

Dakota (Mr. ROUNDS), the Senator from Tennessee (Mr. ALEXANDER), the Senator from Kansas (Mr. ROBERTS) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of amendment No. 65 proposed to S. 1, a bill to make improvements to certain defense and security assistance provisions and to authorize the appropriation of funds to Israel, to reauthorize the United States-Jordan Defense Cooperation Act of 2015, and to halt the wholesale slaughter of the Syrian people, and for other purposes.

AMENDMENT NO. 77

At the request of Mr. PETERS, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of amendment No. 77 intended to be proposed to S. 1, a bill to make improvements to certain defense and security assistance provisions and to authorize the appropriation of funds to Israel, to reauthorize the United States-Jordan Defense Cooperation Act of 2015, and to halt the wholesale slaughter of the Syrian people, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. ERNST (for herself, Mr. GRASSLEY, Mr. SASSE, Mrs. FISCHER, Mr. TILLIS, Mr. THUNE, Mr. COTTON, Mrs. HYDE-SMITH, Mr. MORAN, Mr. CASSIDY, Mr. INHOFE, Mrs. BLACKBURN, Mr. SCOTT of South Carolina, Mr. CRUZ, Mr. ROBERTS, Mr. PERDUE, and Mr. CRAMER):

S. 285. A bill to require U.S. Immigration and Customs Enforcement to take into custody certain aliens who have been charged in the United States with a crime that resulted in the death or serious bodily injury of another person, and for other purposes; to the Committee on the Judiciary.

Ms. ERNST. Thank you, Mr. President.

Today I rise on the 3-year anniversary of the tragic death of a constituent of mine, Sarah Root. On January 31, 2016, the same day as her college graduation, Sarah was killed in nearby Omaha, NE, by an illegal immigrant named Edwin Mejia. He was drag racing with a blood alcohol level more than three times the legal limit.

Despite requests by local law enforcement, Immigration and Customs Enforcement failed to detain Mejia because of a nonsensical policy that allows ICE to use discretion when determining whether to detain an illegal immigrant. He posted bond, he was released, and 3 years later remains a fugitive. It has been 3 years, and he is still a fugitive, denying Sarah's loved ones any sense of closure or justice.

As a mom, I can't fathom the grief her family and friends continue to feel after such a devastating loss. My own daughter is approaching the age at which Sarah was killed.

Just 21 years old, Sarah was bright, she was gifted, she was full of life and

ready to take on the world. What a talented young lady.

She had just graduated from Bellevue University with a 4.0 GPA. She was dedicated to her community, and she wanted to pursue a career in criminal justice. Sarah had her whole future ahead of her, but her opportunity to make her mark on the world was taken away from her. Her life was tragically cut short. Yet even in death, Sarah touched the lives of others. Sarah saved six different individuals through her organ donation.

Sadly, what happened to Sarah Root is not an isolated incident.

We have seen this story play out time and again in the 3 years since Sarah's killing—innocent lives taken by criminals who entered the United States illegally through a porous border. Crimes committed by those here illegally are truly among the most heartbreaking and senseless, and that is because these crimes are completely preventable, as the perpetrators should not be in the United States in the first place.

Although nothing can bring Sarah back to her family, we can ensure that ICE never makes this same mistake again. That is why I rise today and, again, join with my colleagues from Iowa and Nebraska, including the Presiding Officer; thank you again for joining in this legislation. We are introducing Sarah's Law again in honor of Sarah Root.

Sarah's Law would require that ICE take custody of a person who is in the country illegally and who is charged with a crime that seriously injures another person. Sarah's Law would also require better victim notification and amend the law to require that the Federal Government take custody of anyone who enters the United States legally but violated the terms of their immigration status or had their visa revoked and is later charged with a crime that resulted in the death or harm of another person.

President Trump implemented parts of Sarah's Law through an Executive order in 2017, and I commend him for that. It included directing the Secretary of Homeland Security to prioritize the removal of criminals who are here illegally. The Executive order also establishes an office to implement notification requirements of Sarah's Law.

Despite provisions of Sarah's Law being put into place by President Trump's order, it is critical that the Senate take up this legislation in order to codify these enforcement priorities so that any future administration cannot remove these provisions. No family should ever have to endure such a tragedy, especially one that could have been prevented. The fact remains that Sarah's killer would not have been in our country if it weren't for our country's broken immigration system.

Sarah's Law is commonsense reform. It recognizes the simple fact that all criminals should be held accountable

for their actions. How much more commonsense can this be, folks? Hold criminals accountable. We should not allow them simply to slip back into the shadows.

I recognize that the immigration debate has become a political football. We see that every day here in Washington, DC, but the security of our borders and enforcement of our immigration laws is not a game. We must honor the lives of these innocent victims and do better. We must work to stop future crimes.

I look forward to continuing to work with my colleagues to fulfill the promise I made to Sarah's loving parents, Michelle Root and Scott Root. I will do everything I can to ensure that not one more parent has to go through what the Roots have faced—the loss of their daughter and the promise of justice.

Madam President, I thank you for joining me on this legislation. It means a lot to this family and many others.

By Mrs. FEINSTEIN (for herself, Mr. LEAHY, Mrs. MURRAY, Mr. WYDEN, Ms. HARRIS, Ms. ROSEN, Mrs. SHAHEEN, Mr. KING, Mr. CARPER, Ms. DUCKWORTH, Mr. SANDERS, Mr. BENNET, Mr. COONS, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. REED, Mr. Kaine, Ms. HASSAN, Mr. MARKEY, Mr. MURPHY, Mr. MENENDEZ, Ms. CORTEZ MASTO, Mr. HEINRICH, Mr. UDALL, Mr. CARDIN, Mr. BOOKER, Mr. WHITEHOUSE, Mr. MERKLEY, Mr. VAN HOLLEN, Mr. CASEY, Ms. HIRONO, Mrs. GILLIBRAND, Ms. CANTWELL, Ms. WARREN, Ms. STABENOW, Ms. BALDWIN, Mr. BROWN, Ms. SMITH, Mr. WARNER, Mr. PETERS, Mr. JONES, and Mr. SCHATZ):

S. 292. A bill to limit the separation of families at or near ports of entry; to the Committee on the Judiciary.

Mrs. FEINSTEIN. Mr. President, I rise today to reintroduce legislation that will finally put an end to the separation of families at our southern border. I have believed from the outset that the administration was wrong to pursue a zero tolerance policy of family separation, which is cruel and detrimental to children and parents alike.

The President claimed to end this policy in June by executive order, but we have learned that the practice of separating families continues today. In fact, the separations may have been broader in scope than we previously knew.

Last year, the American people were rightly horrified when thousands of children, including babies and toddlers, were taken from their parents, to be separated for weeks and months. Dozens of these children spent days and weeks in cages with nothing but thin mats and aluminum blankets.

