Family members and other caregivers can also help seniors evaluate their homes for fall-inducing hazards and modify their living space with adequate lighting and assistive devices, such as grab bars in the shower or tub, to help ensure a safe environment.

There are more steps we can take. The costs of even minor modifications like grab bars and hand rails can add up quickly, while more expensive projects such as widening doorways or installing a ramp are financially unrealistic for far too many seniors. Several existing Federal programs can help seniors make these needed modifications to their homes, but few seniors are aware of them. To address this issue, I have joined Senators KING and AYOTTE in sponsoring S. 3230, the Senior Home Modification Assistance Initiative Act, which would improve awareness and better coordinate existing Federal programs.

Falling is not an inevitable consequence of aging. Practical lifestyle adjustments, evidence-based prevention programs, community partnerships, and continued research are among the tools available to reduce falls. Fall-related injuries have a devastating impact on the lives of our seniors, their families, and their communities. Our goal is to unite professionals, older adults, caregivers, and family members so that they might all play a part in raising awareness and preventing falls.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolutions be agreed to, the preambles be agreed to, and the motions to reconsider be laid upon the table en bloc.

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

The resolutions were agreed to.

The preambles were agreed to.

(The resolutions, with their preambles, are printed in today's RECORD under ''Submitted Resolutions.'')

Mr. MCCONNELL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

JUSTICE AGAINST SPONSORS OF TERRORISM BILL

Mr. CORKER. Mr. President, I rise today to speak briefly about what occurred yesterday on the Senate floor when the Senate and the House of Representatives overrode a veto in order to ensure that the victims of 9/11 had an outlet, if you will, to try to seek justice and compensation. It was not as satisfactory as most in this body would hope. I am hopeful that over the course of time between now and the lameduck, or shortly thereafter, we will have a way to rectify some of the issues that concern us.

I don't think many Members are aware of that fact that Senator CARDIN and I attempted throughout the last weekend to set up a meeting with the White House to go over options that could, in fact, be more beneficial to our country and, at the same time, give some justice to the people of 9/11. I think many people here know that there were Saudi officials here seeking to come up with some option that might work better than the option that we all opted for, with none other available, yesterday.

We were unable to get the President to convene a meeting that we had hoped would include the Secretary of State—we had a couple of conversations with Secretary Kerry and I also had conversations directly with the White House—and to set up a meeting between the President and Secretary Kerry, and, of course, Leader MCCONNELL, Leader REID, Senator CARDIN, and myself, as well as the two major sponsors of the bill. The purpose was to see if the issues with the bill that we voted on yesterday could be resolved via a better route. Was there another option that we could consider, and could we develop a timeframe where that could be considered to take us to an improvement over where we were yesterday?

For reasons that still are unknown to me, that was not achievable. There was no desire whatsoever to sit down and meet. I am unaware of any meetings that took place to try to resolve this issue. My friends on the other side of the aisle mentioned that they did have a letter read to them at lunch one day regarding the President's views. But now we have passed a bill. In fact, the victims of 9/11, whom many of us have met with, now have an outlet to try to seek justice. I think there was a desire—as was written yesterday in a letter, which many Senators here signed and many others have discussed—to amend what occurred yesterday to put us in a better place.

So it is my hope, now that we have a piece of legislation that has become law, that maybe the executive branch—which, by the way, we tried to get to engage in this issue over this entire last year—will sit down with us and figure out an option that might work a little better than what passed yesterday on the floor. That hasn't occurred. There just has been no engagement. Even at the last minute, with the first veto override facing the administration, there was just an unwillingness to sit down and discuss routes that can take us to a better place.

So I know there is a desire on the House side, I know there is a desire in this body, as was widely expressed yesterday, and I know there is a desire—no doubt—for the victims to be able to get answers to the questions they have had and to seek, in their minds, justice. There is a desire for that. But there is also a desire to do so in a manner that will not possibly undermine other equities that the U.S. Government and our people have.

So I am hopeful that over the course of the next 6 weeks—last night I had a discussion with a Saudi official whom I know is desirous of sitting down and pursuing that, as they have been over the course of the last week—now that this has become law, the administration will be willing to do the same. My sense is that, with some of the comments that are going to be made publicly and some of the back-and-forth that will occur over the next 6 weeks, I am hopeful that the major sponsors of this bill, who are leaders in this body, will be willing to do that so that we will be able to create some alterations that, unfortunately, were not available to us yesterday to cause this piece of legislation to better serve U.S. national interests.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

PRESCRIPTION DRUG AND HEROIN EPIDEMIC

Mr. PORTMAN. Madam President, I am on the floor to talk about an epidemic that has gripped my State of Ohio and affected every single State in this body in every community we represent; that is, the issue of prescription drug, heroin, and now fentanyl and other synthetic heroin addiction.

