and

(4) further calls for the continued cooperation between the Governments of the United States and Japan in addressing global challenges that threaten the security of people everywhere in the new Reiwa era of “beautiful harmony”.

Mr. CASSIDY. Madam President, I ask unanimous consent the resolution be agreed to, the committee-reported amendment to the preamble be agreed to, the preamble, as amended, be agreed to, and that the motions to reconsider be considered made and laid upon the table.

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

The resolution (S. Res. 183) was agreed to.

The committee-reported amendment to the preamble was agreed to.

The preamble as amended was agreed to.

(The resolution, with its preamble, is printed in the RECORD of May 2, 2019, under “Submitted Resolutions.”)

REAFFIRMING THE STRONG PARTNERSHIP BETWEEN TUNISIA AND THE UNITED STATES AND SUPPORTING THE PEOPLE OF TUNISIA IN THEIR CONTINUED PURSUIT OF DEMOCRATIC REFORMS

Mr. CASSIDY. Madam President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 234, S. Res. 236.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 236) reaffirming the strong partnership between Tunisia and the United States and supporting the people of Tunisia in their continued pursuit of democratic reforms.

The PRESIDING OFFICER. Is there objection to proceeding to the measure?

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASSIDY. I know of no further debate on the measure.

The PRESIDING OFFICER. Is there further debate?

The question is on agreeing to the resolution.

The resolution (S. Res. 236) was agreed to.

Mr. CASSIDY. I ask unanimous consent that the preamble be agreed to and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of June 5, 2019, under “Submitted Resolutions.”)

REMEMBERING THE 25TH ANNIVERSARY OF THE BOMBING OF THE ARGENTINE ISRAELITE MUTUAL ASSOCIATION (AMIA) JEWISH COMMUNITY CENTER IN BUENOS AIRES, ARGENTINA, AND RECOMMITTING TO EFFORTS TO UPHOLD JUSTICE FOR THE 85 VICTIMS OF THE ATTACKS

Mr. CASSIDY. Madam President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 235, S. Res. 277.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 277) remembering the 25th Anniversary of the bombing of the Argentine Israelite Mutual Association (AMIA) Jewish Community Center in Buenos Aires, Argentina, and recommitting to efforts to uphold justice for the 85 victims of the attacks.

The PRESIDING OFFICER. Is there objection to proceeding to the measure?

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASSIDY. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table.

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

The resolution (S. Res. 277) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of July 17, 2019, under “Submitted Resolutions.”)

MEASURE READ THE FIRST TIME—H.R. 4334

Mr. CASSIDY. Madam President, I understand there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the title of the bill for the first time.

The bill clerk read as follows:

A bill (H.R. 4334) to amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2020 through 2024, and for other purposes.

Mr. CASSIDY. I now ask for a second reading, and in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection is heard.

The bill will receive the second reading on the next legislative day.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

HEALTHCARE

Mr. CASEY. Madam President, I rise tonight to talk about healthcare, which is an issue that obviously com-

mends a lot of attention, but lately, frankly, not enough attention here in the Senate. I will focus, in particular, on one report that we are issuing today that will talk about one aspect of some of the problems we are having in our healthcare system right now that a lot of Americans might not be aware of. They probably will be more aware when they hear more about the report that I have.

I think we should start from the basic premise that we have made tremendous progress in the last number of years in access to healthcare, in healthcare coverage. We know, for example, that between the years 2010, the year that the Patient Protection and Affordable Care Act was passed, and the end of 2016—so, basically, just a matter of 6 years—something on the order of 20-plus million Americans gained health insurance coverage. We went from roughly the number of uninsured in the country being a little more than 47 million in 2010 to a little more than 27 million in 2016.

Over the course of just 6 to 7 years, 20 million fewer people were uninsured. That is a great measure of progress on an issue where most people said there was no way you could get 20 million more people insured. Very few Americans thought that was possible until it actually happened.

Unfortunately, that progress—the progress being the diminution or the reduction of the uninsured population—is, unfortunately, not just flattening out, but it is actually getting worse. The number of uninsured Americans is actually going up now. That is a giant step backward in a country that not only reduced the uninsured number by 20-plus million but provided, in the same bill, the Patient Protection and Affordable Care Act.

The patient protection part of that ushered in all kinds of reforms for those with insurance—those who had insurance before 2010 and those who were paying their premiums but had their lives and their coverage in the hands of insurance companies that had power over their lives, to the extent that an individual with a preexisting condition would not be treated and would not be covered because of that preexisting condition. The Patient Protection and Affordable Care Act changed that for tens and tens and tens of millions of Americans, in addition to the coverage gains that I just mentioned.