In response, people from all walks of life—Republicans, Democrats, clergy, the medical community, business leaders, labor organizers—stood up and

said, “enough is enough.” Average Americans spoke out, marched, and called their members of Congress pleading for us to stand up to the President and demand he reverse his policy.

But we still may not know the full scope of the harm that was caused. We still do not know just how many families were torn apart as a result of the zero tolerance policy.

Litigation has identified over 2,700 children who were separated from their parents by DHS, including nearly 100 children under the age of 5. However, in January the Inspector General for Health and Human Services found that “this number does not represent the full scope of family separations.” Indeed thousands—thousands—more children may have been separated from their parents in 2017, before the start of the accounting period required by the court.

We have also learned in recent weeks that this crisis is not over. Families are still being separated from one another.

In June, the Trump administration issued an executive order that ended the “zero tolerance” family separation policy. Despite that order, the practice of family separation did not end.

Instead, the Inspector General for Health and Human Services reported that separations are ongoing with little oversight or accountability. In fact, at least 118 children were separated from their parents between June 2018, when the executive order was issued, and early November.

These family separations could not have happened if Republicans had joined me and all Senate Democrats to pass the Keep Families Together Act last Congress. The Keep Families Together Act prohibits Border Patrol from separating children from their parents or legal guardians, without good cause.

Good cause is defined with a focus on the best interest of the child, and cannot be based on the parent's migration or crossing of the border. No separation can be made without consulting a child welfare specialist, and all presumptions are made in favor of family unity, including unity of siblings.

The Keep Families Together Act includes vital oversight mechanisms that will ensure that every child separated under the zero tolerance policy is accounted for. These include a requirement for DHS to publish transparent guidance on separations, as well as annual reporting requirements and a requirement for a GAO report on criminal prosecution of asylum seekers.

These are basic protections for children that should not be controversial. Parents who try to protect their children from violence and poverty abroad, should not be punished by having those children ripped from their arms. Children should not be subjected to severe trauma in the interest of deterring migration.

Instead, families should be kept together and given a fair chance to

present their cases for asylum. The Keep Families Together Act will provide these fundamental necessities and protect children from further harm. We have a fresh start in a new Congress. It is time to make these vital protections a reality.

By Ms. COLLINS (for herself and Mr. CARDIN):

S. 296. A bill to amend XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise to introduce legislation with my colleague Senator CASEY that would reauthorize the only federally funded programs that are specifically designed to develop a health provider workforce to care for our older Americans. The Geriatrics Workforce Improvement Act would reauthorize the Geriatrics Workforce Enhancement Program and also reinstate the Geriatrics Academic Career Award Program.

The number of Americans aged 65 and older is growing rapidly. In my State of Maine, we are reaching an aging milestone faster than are other States. By 2020, the number of Maine seniors is projected to exceed the number of Maine children. This is 15 years ahead of the nationally projected date of 2035, at which point the number of Americans aged 65 and older will outnumber those under the age of 18 for the first time in our Nation's history.

The United States is facing a critical shortage of geriatric health professionals and direct service workers to support our aging population. Today, we need 20,000 geriatricians. However, fewer than 7,300 of our Nation's nearly 1 million physicians are board certified as geriatricians. By 2030, we will need 30,000 geriatricians and even more geriatric health professionals and direct service workers. To achieve this goal, we will need to train 1,600 geriatric specialists per year over the next 12 years.

For the State of Maine, with an aging population of more than a quarter million Mainers over the age of 65 and with only 40 geriatricians, there is an acute need to quickly train more geriatric health professionals and direct service workers to meet the growing demand. The University of New England, College of Osteopathic Medicine has joined the University of Maine this year in proposing the “Aging Maine Transformation Collaborative.” I was pleased to lend my support to this collaboration earlier this year. If funded, AgingME would become our State's first Geriatric Workforce Enhancement Program and would bring with it much needed assistance to communities and families throughout our State.

Nationwide, our bill would reauthorize this workforce enhancement program at \$45 million per year over the next 5 years and would reinstate the Geriatrics Academic Career Award Pro-

gram at \$6 million per year. Together, these programs would train the current workforce and family caregivers while simultaneously developing a cadre of emerging leaders in geriatric education in a variety of disciplines. By doing both, we will ensure that older Americans will be cared for, for decades to come, by a healthcare workforce that will be specifically trained to meet their unique and complex healthcare challenges. This training of using the most efficient and effective methods for older adults will result in improved care while reducing unnecessary costs.

I am pleased to say that our legislation is supported by the leading organizations in gerontology and geriatrics, including the Eldercare Workforce Alliance, the American Geriatrics Society, the Alzheimer's Impact Movement, and the National Association of Geriatric Education Centers.

I ask unanimous consent that these letters of support be printed in the RECORD.

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

ELDERCARE WORKFORCE ALLIANCE,
Washington, DC, January 25, 2019.

Hon. SUSAN COLLINS,
Chair, Special Committee on Aging,
U.S. Senate, Washington, DC.

Hon. BOB CASEY,
Ranking Member, Special Committee on Aging,
U.S. Senate Washington, DC.

DEAR SENATOR SUSAN COLLINS AND SENATOR BOB CASEY: On behalf of the Eldercare Workforce Alliance (EWA), we are writing to express our support of the Geriatrics Workforce Improvement Act.

EWA is a coalition of 32 national consumer, health care professional, direct-care worker and family caregiver organizations. The number of Americans over age 65 is expected to reach 70 million by 2030, representing a 71% increase from today's 41 million older adults. Today's health care workforce is inadequate to meet the needs of older Americans, many of whom have multiple chronic physical and mental health conditions and cognitive impairments. Without a national commitment to expand training and educational opportunities, the workforce will be even more constrained in its ability to care for the elderly population as the baby boom generation ages.

This bipartisan bill supports two critical objectives. First, it would formally establish funding for the Geriatrics Workforce Enhancement Program (GWEP). Second, it would reestablish the Geriatric Academic Career Awards (GACAs), a previously funded program for developing clinician-educators. By supporting the GWEP and the GACAs, the Geriatrics Workforce Improvement Act would:

Foster education and engagement with family caregivers by training providers who can assess and address their care needs and preferences.

Promote interdisciplinary team-based care by transforming clinical training environments to integrate geriatrics and primary care delivery systems.

Improve the quality of care delivered to older adults by providing education to families and caregivers on critical care challenges like Alzheimer's disease and related dementias.

Reach underserved and rural communities by ensuring clinician-educators are prepared to train the geriatrics workforce of today and tomorrow.

This investment protects our most vulnerable elders and invests in our country's future. We ask that you continue your support for the programs at this crucial time, and thank you for your leadership on this issue.

Sincerely,

NANCY LUNDEBJERG, MPA,
EWA Co-Convener.
MICHELE J. SAUNDERS,
DMD, MS, MPH,
EWA Co-Convener.

AMERICAN GERIATRICS SOCIETY,
New York, NY, January 25, 2019.

