

data rights between original equipment manufacturers and the Department of the Air Force or between the Department of the Air Force and the Republic of Korea or the Commonwealth of Australia.

(F) An identification of any potential impediments related to International Traffic in Arms Regulations and related statutes.

(G) Any additional recommendations to Congress that would ease the facilitation of depot-level maintenance repair partnerships with the Republic of Korea and the Commonwealth of Australia, including changes to existing status of forces agreements.

(H) An analysis of current maintenance and repair capabilities and gaps in the organic industrial base of the Republic of Korea and the Commonwealth of Australia.

(I) An assessment of the types of maintenance and repair activities (including depot-level, preventative, and corrective) that may be most appropriate for a partnership with the Republic of Korea or the Commonwealth of Australia.

(J) An assessment of how any such partnership may contribute to allied contingency operations, interoperability, and regional posture resilience in the Indo-Pacific region.

(K) A consideration of planning factors related to the evolving force generation models of the Air Force, future-generation aircraft programs, deployment schedules, statutory maintenance thresholds, and other relevant operational requirements.

(c) DEFINITIONS.—In this section:

(1) COVERED NATION DEFINED.—The term “covered nation” means any of the following:

(A) The Commonwealth of Australia.

(B) Canada.

(C) Japan.

(D) New Zealand.

(E) The Republic of Korea.

(F) The United Kingdom of Great Britain and Northern Ireland.

(G) Any other nation as designated as a covered nation for the purposes of this section by the Secretary of the Air Force.

(2) INTERNATIONAL TRAFFIC IN ARMS REGULATIONS.—The term “International Traffic in Arms Regulations” means subchapter M of chapter I of title 22, Code of Federal Regulations (or successor regulations).

NOTICES OF INTENT TO NOT OBJECT

I, Senator CHUCK GRASSLEY, do not object to the consideration of Brian Morrissey, Jr., of Virginia, to be General Counsel for the Department of the Treasury, dated September 17, 2025.

I, Senator CHUCK GRASSLEY, do not object to the consideration of Francis Brooke, of Virginia, to be an Assistant Secretary of the Treasury, dated September 17, 2025.

I, Senator CHUCK GRASSLEY, do not object to the consideration of Jonathan McKernan, of Tennessee, to be an Under Secretary of the Treasury, dated September 17, 2025.

AUTHORITY FOR COMMITTEES TO MEET

Mr. MORENO. Mr. President, I have 12 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority Leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Sen-

ate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

The Committee on Commerce, Science, and Transportation is authorized to meet in executive session during the session of the Senate on Wednesday, September 17, 2025, at 10 a.m.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

The Committee on Commerce, Science, and Transportation is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 10:10 a.m., to conduct a subcommittee hearing on nominations.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

The Committee on Environment and Public Works is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 9:50 a.m., to conduct a business meeting.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 9:15 a.m., to conduct a business meeting.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

The Committee on Health, Education, Labor, and Pensions is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 10 a.m., to conduct a hearing.

COMMITTEE ON INDIAN AFFAIRS

The Committee on Indian Affairs is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 2:30 p.m., to conduct a hearing.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 10:15 a.m., to conduct a hearing on nominations.

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 2 p.m., to conduct a hearing.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP

The Committee on Small Business and Entrepreneurship is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 2:30 p.m., to conduct a hearing.

COMMITTEE ON VETERANS' AFFAIRS

The Committee on Veterans' Affairs is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 4 p.m., to conduct a hearing.

SPECIAL COMMITTEE ON AGING

The Special Committee on Aging is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 3:30 p.m., to conduct a hearing.

SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Wednesday, September 17, 2025, at 3 p.m., to conduct a closed briefing.

EXPRESSING SUPPORT FOR DESIGNATION OF THE WEEK OF SEPTEMBER 14 THROUGH 20, 2025, AS NATIONAL ADULT EDUCATION AND FAMILY LITERACY WEEK

Mr. MORENO. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 400, which was submitted earlier today.

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

The bill clerk read as follows:

A resolution (S. Res. 400) expressing support for designation of the week of September 14 through 20, 2025, as “National Adult Education and Family Literacy Week”.

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

Mr. MORENO. I ask unanimous consent that the resolution be agreed to, 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 resolution (S. Res. 400) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under “Submitted Resolutions.”)

ORDERS FOR THURSDAY, SEPTEMBER 18, 2025

Mr. MORENO. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in recess until 10 a.m. on Thursday, September 18; that following the prayer and pledge, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, following leader remarks, the Senate proceed to executive session and resume consideration of the nominations en bloc pursuant to S. Res. 377; finally, that all time during recess and leader remarks count postcloture on the nominations en bloc.

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

ORDER FOR RECESS

Mr. MORENO. Mr. President, if there is no further business to come before the Senate, I ask that it stand in recess under the previous order, following the remarks of my Democratic colleagues.

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

The Senator from Wisconsin.

HEALTHCARE

Ms. BALDWIN. Mr. President, folks in this Chamber may know this, but

the fight for affordable healthcare is deeply personal to me.

When I was just 9 years old, I had a very serious childhood illness. It was a diagnosis similar to spinal meningitis—that wasn't the exact diagnosis—but I was actually in the hospital for 3 months. And even though I made a full recovery, my family was not able to find health insurance for me at any price, and that is because I had been labeled as a child with a preexisting health condition.

At that time, insurance companies were allowed to refuse coverage for people because they had preexisting health conditions, but because of the Affordable Care Act, we changed that and gave Americans with preexisting conditions some serious protections.