Just for a point of reference, I will mention the recent numbers. The Census Bureau, back in just September of this year, said—and I am quoting from a report from Kaiser Health News, by Mr. Phil Galewitz, who is talking about the census report. He said the following:

For the first time in a decade, the numbers of Americans without health insurance has risen—by about 2 million people in 2018—according to the annual U.S. Census Bureau report released Tuesday.

This “Tuesday” means a day in September.

The Census found that 8.5 percent of the U.S. population went without medical insurance for all of 2018, up from 7.9 percent in 2017.

What he was referring to is that the Census Bureau had said that the number of uninsured went up by 1.9 million people. That didn't happen just by accident. It happened because of some of the steps taken by the administration and by those that support the administration.

We have to be focused on reversing that decline, getting the number of uninsured down, getting more Americans covered, and making sure that more Americans have basic protections.

What is particularly egregious and disturbing about this trend is that those suffering the most tend to be children. For example, in another analysis by Georgetown University, it says that "4.3 million kids were uninsured in 2018—a statistically significant increase of 425,000."

What Georgetown was telling us in that analysis is that that diminution of those who were insured or who have insurance is rising by more than 400,000 among children. So the United States of America made great strides in the mid-1960s, when the Medicaid Program was enacted into law, which helped to reduce the number of children who were uninsured and helped to reduce the number of children who did not have access to quality healthcare and ushered in a brand-new healthcare program for children and people with disabilities and seniors needing long-term care. That is the Medicaid Program. You could call it the "Kids, Seniors, and Disability Program for Healthcare." The same country, the United States of America, then made greater progress decades later when the Children's Health Insurance Program came into effect. It was voted on here in the 1990s with bipartisan support, sustained over time by bipartisan support, and sustained in many States by Republican and Democratic Governors. But despite the Medicaid Program and the advances for children, despite the Children's Health Insurance Program and the advances for children, and despite the advances brought about by the Patient Protection and Affordable Care Act and the advances for children in that, now we are seeing a reversal.

Are we going to be satisfied? Are we going to say that we are the country that we want to be and that we claim to be if now we are moving backward on children's health insurance, and 425,000 fewer children have healthcare in 2018, and that that is what we are going to settle for in the United States of America?

That is an abomination. That is a stain on our country. Anyone who is not in the business of reversing that and getting that number up—covering more children and making sure that children have healthcare coverage—shouldn't be involved in any government and shouldn't run for public office if that is what your attitude is. Ei-

ther you don't care about that or you think that is actually a measure of progress.

We have some work to do in the U.S. Senate and the U.S. House of Representatives and in the administration to make sure that when they measure this again later in 2019 or in 2020, that number is coming down, that we are reducing the uninsured, and that we are reducing the number of children who are uninsured.

It is going to be difficult to do that and to make progress on that when you consider what the administration, supported by Republicans in the House and the Senate, have done lately. They have done three things that are setting us backward.

One is supporting a lawsuit in the Fifth Circuit Court of Appeals, which will destroy the Affordable Care Act. It will destroy it. We should be arguing against that lawsuit. It is highly likely, or at least likely, I will say—I don't want to be that pessimistic—that that lawsuit will prevail and the Affordable Care Act will be wiped away and declared unconstitutional by the circuit court or maybe by the Supreme Court down the road if the Supreme Court were to take that case up on appeal.

That is not good for America for lots of reasons. All those Americans—more than 130 million—who have a preexisting condition will be out of luck if that lawsuit prevails. The protections for preexisting conditions will be taken away after having been granted for the first time, basically, a decade ago, to tens and tens of millions of Americans. A lot of other adverse consequences come from that lawsuit succeeding, so every Member of the Senate should be against that lawsuit.

Now, some say: Well, we have a better idea. Well, come forward with your better idea and figure out a way, if you can, to provide coverage for 20 million people, to provide protections for those who have a preexisting condition—provide the same protections in a different way, if you can, but don't say to the country that we are supporting a lawsuit that will take all those protections away when you don't have anything to replace it with, you have nothing that has been enacted into law or nothing that has been proposed that will be commensurate with the coverage gains and protections of the Patient Protection and Affordable Care Act. We can be weeks away from that lawsuit succeeding. That is problem No. 1—threat No. 1, I call it.