Hon. SUSAN COLLINS,
Chair, Special Committee on Aging,
U.S. Senate Washington, DC.
Hon. BOB CASEY,
Ranking Member, Special Committee on Aging,
U.S. Senate Washington, DC.

DEAR SENATOR SUSAN COLLINS AND SENATOR BOB CASEY: The American Geriatrics Society (AGS), an organization devoted to improving the health, independence and quality of life of older adults, supports the Geriatrics Workforce Improvement Act. The AGS is thankful for your support of the geriatrics workforce training programs and for your efforts to improve care of older Americans.

The Geriatrics Workforce Improvement Act would authorize the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) program under Title VII of the Public Health Service Act. The AGS believes that both programs must be authorized and funded if all Americans are to have access to high-quality, person-centered care as we grow older.

The GWEP is currently the only federal program designed to increase the number of providers, in a variety of disciplines, with the skills and training to care for older adults. The GWEPs educate and engage the broader frontline workforce including family caregivers and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. The GACA program is an essential complement to the GWEP program. GACAs ensure we can equip early career clinician educators to become leaders in geriatrics education and research.

The introduction of this important legislation follows announcements of related funding opportunities from the Health Resources and Services Administration (HRSA) in November 2018. Authorization of the GWEPs and GACAs as outlined in the Geriatrics Workforce Improvement Act will help ensure that HRSA receives the funding necessary to carry these critically important workforce training programs forward.

At a time when our nation is facing a severe shortage of both geriatrics healthcare providers and faculty with the expertise to train these providers, the AGS believes the number of educational and training opportunities in geriatrics and gerontology should be expanded, not reduced. Thank you for your leadership on this issue.

Sincerely,

LAURIE JACOBS, MD,
AGSF,
President.
NANCY E. LUNDEBJERG,
MPA,
Chief Executive Officer.

ALZHEIMER'S IMPACT MOVEMENT,
Washington, DC, January 31, 2019.

Hon. SUSAN COLLINS,
Chairman, Senate Committee on Aging,
Washington, DC.
Hon. BOB CASEY,
Ranking Member, Senate Committee on Aging,
Washington, DC.

DEAR CHAIRWOMAN COLLINS AND RANKING MEMBER CASEY: On behalf of the Alzheimer's Association and the Alzheimer's Impact Movement (AIM), including our nationwide networks of advocates, thank you for your continued leadership on issues and legislation important to Americans living with Alzheimer's and other dementias, and to their caregivers. The Alzheimer's Association and AIM are pleased to support the Geriatrics Workforce Improvement Act.

More than 5 million Americans are living with Alzheimer's and, without significant action, nearly 14 million Americans will have Alzheimer's by 2050. Today, another person develops the disease every 65 seconds; by 2050, someone in the United States will develop the disease every 33 seconds. This explosive growth will cause Alzheimer's costs to increase from an estimated \$277 billion in 2018 to \$1.1 trillion in 2050 (in 2018 dollars). These mounting costs threaten to bankrupt families, businesses and our health care system. Unfortunately, our work is only growing more urgent.

The Geriatrics Workforce Improvement Act would develop a workforce capable of providing complex, high-quality care that improves health outcomes and reduces costs for a diverse and growing aging population. It would reauthorize the Geriatrics Workforce Enhancement Program (GWEP), and reinstate the Geriatrics Academic Career Awards (GACAs) Program, a previously funded program for developing clinician-educators, two critical objectives to ensure communities across the nation have access to health professionals and other critical supports, improving care for all of us as we age. By supporting the GWEP and GACAs the Geriatrics Workforce Improvement Act would, foster education and engagement with family caregivers by training providers who can assess and address care needs and preferences, reach underserved and rural communities by ensuring clinician-educators are prepared to train the geriatrics workforce of today and tomorrow, and improve the quality of care delivered to older adults by providing education to families and caregivers on critical care challenges.

The Alzheimer's Association and AIM deeply appreciate your continued leadership on behalf of all Americans living with Alzheimer's and other dementias. We look forward to continuing to work with you and your colleagues to improve care and support for individuals and families affected by Alzheimer's disease and other dementias. If you have any questions about this or any other legislation, please contact Rachel Conant, Senior Director of Federal Affairs.

Sincerely,

ROBERT EGGE,
Chief Public Policy Officer,
Executive Vice President, Government Affairs, Alzheimer's Association.

NATIONAL ASSOCIATION OF
GERIATRIC EDUCATION CENTERS,
January 25, 2019.

Hon. SUSAN COLLINS,
Chair, Special Committee on Aging,
U.S. Senate, Washington, DC.
Hon. BOB CASEY,
Ranking Member, Special Committee on Aging,
U.S. Senate, Washington, DC.

DEAR CHAIRMAN COLLINS AND RANKING MEMBER CASEY: On behalf of the HRSA Title

VII and Title VIII funded Geriatrics Workforce Enhancement Programs (GWEPs) across the country, thank you for your past support of geriatric education and for introducing the Geriatrics Workforce Improvement Act. The National Association for Geriatric Education (NAGE) is pleased to offer our support for the Geriatrics Workforce Improvement Act, which will reauthorize the GWEP and once again make the Geriatrics Academic Career Award program (GACA) a part of the effort to prepare the geriatrics workforce for the aging of our population. We and the growing numbers of older adults, caregivers, and clinicians caring for elders will urge Congress to move quickly to pass your bill and provide the resources to address our nation's growing demand for geriatric care.

We appreciate the many discussions that your staff facilitated with NAGE, as well as with the Eldercare Workforce Alliance, the American Geriatrics Society, and the Gerontological Society of America during the process of developing this legislation. This authorization and related funding are needed for the development of a health care workforce specifically trained to care for older adults and to support their family caregivers. Currently there are only 44 GWEP sites in 29 states. The modest increase in the authorization in your bill will have an important impact on training in geriatric care. Likewise, the funds you have authorized for the GACA program complement the GWEP, and support faculty that will teach and lead geriatrics programs. The bill will also assist in ensuring that rural and underserved areas will have geriatrics education programs.

NAGE is a non-profit membership organization representing GWEP sites, Centers on Aging, and Geriatric Education Centers that provide education and training to health professionals in the areas of geriatrics and gerontology. Our mission is to help America's healthcare workforce be better prepared to render age-appropriate care to today's older Americans and those of tomorrow.

Thank you for your continued support for geriatric education programs.

Sincerely,

CATHERINE CARRICO, PHD,
President NAGE/
NAGEC, Associate
Director, Wyoming
Geriatric Workforce
Enhancement Program,
Wyoming Center on Aging,
Clinical Assistant Professor,
College of Health Sciences,
University of Wyoming.

Ms. COLLINS. Mr. President, I urge all of my colleagues to support this bipartisan bill that would ensure geriatric education for our current workforce while it would optimize resources to bolster academic careers in geriatrics and help to attract the best and the brightest into this field. Together, these programs would develop exactly the kind of highly qualified workforce that we need to care for Americans as our Nation grows older.