We gave families like mine hope. We gave young people hope allowing them to stay on their parents' health insurance until age 26—a provision I crafted in the House of Representatives. And we gave small business owners hope, ensuring that their employees could get affordable care.

And since then, I am proud to say that we have actually built on the success of the Affordable Care Act. One of those wins has been giving families a tax break when they buy their insurance through the marketplace to help make their healthcare more affordable.

For small businesses, like our restaurants, manufacturers, and childcare providers, the small group health insurance market isn't just a huge administrative burden, it is also expensive. The open marketplace is the difference between being able to hire and retain and keep doors open and losing staff to jobs at companies that have the wherewithal to provide health insurance.

But this tax break is all on the line right now. If Republicans don't act with us, this tax break will end at the end of this year, jacking up premium costs for 24 million people in America, including pricing about 4 million Americans out of the market altogether.

Yes, you heard me right, 4 or more million people will see their healthcare terminated. These numbers have very real people behind each of them, with very real stories.

Take Amanda. Amanda is a broker's assistant in a real estate office in Wisconsin who relies on the enhanced premium tax credits on the Affordable Care Act. Amanda, who has lupus, needs weekly shots to manage the autoimmune disease.

Or take Madison chef and restaurant owner Evan Dannells who has about a dozen employees who all get their care from the Affordable Care Act.

He said that if that weren't an affordable option, his employees would be looking at corporate employers that can afford big insurance packages.

The stories go on and on of Wisconsinites who rely on the Affordable Care Act to get just that: affordable healthcare.

But these are the people who will have their premiums skyrocketing, forcing some like Amanda to lose care altogether and forcing others like Evan to lose employees.

The upside is that there is a very simple way to fix this, and it is right in front of us: pass the bill that Senator SHAHEEN and I lead to make these tax breaks permanent.

Time is of the essence. Families and businesses are going to get those dreaded letters in the mail any day now saying their premiums are going up 75 percent. Families will have to make really tough choices. Small businesses will be left holding the bag as employees leave for corporations that are able to afford insurance plans.

So we are left with one question: Will Republicans refuse to act and increase healthcare costs for tens of millions of Americans? So far, their answer has been yes. They have had opportunity after opportunity—in fact, three different times on the Senate floor this year—but again they chose not to do anything.

When Republicans were putting together their huge sweeping tax bill, you would think that including tax breaks for tens of millions of families to afford healthcare would be their centerpiece, right? Wrong.

As families are slated to get notices of how much their premiums are going to go up any day now, Republicans had yet another chance this week to help address this pressing issue. House Republicans unveiled a bill just yesterday to fund the government, but it does absolutely nothing to lower healthcare costs or prevent millions from being kicked off of their insurance.

This agenda to strip healthcare for millions and raise healthcare costs for tens of millions is not what the American people are clamoring for, I can assure you.

Wisconsinites have been crystal clear that they need lower costs. The last thing they need is their healthcare premiums to be jacked up or, worse, not even being able to afford them. If Republicans fail to act, Wisconsinites know who to thank when their premiums go up next year and millions are priced out of healthcare.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

HEALTHCARE

Ms. CANTWELL. Mr. President, I appreciate my colleague from Wisconsin talking about her own healthcare experience and why those in Wisconsin want to see us take action to help keep insurance affordable.

I rise today because Americans are facing a massive wave of healthcare costs. Those increases are swamping the family budget, and they are hurting our healthcare system by increasing uncompensated care.

But before I did that, I wanted to make a comment on today's HELP

Committee hearing with the former CDC Director, Director Susan Monarez, who was fired by Secretary of Health and Human Services Robert F. Kennedy because she refused to rubberstamp what he wanted to have happen.

Dr. Monarez basically confirmed what we already knew today, and that was that instead of basing vaccines on hundreds of years of science, instead the Secretary of Health is trying to replace that with a pseudoscience. He is basically trying to say, instead of 100 years of evidence about vaccines for measles and other childhood diseases, that now a new group is going to come up with recommendations and, thereby, I think, confusing people.

So I am glad that the West Coast Alliance of scientists today put out a statement talking about, what is the science that has been the basis for the United States for several years. Those are important things to understand, but this is an assault on our healthcare system if we don't continue to follow science in the most specific way.

So I appreciate Dr. Monarez basically coming before the Senate today, making sure that people understand that she was fired because she didn't want to go along with this, and I think that she made some important statements today about saying that we need to base science on evidence and not ideology. I agree with that, and I think people in the Northwest want to see this alliance in our State and, in California and Oregon, continue to advocate for good science when it comes to vaccines.

But I wanted to also talk tonight about our healthcare system and the assault on it. Last week, the Washington State Office of the Insurance Commissioner approved a 21-percent increase in the 2026 ACA marketplace insurance premium.

So what does that mean? It means that our State said that insurance rates could go up. Why are they saying they could go up? Because this is the largest single increase since 2018, nearly double last year's increase. And why are they saying this? Well, they are saying this—insurers in Washington are saying this because they are pointing to a couple of things: the Trump tariffs, the rising cost of the delivery system, and most importantly, the failure of our colleagues to extend the tax credits that would make health insurance more affordable for about 22 million Americans.

In our State, 80,000 Washingtonians are expected to drop their health insurance coverage because they will no longer be able to afford it. That is a tragedy because we don't want to see people losing health insurance because, when they do, it means there is just a lot more uncompensated care and it means the cost of health insurance goes up for everybody. For everyone else, they will pay an average of \$129 more per month, or \$1,548 per year, just to keep the same health insurance plan.