Threat No. 2 are the proposed cuts to Medicare and Medicaid. The administration proposed cutting the Medicaid program that I just referred to a couple of minutes ago, the children's disability and long-term nursing home care program—that is what Medicaid does, helps people get into nursing homes. It helps a lot of middle-class families afford long-term nursing care. It helps about 40 percent of American children with healthcare and helps a lot of children, especially children with

disabilities, have the therapies, treatments, and the protections they need because they have a disability or sometimes more than one disability. That is the Medicaid program.

What does the administration want to do? They want to cut it by \$1.5 trillion. No one here should support that kind of a cut, but not only do some people here support it by their silence, by their assent, many here are champions of that, strongly advocating for that kind of a cut, so we have to fight against that, too—the cuts to Medicare and Medicaid.

Then there is threat No. 3—No. 1 being the threat of the lawsuit, No. 2 being the threat of the cuts to Medicare and Medicaid—the third threat is the sabotage that has been undertaken from day one of the administration. On the Republican side, I would hope that someone would speak up against this. I haven't heard much. I have been listening. I haven't heard much about those who might claim to not be in favor of sabotage.

Here is one example of sabotage in the report I referred to earlier. We just issued this report today: "HEALTH CARE SABOTAGE ONLINE: A WARNING TO CONSUMERS." Here is what we did: We started calling all over Pennsylvania and doing research on what was advertised for these short-term duration healthcare plans known in the vernacular here in Washington by the phrase "junk plans." Why do we say they are junk? Well, we say that because these plans were only allowed to be in place for 3 months, but the administration changed that rule. Now, these plans are available. You can purchase a plan like this for 1 year, and then you can renew it for up to 3 years. What happens? Well, often, people are deceived into signing up for plans that don't have the protections that they thought they would have. They don't have the protections that I think most Americans have come to expect.

Here is the first finding in the report: "When searching online for health insurance plans, it is difficult to differentiate between paid advertisements and search results."

Now, we just had an example today of a man in Pennsylvania who told us that, when he went online and did some investigation and then was talking to someone on the phone who was selling him insurance, they said: "It's got all the protections of the Affordable Care Act." But, of course, it didn't, and he was deceived.

There are a lot of stories of people being deceived by false advertising and by misleading advertising. Even if going to a page after having done a search and on that page it might say "healthcare.gov," which is the right place to go if you want to enroll, but sometimes, healthcare.gov has nothing to do with it. It is advertised as what healthcare.gov offers, but it doesn't offer that. It offers a junk plan, and people are in real trouble when they sign up for the wrong plan.

So the first thing folks should do is make sure that they carefully examine these paid advertisements so they don't get into a plan that is going to prevent them from getting the coverage they need.

The second finding that we concluded is: "Paid advertisements for health insurance are often misleading and fail to fully disclose very important information."

The third and final finding is the following: "Advertisements often use 'HealthCare.Gov' in the website title and descriptions despite having no affiliation with HealthCare.Gov."

So people see that on the top of the page, and it is not designated in the correct way so that you can actually get to the correct site. You are sent to some other site, and before you know it, you are clicking on to plans that don't give you the coverage you think you are getting.

So there is a lot of misinformation. There is a lot of scam artistry or a lot of other ways to describe it because they have more time to do it. They used to only have a 3-month time period. It wasn't really a good business model to try to mislead people into your junk plan if you only have 3 months. Now, they have 1 year or they may have more than 1 year if the individual were to reenroll for a total of 3 years. So instead of having 3 months for this short-term insurance, which was never meant to be permanent, which was only meant to be an interim policy, now these scam artists, these purveyors of fraud in many instances, have a lot more time to rip you off and get you on to a plan that doesn't provide the kind of protection that you and your family need.

So what are we going to do about it? We should do a couple of things. We, first and foremost, should remind people that this is the time, starting this Friday, November 1, for open enrollment. Folks will have 6 weeks in that open enrollment period. That is good, and we should make sure people are aware when that open enrollment starts; but while they are searching and making this very consequential decision for themselves or their family, they should be warned about and be educated about what can happen to them if they are on a site that will not provide the care and the coverage that they need.

There is an old expression: "Forewarned is forearmed." We want to forewarn people so they are ready and they will be vigilant.

Here are a couple of things that we can do. We provide a couple of tips to avoid enrolling in one of these junk plans. No. 1: "To get help picking the health insurance coverage that fits your needs, visit HealthCare.Gov."

In fact, when you type in to do a search, you should type www.HealthCare.Gov. That is the best way to get to the right site. So just make sure you are on HealthCare.Gov and not something that looks like

HealthCare.Gov. Some will go on a site, and some people don't realize they are not on HealthCare.Gov. They are on healthcare.org. That is an old way of referring to the site. HealthCare.Gov is the correct one. That is tip No. 1. Be careful of that.