I thank the Presiding Officer.

By Ms. COLLINS (for herself, Mr. TESTER, Mrs. CAPITO, Mr. JONES, Mr. BOOZMAN, Mr. MANCHIN, and Ms. HARRIS):

S. 304. A bill to reauthorize section 340H of the Public Health Service Act

to continue to encourage the expansion, maintenance, and the establishment of approved graduate medical residency programs at qualified teaching health centers, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. President, I rise today to introduce legislation with my colleague from Montana, Senator TESTER, to fund Teaching Health Centers, a time-tested model for success to train the next generation of primary care doctors in communities where they are needed the most. I am pleased that Senators CAPITO, JONES, BOOZMAN, MANCHIN, and HARRIS have joined us as cosponsors.

Over the next decade, the severe shortage of primary care doctors could reach crisis levels in a growing number of rural and underserved communities in Maine and across our Nation. Alarmingly, these communities are often those hardest hit by the opioid epidemic. By 2030, we will need an estimated 120,000 physicians to meet the growing demand for health care services across the Country. In clinics and health centers in Northern Maine, I frequently hear stories about vacancies forcing Mainers to travel many miles simply to see a primary care doctor or dentist.

For the past eight years, one program, the Teaching Health Centers Graduate Medical Education Program, has worked to fill these gaps. This program trains medical residents in community-based settings, including low-income, underserved rural and urban neighborhoods. For example, since its inception in 2011, the Penobscot Community Health Care Center has trained 34 residents and served more than 15,000 dental patients in Bangor, Maine.

Nationwide, this program has produced real results. Since the program began, 632 new primary care physicians and dentists have graduated and entered the workforce, and the number of Americans served is in the millions. Those who train at teaching health centers are very likely to practice primary care and remain in underserved or rural communities. Last Congress, this Committee considered and successfully passed my legislation to fund teaching health centers for two years. As a result, for the 2017–2018 academic year, this program supported the training of 732 residents in 57 primary care residency programs, across 24 states.

The legislation I have introduced today would reauthorize the Teaching Health Centers Graduate Medical Education Program for five years and provide additional funding for expansion and the creation of new programs. This bill is widely supported by leading community health and physician organizations, including the American Association of Teaching Health Centers, National Association of Community Health Centers, American Academy of Family Physicians, American Association of Colleges of Osteopathic Medicine, and Council of Academic Family Medicine.

In the face of nationwide physician shortages, our legislation would provide a solution for communities today and a path forward to train the physicians of tomorrow. I urge all of my colleagues to join in support of this important legislation, the Training the Next Generation of Primary Care Doctors Act of 2019.

Mr. President, I ask to include these letters into the RECORD.

Mr. PRESIDENT: With no objection so ordered.

COUNCIL OF
ACADEMIC FAMILY MEDICINE,
January 28, 2019.

Hon. SUSAN COLLINS,
U.S. Senate, Washington, DC.

Hon. SHELLEY CAPITO,
U.S. Senate, Washington, DC.

Hon. DOUG JONES,
U.S. Senate, Washington, DC.

Hon. JON TESTER,
U.S. Senate, Washington, DC.

DEAR SENATORS COLLINS, JONES, CAPITO, AND TESTER: On behalf of the Council of Academic Family Medicine (CAFM), including the Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, the North American Primary Care Research Group, we thank you for introducing the Training the Next Generation of Primary Care Doctors Act of 2019. This legislation is an important step to providing sustainable funding and growth for a critical program that helps address the primary care physician shortage in our country. We appreciate your leadership on this issue and give you our whole-hearted support for the legislation.

To help sustain this important graduate medical education program your legislation provides suitable funding for current Teaching Health Center Graduate Medical Education (THCGME) programs to help address the crisis-level shortage of primary care physicians. The funding level included in the bill will allow for a per resident amount to be paid for training that is on par with the Health Resources and Services Administration (HRSA) funded study identifying a median cost of approximately \$157,600 per trainee. It allows for programs to regain previous losses of residency positions due to lower funding levels and instability. We are particularly pleased that the legislation would provide a five year reauthorization, giving the program some much needed financial stability.

In addition, we are gratified that the proposed legislation supports and funds the creation of new programs and/or centers, with a priority for those serving rural and medically underserved populations and areas. Evidence shows that the THC program graduates are more likely to practice in rural and medically underserved communities. Recognizing the importance of growing this successful program to help address geographic maldistributions of physicians across the country is significant.

The current authorization for this vital program expires at the end of this fiscal year. Without legislative action, the expiration of this program would mean an exacerbation of the primary care physician shortage, and a lessening of support for training in underserved and rural areas. Your efforts in support for this program since its inception have been key to keeping it alive. We are grateful to all of you for your exceptional leadership in supporting and sustaining this vital program by introducing this bill and helping to shepherd it toward enactment.

The CAFM organizations and our members are pleased to work with you to secure this legislation's enactment.

Sincerely,

BEAT STEINER, MD,
President, Society of Teachers of Family Medicine.

FRED MISER, MD,
President, Association of Family Medicine, Residency Directors.

JUDITH BELLE BROWN, PHD,
President, North American Primary Care Research Group.

JOINT STATEMENT FOR THE RECORD

HEARING OF THE HEALTH, EDUCATION, LABOR, AND PENSION COMMITTEE ON ACCESS TO CARE: HEALTH CENTERS AND PROVIDERS IN UNDERSERVED COMMUNITIES, JANUARY 29, 2018

On behalf of the more than 145,000 osteopathic physicians and medical students we represent, we applaud the committee's leadership and bipartisan effort to address the shortage in our health care workforce. We are thankful for the Chairman and Ranking Member for introducing legislation that would reauthorize the Teaching Health Centers Graduate Medical Education Program (THCGME) in anticipation of the upcoming hearing, Access to Care: Health Centers and Providers in Underserved Communities, we would like to highlight the need, and encourage the committee, to support funding for growth in the reauthorization of the THCGME program to help address the shortage in our health care workforce.

The majority of THCGME programs are currently accredited by the AOA or are dually accredited (DO/MD) programs, supporting nearly 800 osteopathic resident physicians through their training since the program's inception. Located in 27 states and the District of Columbia, THCGME programs train residents in much-needed primary care fields that have the largest shortages nationally, including family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, geriatrics, and dentistry. It is a vital source of training for primary care residents to help expand access to care in rural and underserved communities throughout the country.

Osteopathic physicians (DOs) are fully-licensed to practice in all specialty areas of medicine, with nearly 57% of active DOs in primary care. Our training emphasizes a whole-person approach to treatment and care, where we partner with our patients to help them get healthy and stay well. Osteopathic medical education also has a long history of establishing educational programs for medical students and residents that target the health care needs of rural and underserved populations. Given this strong presence in primary care, osteopathic medicine aligns naturally with the mission and goals of the THCGME program that has proven successful in helping address the existing gaps in our nation's primary care workforce.

Residents who train in THC programs are far more likely to specialize in primary care and remain in the communities in which they have trained. Data shows that, when compared to traditional postgraduate trainees, residents who train at THCs are more likely to practice primary care (82% vs. 23%) and remain in underserved (55% vs. 26%) or rural (20% vs. 5%) communities. It is clear that a well-designed THCGME program not only plays a vital role in training our next generation of primary care physicians, but helps to bridge our nation's physician shortfall. The program also tackles the issue of

physician maldistribution, and helps address the need to attract and retain physicians in rural areas and medically underserved communities. In the 2016–2017 academic year, nearly all residents received training in primary care settings and 83% of residents trained in Medically Underserved Communities.

However, reauthorizing the THCGME program at its current level funding, for the next five years, would lead to a reduction of approximately 70 residency slots from the currently funded 737 residency positions.

We respectfully ask the committee to consider legislation by Senators Susan Collins (R–ME), Doug Jones (D–AL), Shelley Moore Capito (R–WV), and John Tester (D–MT) the “Training the Next Generation of Primary Care Doctors Act of 2019.” In addition to reauthorizing the THCGME program for the next five years, this bill also provides funding and a pathway for growth in the number of residents trained in underserved rural and urban communities. This represents a much needed expansion to address the physician shortages in our country.

We would also like to briefly highlight the broader role osteopathic physicians have in reducing our nation’s physician shortage. Since 2010, the number of DOs has increased by 54%. Today, more than 65% of all DOs are under the age of 45, and if current enrollment trends continue, DOs are projected to represent more than 20% of practicing physicians by 2030. Because of the whole-person approach to patient care that is inherent in osteopathic medicine, the increasing share of DOs in the physician workforce, and the number of DOs in primary care specialties, we have a unique and important perspective on the needs of our nation’s health care workforce and would welcome the opportunity to contribute to your work on this issue.

We appreciate your bipartisan effort to address the shortage in our country’s health care workforce, and we stand ready to assist in your effort.

Sincerely,

AMERICAN COLLEGE OF
OSTEOPATHIC FAMILY
PHYSICIANS.
AMERICAN COLLEGE OF
OSTEOPATHIC INTERNISTS.
AMERICAN COLLEGE OF
OSTEOPATHIC
OBSTETRICIANS AND
GYNECOLOGISTS.
AMERICAN COLLEGE OF
OSTEOPATHIC
NEUROLOGISTS AND
PSYCHIATRISTS.
AMERICAN COLLEGE OF
OSTEOPATHIC
PEDIATRICIANS.
AMERICAN OSTEOPTHIC
ASSOCIATION.

AMERICAN ACADEMY OF
FAMILY PHYSICIANS,
January 28, 2019.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.
Hon. SHELLEY MOORE CAPITO,
U.S. Senate,
Washington, DC.
Hon. DOUG JONES,
U.S. Senate,
Washington, DC.
Hon. JON TESTER,
U.S. Senate,
Washington, DC.

DEAR SENATORS COLLINS, JONES, CAPITO, AND TESTER: On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I

write to support your legislation to reauthorize the Teaching Health Center Graduate Medical Education (THCGME) program. Thank you for your commitment to this important, innovative program.

The AAFP is pleased to support the Training the Next Generation of Primary Care Doctors Act because it updates the THCGME program for five years, authorizes adequate and sustainable funding for existing residency programs, and supports expansion into rural and underserved communities. In addition, the legislation maintains the program’s strong transparency and accountability requirements. The THCGME program directly addresses three major physician workforce challenges: the serious shortage of primary care physicians, geographic maldistribution of physician training, and the need to increase health care access for medically underserved populations. Recognizing the importance of supplying well-trained primary care physicians into communities that need them most, we look forward to working with you to update and expand the THCGME program early this year.

Again, we are pleased to support this important legislation. For more information, please contact Sonya Clay, Government Relations Representative.

Sincerely,

MICHAEL L. MUNGER, MD,
FAAFP Board Chair.

AMERICAN ACADEMY OF FAMILY
PHYSICIANS, AMERICAN ASSOCIATION
OF COLLEGES OF OSTEOPTHIC
MEDICINE, AMERICAN ASSOCIATION
OF TEACHING HEALTH CENTERS,
THE AMERICAN COLLEGE OF OBSTETRICIANS
OF GYNECOLOGISTS,
AMERICAN OSTEOPTHIC ASSOCIATION,
COUNCIL OF ACADEMIC FAMILY
MEDICINE, NATIONAL ASSOCIATION
OF COMMUNITY HEALTH CENTERS.

[January 29, 2019]

PHYSICIANS, MEDICAL EDUCATORS, COMMUNITY
HEALTH CENTERS STRONGLY SUPPORT
TRAINING THE NEXT GENERATION OF
PRIMARY CARE DOCTORS ACT OF 2019

Our organizations applaud the introduction of the Training the Next Generation of Primary Care Doctors Act of 2019 and urge the Senate to quickly pass this important legislation. We thank Senators Susan Collins (R–ME), Doug Jones (D–AL), Shelley Moore Capito (R–WV), Jon Tester (D–MT), and John Boozman (R–AR) for their commitment to ensuring that our nation has a strong and robust primary care workforce. Furthermore, we thank Senate HELP Committee Chairman Lamar Alexander (R–TN) and Ranking Member Patty Murray (D–WA) for their leadership in introducing the Community and Public Health Programs Extension Act, which will extend for five years federal funding for the Teaching Health Center Graduate Medical Education (THCGME) Program, community health centers, the National Health Service Corps, and two other federal health programs. These programs are set to expire at the end of the fiscal year.

The THCGME Program, established in 2010 and reauthorized in 2015 and 2018 has been, by any measure, an overwhelming success. In the 2017–2018 academic year, the program supported the training of 732 residents in 57 primary care residency programs, across 24 states. Since 2011, the program has supported the training of over 630 new primary care physicians and dentists that have graduated and entered the workforce. Importantly, physicians trained in teaching health center programs are more likely to practice in underserved communities, increasing access to care for the country’s most vulnerable patient populations.

The value of primary care is well documented. In fact, individuals who have a continuous relationship with a primary care physician are more likely to be healthier and use fewer health care resources. Research shows that our nation faces a primary care physician workforce shortage. The THCGME Program has proven its ability to efficiently increase the number of primary care physicians trained.

This highly successful and impactful program is set to expire on September 30, 2019 unless Congress takes action to reauthorize and fund it. The legislation introduced today not only reauthorizes the program, but also provides enhanced funding and a pathway for increasing the number of residents trained. Most important, the legislation will continue to build the primary care physician pipeline necessary to reduce costs, improve patient care, and support underserved rural and urban communities.

We are extremely pleased that members of both parties are working together to extend this vital program that brings health care to medically underserved communities across the nation. Our organizations strongly support Training the Next Generation of Primary Care Doctors Act of 2019 and call on the House of Representatives and Senate to ensure that the THCGME Program is reauthorized and appropriately financed by September 30.

AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPTHIC MEDICINE,
January 28, 2019.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.
Hon. SHELLEY MOORE CAPITO,
U.S. Senate,
Washington, DC.
Hon. JOHN BOOZMAN,
U.S. Senate,
Washington, DC.
Hon. DOUG JONES,
U.S. Senate,
Washington, DC.
Hon. JON TESTER,
U.S. Senate,
Washington, DC.

DEAR SENATORS COLLINS, JONES, CAPITO, TESTER, AND BOOZMAN: On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), thank you for your unceasing bipartisan commitment and leadership in championing the Health Resources and Services Administration’s Teaching Health Center Graduate Medical Education (THCGME) Program by introducing the Training the Next Generation of Primary Care Doctors Act of 2019. We offer our strong support of this legislation.

AACOM represents the 35 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 55 teaching locations in 32 states. In the current academic year, these colleges are educating more than 30,000 future physicians—25 percent of all U.S. medical students. Six of the colleges are public and 29 are private institutions. AACOM was founded in 1898 to support and assist the nation’s osteopathic medical schools, and to serve as a unifying voice for osteopathic medical education. The association leads and advocates for the osteopathic medical education community to improve the health of the public.

With your introduction of the Training the Next Generation of Primary Care Doctors Act of 2019, the osteopathic medical education community commends your bipartisan efforts to support this critical program that produces primary care physicians in medically underserved communities across our country by reauthorizing it for five years

and providing enhanced funding and a pathway for growth in the number of residents trained.

Established in 2010 and reauthorized in 2015 and 2018, the THCGME Program has been a notable success. In the 2017-2018 academic year, the program supported the training of 732 residents in 57 primary care residency programs, across 24 states. Since 2011, the program has supported the training of over 630 new primary care physicians and dentists that have graduated and entered the workforce. Importantly, physicians trained in THC programs are more likely to practice in underserved communities, increasing access to care for the country's most vulnerable patient populations.

As you know, the continuation of this program is vital to addressing primary care physician workforce shortages and delivering health care services to vulnerable patients in need. It has encouraged greater connections and services between traditionally underserved areas and the emerging physician workforce by creating opportunities for medical students to carry out their required training where their services are most needed. The THCGME Program has been highly effective in transitioning residents into medically underserved areas, with more than 80 percent remaining in primary care practice and over half remaining in high-need communities.

On behalf of the nation's osteopathic medical schools and the students they train, thank you for your steadfast leadership, and I look forward to continuing our work together to support a health care system that will enable osteopathic medical students and future physicians to provide primary health care to the patients they serve. We look forward to working together on this important legislation.

Respectfully,

STEPHEN C. SHANNON, DO, MPH,
President and CEO.

By Mrs. FEINSTEIN (for herself and Ms. HARRIS):

S. 308. A bill to direct the Secretary of the Interior to convey certain Federal lands in San Bernardino County, California, to the San Bernardino Valley Water Conservation District, and to accept in return certain non-Federal lands, and for other purposes; to the Committee on Energy and Natural Resources.

Mrs. FEINSTEIN. Mr. President, I am pleased to reintroduce the "Santa Ana River Wash Plan Land Exchange Act." This legislation would help implement a consensus-driven regional land management plan by directing the Bureau of Land Management to exchange land with the San Bernardino Valley Water Conservation District in San Bernardino, California.

Before I continue, I would like to thank Senators LISA MURKOWSKI and MARIA CANTWELL, as well as their staffs, for their hard work to move this bill forward last Congress. With their assistance, this legislation passed out of the Senate Energy and Natural Resources Committee in August 2018 and was included in a bipartisan public lands package.

I thank Senator MURKOWSKI for introducing a bipartisan lands package bill this Congress and including this legislation in it. I look forward to working once again with Senator MUR-

KOWSKI, as well as the newly designated Ranking Member, Senator MANCHIN, to maintain our momentum and pass this bill as quickly as possible.

I also would like to express my gratitude to Representative PAUL COOK and his staff for their continuing work and collaboration on this legislation. Lastly, I welcome working with Representative COOK and Representative AGUILAR who are cosponsoring companion legislation in the House of Representatives. Lastly, I thank Senator HARRIS for cosponsoring this legislation.

This bill is an excellent example of how smart, sustainable, land planning can be accomplished through inter-agency cooperation. Federal and State agencies, private industry, and municipalities representing mining, flood control, water supply, wildlife conservation, and other interests all came to the table to develop a land management plan that accounts for the array of land uses in this area.

The land exchange facilitated by this bill is broadly supported, including by: County of San Bernardino, City of Redlands, City of Highland, San Bernardino Water Conservation District, San Bernardino Valley Municipal Water District, East Valley Water District, Endangered Habitats League, CEMEX Construction Materials Pacific, Robertson's Ready Mix, Inland Action.

This diverse group of entities formed the "Wash Committee" in 1993 to address mining and land management in the upper Santa Ana River wash area.

I applaud the Committee, along with federal, state and local stakeholders, for working together to develop a strategy for comprehensive land management planning for the area. This group has shown that through cooperation, it is possible to both protect the environment and support local business and community interests.

The land exchange between the San Bernardino Water Conservation District and the Bureau of Land Management will consolidate open space for conservation purposes and optimize the efficiency of mining operations and water conservation efforts.

The exchange will also set aside new land for conservation purposes near land already managed by BLM.

This bill will lead to increased habitat protection, groundwater recharge, and public access while allowing for the continued use of land and mineral resources.

I look forward to working with my colleagues to pass the "Santa Ana River Wash Plan Land Exchange Act" as soon as possible.

Thank you Mr. President, I yield the floor.

By Mr. SANDERS:

S. 309. A bill to amend the Internal Revenue Code of 1986 to reinstate estate and generation-skipping taxes, and for other purposes; to the Committee on Finance.

Mr. SANDERS. Mr. President, all across our country—in Vermont, in Illinois, in California—all across this country, people are asking a very simple question. That question is, How does it happen that in the midst of the extraordinary wealth that exists in our country—how does it happen that so many people continue to hurt financially and struggle desperately to keep their heads above water economically?

Today, despite unemployment being relatively low, some 40 million Americans continue to live in poverty. We don't talk about poverty very much here in the Senate, but we have 40 million Americans living in poverty. Many of them are struggling to adequately feed their kids. Many of them are forced to go, despite working, to emergency food shelters just to stay alive.

Despite the United States having a GDP—gross domestic product—of more than \$20 trillion, we in this country embarrassingly continue to have the highest rate of childhood poverty of almost any major country on Earth. We don't talk about that either. Children are obviously the future of America, and we continue to have one of the highest rates of childhood poverty of any major country, and that includes 29 percent of African-American children who live in poverty.