No. 2: "Be aware of how the search engine designates advertisements." Be aware that something that looks official is just an advertisement. Be careful about that.

No. 3: "Always look at the website address, typically displayed in green font, before clicking on a link." So be careful about the website address.

No. 4: "Pay attention to the words used in the website title and description." Title and description. For example, the difference between HealthCare.Gov and healthcare.org.

So folks can take a look at these tips and be ready to enroll through HealthCare.Gov in a way that will give them the coverage they want when they are making that basic choice.

This is what sabotage looks like. When you change a rule from one administration to the other, instead of having a 3-month rule giving these interim plans a chance to operate in a shorter timeframe and you enlarge that to a year, you are sabotaging the system when you do that. You are not providing people a chance for better healthcare, you are making it much more likely that folks will be deceived because those who are trying to make money here saw this opportunity. As soon as they saw that 3 months going to 1 year, they saw a golden opportunity to make money and rip people off, and it is working. A lot of people are becoming victims of it. So that is sabotage.

The other sabotage is limiting the enrollment period. I just mentioned that open enrollment period starts on Friday, but it is 6 weeks. It used to be longer than 6 weeks. So you are limiting the time within which someone can avail themselves to get healthcare, the opportunity to change a plan or do anything like that.

Another way that sabotage has played out is a limitation on the advertising. Guess what, if you limit the advertising by cutting the advertising budget—at one point, it was cut by 90 percent—guess what, fewer people know about their opportunities to enroll by way of HealthCare.Gov or to have the opportunity not just for coverage but often to have a subsidy that will help you pay for the coverage. So that is another way that the administration is engaged in sabotage, and it is working because, as I mentioned, 1.9 million Americans or fewer Americans are insured today than 2 years ago, so it is working, unfortunately.

I mention the coverage loss that is hitting children. There is a New York Times story dated October 22, just last week. The headline is: "Medicaid Covers a Million Fewer Children. Baby Elijah was one of them."

The subheadline says "Officials point to rising unemployment, but the unin-

sured rate is climbing as families run afoul of new paperwork and as fear rises among immigrants."

So a series of steps taken by the administration has caused the number of children who are uninsured to go up. That is and should be unacceptable to any American.

Finally, I want to conclude with one thought about preexisting conditions. When we vote this week, we will have an opportunity to push back against some of the sabotage, to make it less likely that people will be misled, to make it less likely that people will be enrolled in some junk insurance plan. One of the adverse consequences of being in the wrong plan, getting the wrong information, and being misled, being deceived, is a lack of coverage for a preexisting condition. So if you have asthma or diabetes or arthritis or high blood pressure under the old rules, under the old law, you could be discriminated against because you had a preexisting condition. So an insurance company can legally discriminate against you.

The law changed in 2010, fortunately, so that discrimination was pushed back against, and we finally had a circumstance for families who didn't have to worry about preexisting conditions—or at least didn't have to worry about coverage for treatment for a preexisting condition.

Lo and behold, you find examples in your home States. A couple of months ago, I was with one of my constituents, Rev. Shirley Cornell. She told me about how the Affordable Care Act had completely changed her husband's life. She told me that her husband's \$8,000 deductible dropped by about one-third after enrolling in insurance under the Affordable Care Act. She said: "We were one experience away from chaos and possibly bankruptcy." Because of the protections in place for a preexisting condition, Reverend Cornell doesn't have to worry about that. She may have to worry about a lot of other things, but that is one thing she doesn't have to worry about.

Unfortunately, if this sabotage keeps marching forward, she may have to worry. A worry that was lifted from so many families just less than a decade ago now may burden them once again. There is no reason why we have to go back to those days when an insurance company could deny a child coverage because that child had a preexisting condition or could deny an adult treatment or coverage because they had a preexisting condition. There is no reason why we have to go back to those days; yet some around here seem to want to go back to those days.

The best way to make sure that we don't is to fight against what the administration has been doing, to fight against the lawsuit, to fight against the sabotage, and to fight against the budget cuts. I know some don't want to do that. They seem to want to continue to support what the administration is doing.

I hope that folks will take advantage of this opportunity in the next 6 weeks, starting on Friday, November 1, and use the open enrollment period and examine these issues with an eye towards not being deceived, not being brought down a road where you won't get the coverage you need. Maybe we can have

some success in putting the junk plan artists out of business so that they can't deceive people into getting insurance that they expect would provide them more coverage.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 6:41 p.m., adjourned until Wednesday, October 30, 2019, at 10 a.m.