How does it happen that in a so-called booming economy—and we hear from President Trump every other day about how the economy is booming—the bottom 40 percent of our population does not have \$400 in cash in order to address a financial emergency? Think about that. The bottom 40 percent—almost half of Americans—don't have \$400 in their pocket, in the bank to address a financial emergency. Maybe the car breaks down, maybe the kid gets sick, maybe one loses one's job, maybe one undergoes a divorce; something happens, and 40 percent of the American people don't have \$400 in the bank to address that crisis.

In other words, today—and we saw this in the recent government shutdown; today in America, many, many millions of families live paycheck to paycheck in order to survive. That should not be happening in the wealthiest country on Earth, and it is time we begin to talk about that. It is not good enough to talk about a so-called booming economy, forgetting about tens of millions of families who are not seeing that booming economy but, in fact, are living under incredible financial stress.

How does it happen that, in the so-called booming economy, tens of millions of American workers today are working for wages that are so low they cannot afford the escalating cost of housing? Some of them are spending 40, 50 percent of their limited incomes on housing. For many of these people, there is no health insurance available; the idea of a vacation for the family is something not even to be thought about; and the idea of being able to send one's kids to college is something that is also not on the table. By the

way, many of these individuals are working two or three jobs, 50, 60, 70 hours a week, just to survive.

This, again, is the wealthiest country in the history of the world. Yet 30 million Americans today, as we speak, have zero health insurance—no health insurance at all; 41 million people are underinsured—which means their deductibles and their copayments are so high that even though they have insurance, they still can't afford to go to the doctor, and one out of five Americans today cannot afford the prescription drugs their doctors prescribe.

In my view—a view I have held for a very, very long time, and it is a view shared by people not only in this country in wide numbers, but all over the world—healthcare is a human right, not a privilege. Whether you are rich or whether you are poor, you have the right to go to a doctor when you get sick, and you have the right to know that if you end up in a hospital, you are not going to go bankrupt or suffer from financial distress.

We are an aging population—no great secret there. We are an aging population. In this Congress, instead of dealing with government shutdowns precipitated by the President, we should be talking about how we respond to the reality of an aging population. Yet what we don't talk about is that about half of older Americans—half of older Americans, those 55 and older—have no retirement savings and no idea about how they will retire with dignity.

Think about what that means. Somebody is 60 years of age, they are coming to the end of their work-life, and they have no money—or virtually no money—in the bank. Maybe all they are going to get is Social Security. They turn on the TV, and they hear folks around here talking about cutting Social Security. Talk about why people in this country are angry and why they are stressed out.

Here is the bottom line. We are the wealthiest country on Earth. In fact, we are the wealthiest country in the history of the world, but despite that wealth, a significant percentage of our population—our children, our elderly people, our working men and women—struggle each and every day to keep their heads above water economically. Not only are they struggling, I think the pain they are feeling has to do with the worry they have about the future for their kids because they know, as many of us know, that unless we make some bold changes in our economy, the younger generation today will have a lower standard of living than their parents.

Imagine that—a so-called booming economy, yet we are looking at a situation where the younger generation may well have a lower standard of living than their parents.

I want to also say a word about another reality that currently exists. While so many of our people are struggling, while so many of our children

are living in poverty, while 20 percent of folks on Social Security are trying to live on less than \$13,000 a year, there is another pervasive reality in American society today; that is, the people on top—the very wealthiest people in this country—have never had it better, and the gap between the very, very rich—I am not just talking about the rich; I am talking about the very, very rich—is growing wider.

Here is the simple truth, a truth that we virtually never talk about here in the Senate, a truth that is not heard much in the corporate media; that is, the United States of America today has the most unequal distribution of wealth and income of almost any major country on Earth, and that level of inequality is worse today than at any time since the 1920s, the so-called Gilded Age of American society.

Today, if you can believe it, the three wealthiest people in this country—three—own more wealth than the bottom half of America, 160 million people. Let me repeat that. The three wealthiest people in this country own more wealth than the bottom half of America, 160 million people. Today, the top one-tenth of 1 percent—not 1 percent; one-tenth of 1 percent—own almost as much wealth as the bottom 90 percent. Today, and since the Wall Street crash in 2008, about 46 percent of all new income goes to the top 1 percent. Roughly speaking, half of all new income goes to the bottom 99 percent, and half goes to the top 1 percent, and our great task here in the U.S. Senate is to keep the government open while Trump tries to shut it down. Maybe, just maybe, we should be talking about those issues. Maybe, just maybe, we should be talking about an economy that works for all of us, not just the people on top.

Today, the top 25 hedge fund managers on Wall Street—25 hedge fund managers—earn nearly double the income of all 140,000 kindergarten teachers in America.

What all of the psychologists tell us is that the most important years of a human being's development are 0 to 4. Those are the most impressionable years in terms of how we develop intellectually and emotionally, and our childcare workers, our kindergarten teachers play a very important role. Does anybody think it makes sense that you have 25 hedge fund managers on Wall Street who, today, earn nearly double what 140,000 of our kindergarten teachers make? By the way, public teachers in America are falling further and further behind other occupations.

Having stated that reality—the fact that the middle class is struggling and the fact that the people on top are doing phenomenally well—I think it is fair to ask what the views are of the Republican leadership here in the Senate—Republicans control the Senate—and what our Republican President, President Trump, is proposing to address these massive levels of injustice and inequality. Three people own more

wealth than the bottom half of America. What does the President and what does Leader McConnell have to say about that? The sad truth is that the Republican leadership today wants to make an embarrassingly bad situation even worse.

After passing a \$1 trillion tax giveaway for the top 1 percent and large corporations last year, Republican leadership is coming back and saying: Hey, we only gave 83 percent of the tax benefits to the 1 percent. That is not good enough. That is not good enough. We have to do even better for our billionaires and corporate sponsors.

This time, the Republican leadership and the President want a tax break of hundreds of billions of dollars that would go exclusively to the wealthiest of the wealthy. I am not talking about the wealthy; I am talking about the wealthiest of the wealthy—the top one-tenth of 1 percent, the wealthiest 1,700 families in America.

We have 127 million families in our country—a population of some 320 million people. As I have indicated, many of these families are struggling. Many of these families are hurting. Today, many of these families are wondering how they are going to pay their rent, pay their mortgage, keep their lights on. Yet the legislation to repeal the estate tax that Senator McConnell and President Trump are proposing would benefit less than the top one-tenth of 1 percent of them—99.9 percent would see no tax reduction from the legislation.

Can anyone actually imagine bringing forward a piece of legislation that does not help the bottom 99.9 percent? Can you imagine that? The middle class are struggling. The gap between the rich and the poor is growing wider. There are 30 million people without health insurance. Our infrastructure is crumbling. And they come forward with a piece of legislation that is designed to protect and benefit the top one-tenth of 1 percent. The legislation would be of no benefit to 99.9 percent of the people of this country.

I think it is clear that when the people of this country look at Congress and say “Those folks in Washington are not representing me. They are representing their wealthy campaign contributors. They are representing the billionaire class,” there can be no clearer example of that reality than this proposed legislation.

Once again, with all of the economic problems, all of the inequality we face, imagine legislation that comes forward from the Republican leadership and the President that benefits the top one-tenth of 1 percent—the 1,700 wealthiest families in this country.

It is no secret that our infrastructure—our roads and our bridges, water systems, airports, wastewater plants—is crumbling all over this country. All over this country, there are major infrastructural problems. But I hear over and over again: We don't have the

funding to rebuild our crumbling infrastructure and put millions of Americans to work at good-paying jobs rebuilding that infrastructure. We just don't have the money.

Our schoolteachers are underpaid, but we don't have the money to provide attractive salaries in order to get the best and the brightest to do the most important work in this country; that is, teaching our young people.

Today, we have veterans—people who put their lives on the line—sleeping on the streets, but we don't have the money to house them.

Families in America cannot afford childcare, and public schools are underfunded.

We don't have the money to address those crises, but somehow we do have hundreds of billions of dollars available to provide tax breaks for the top one-tenth of 1 percent.

We apparently have enough money to provide the Walton family—the wealthiest family in America, the folks who own Walmart, the people who pay their own employees starvation wages—by repealing the estate tax, as Senator MCCONNELL and President Trump would like to do, we have enough money to provide the Walton family, the wealthiest family in America, with a tax break of up to \$63 billion. Veterans sleep out on the street, teachers are underpaid, and 30 million Americans have no health insurance. We can't address those issues, but we do have legislation that would provide up to \$63 billion in tax breaks for one family.

We have, apparently, enough money available to provide the Koch brothers—a family who spent some \$400 million during the midterm election to help elect Republican candidates; the Koch brothers, one of the wealthiest, most politically active families in America—we have enough money to provide them with up to a \$39 billion tax break.

Under this legislation, we can provide a tax break of up to \$27 billion to the Mars candy bar family and up to a \$13.4 billion tax break to the Cox cable family.

In other words, at a time of massive needs in this country, we don't have enough money available to protect working families and the middle class, but we certainly have more money than we know what to do with in order to give incredible tax breaks to the richest people in this country.

The estate tax that we are going to be proposing does not give massive tax breaks to the wealthiest people in this country—quite the contrary. It says to those people that at a time of massive income and wealth inequality, instead of repealing the estate tax, we must substantially increase this tax on the multimillionaires and billionaires of this country and in doing that, not only come up with much needed revenue to address the needs of working families but also to reduce wealth inequality in America.

That is why this week I will be introducing legislation for an estate tax bill that would do exactly the opposite of what my Republican colleagues propose to do. Let me briefly explain what is in the legislation I am offering.

Under my bill, anytime someone inherits an estate in America of \$3.5 million or less, that person will not pay one penny in estate taxes. They will get to keep that inheritance tax-free. That population includes 99.8 percent of the American people. The legislation I am proposing would not raise taxes by a penny on 99.8 percent of the American population.

If you are in the top two-tenths of 1 percent of the population—the population that inherits over \$3.5 million—your taxes will, in fact, be going up, and they should be going up.

My legislation establishes a 45-percent tax on the value of an estate between \$3.5 million and \$10 million, a 50-percent tax on the value of an estate between \$10 million and \$50 million, a 55-percent tax on the value of an estate in excess of \$50 million, and a 77-percent tax on the value of an estate above \$1 billion. In other words, this bill begins to create a progressive tax system in America, which is based on ability to pay.

I know some may think otherwise, but the truth is, this is not a radical idea. From 1941 through 1976, the top estate tax rate was, in fact, 77 percent on estate values above \$50 million. Back to 1976, the top estate tax rate was 77 percent.

This bill would also close tax loopholes that have allowed billionaire families, such as the Waltons, to pass fortunes from one generation to the next without paying their fair share of taxes.

Under this legislation, the families of all 588 billionaires in our country, who have a combined net worth of over \$3 trillion, would pay up to \$2.2 trillion in estate taxes.

Let me make a confession here. This idea, this approach, was not developed by BERNIE SANDERS. It is not a new idea. More than a century ago, a good Republican President named Teddy Roosevelt fought for the creation of a progressive estate tax to reduce the enormous concentration of wealth that existed during the Gilded Age.

What is really quite remarkable is that what Teddy Roosevelt talked about over 100 years ago during the Gilded Age of the 1920s, when little children were working in factories and fields and the wealthiest people were enjoying incredible wealth and luxury—the idea Teddy Roosevelt proposed then is as relevant today as it was back then. Let me quote what Teddy Roosevelt said more than 100 years ago:

The absence of effective state, and, especially, national restraint upon unfair money-getting has tended to create a small class of enormously wealthy and economically powerful men, whose chief object is to hold and increase their power. The prime need is to

change the conditions which enable these men to accumulate power. Therefore, I believe in a graduated inheritance tax on big fortunes, properly safeguarded against evasion and increasing rapidly in amount with the size of the estate.

That was Teddy Roosevelt over 100 years ago. What Roosevelt said then is absolutely true for today.

From a moral and an economic perspective, our Nation will not thrive when so few people have so much wealth and power and so many people have so little wealth and power. This wealth and income inequality is not only unjust and unfair; the truth is, it is a real threat to our economy and our democracy.

We need a tax system in this country that tells the billionaire class that they are going to have to pay their fair share of taxes so that we do not have 30 million people without health insurance, so that we do not have young people graduating college \$50,000, \$100,000 in debt, so that we do not have an infrastructure that is crumbling, and so that we do not see our great country moving toward an oligarchic form of society where a handful of families enjoy incredible wealth and power at the expense of everybody else.

In my view, the fairest way to reduce wealth inequality, to invest in the middle class and working families of our country, and to preserve our democracy is to enact a progressive estate tax on the inherited wealth of multimillionaires and billionaires. That is exactly what I will be proposing.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 35—SUPPORTING DEMOCRATIC PRINCIPLES AND STANDARDS IN BOLIVIA AND THROUGHOUT LATIN AMERICA

Mr. MENENDEZ (for himself, Mr. DURBIN, and Mr. CRUZ) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 35

Whereas the nation of Bolivia proclaimed independence from Spain on August 6, 1825, with Simón Bolívar as its president;

Whereas Bolivia endured more than a century of fragile governance and instability, with more than 150 changes of leadership since it gained independence and at least six military coups between 1952 and 1981 alone;

Whereas, between October 6 and 7, 1970, and again on July 21, 1978, Bolivia experienced a succession of military coups resulting in three different governments over each respective period;

Whereas a transition to civilian democracy occurred in 1982, after the ruling military junta handed over power to a civilian government, which managed to maintain control despite major economic upheavals and painful market reforms;

Whereas elected President Gonzalo Sanchez de Lozada and his successor Carlos Mesa both resigned in the face of destabilizing protests in 2003 and 2005, respectively;

Whereas, in 2005, Evo Morales won his first term as president, becoming Bolivia's first indigenous citizen elected to the office;