This epidemic is affecting our communities in fundamental ways. It is breaking families apart. It is causing crime. In fact, in my home State of Ohio, as I talk to law enforcement officials in every county, they tell me it is the top reason for crime and the growth of crime.

It is affecting our first responders. When I go to a firehouse now and talk to firefighters about what they do with most of their time, they tell me they do a lot more heroin runs than fire runs, and thank God because they are out there saving lives every single day. They now carry Narcan with them, which is a form of naloxone, which is a miracle drug that reduces the dangers because it reverses the effects of an overdose. They have provided Narcan 19,000 times in the last year in Ohio. This is something that is out there in all of our communities.

Sometimes there is a huge spike in these overdoses. Sadly, we had that this week in Columbus, OH, when in the space of 24 hours we had 27 overdoses. I have been working with the county coroner's office and with the health department in the city of Columbus to try to help them determine what the cause of this spike in overdoses was. It appears to be another case where there is a particularly dangerous batch of heroin, and it probably

has something to do with these synthetic heroins that are coming into the States and our country—fentanyl, carfentanil, or U–4. A few flakes of carfentanil ingested can kill you. This is very dangerous stuff. I wish I could say it is getting better, but I fear it is only getting worse.

I have been on this floor talking about this issue every single week since February. During that time period, we passed, by a vote of 92 to 2, legislation to help address this issue. A vote of 92 to 2 is a rare vote in this place. Because Republicans and Democrats came together on this issue, we were able to pass something that will help. We spent 3½ years working on it—my colleague Senator WHITEHOUSE and I and others were very involved—to help ensure that we can get better prevention and education efforts out there; do more in terms of treatment for people who are addicted and need to get help; provide longer term recovery, which we believe is essential to successful treatment because all the facts indicate that unless you have the longer term recovery, the relapse rate is very high.

We also help our police officers, our firefighters, and other first responders by saying: Let's get them the Narcan they need and the training they need to be able to save those lives.

Very specifically, it also helps our veterans and pregnant women who are addicted and these babies born with dependency. Some very specific programs are going to help to turn the tide.

Overall, I would say the legislation is important because for the first time ever not only is Congress supporting recovery, as we talked about, but we are also finally addressing this issue as it needs to be addressed, as a public health issue, saying that this is not a question of someone making a bad moral choice as much as it is a disease. It needs to be treated like a disease. Until addiction is treated as a disease, I think it is going to be very difficult for us to turn this tide and begin to save these lives.

In my home State, it has been the top cause of accidental death, surpassing car accidents, probably since 2007. Sadly, that is now the case in many States around the country. Nationally, we believe it is the No. 1 cause of accidental death. Think about that.

It is a situation that affects every State and our entire country, so in the legislation that was passed yesterday, called the continuing resolution, which is basically just a bill to continue the funding of government through December—it is a short-term spending bill—we were able to include $37 million to help implement this legislation, the Comprehensive Addiction and Recovery Act. I am very proud of that. I am very pleased that this Senate and the House were willing to go along with that.

I know it is unusual because typically in a continuing resolution, you simply fund the previous year's funding and there are no new programs, no new starts. Frankly, the administration did not recommend a new start in this instance, although they did recommend an anomaly or an addition to the CR in 27 other areas. We had to rely on Members in the House and the Senate to do the right thing, to make an exception, and to include this funding. I thank my colleagues for doing that.

I think it is critical that we begin to fully fund this Comprehensive Addiction and Recovery Act—otherwise known as CARA—and do it now and not wait until the regular appropriations process in December.

That $37 million will help us stand up some programs. In particular, there are four I want to mention this morning. One is the community-based coalition prevention grants, the second is the grants for access to overdose treatment, the third is the recovery grants, and the fourth is the State incentive grants for a comprehensive response to this opioid issue. In other words, we are dealing with prevention, education, treatment, and recovery, helping the States be more engaged and involved in this issue so the Federal Government can be a better partner.

On the prevention side, what it does is start to tell people what is going on. We are doing that here today on the floor but specifically to let people know what this connection is between prescription drugs, prescription drug overprescribing and abuse, and heroin and fentanyl. The reason I think this is very important is that probably four out of five heroin addicts in Ohio started with prescription drugs. Many people don't know that. When they are prescribed a prescription drug for pain relief, sometimes they don't realize the potential for addiction.

To the young people who are listening today, you need to know this. You need to understand this. Everybody does. Again, if we are going to turn the tide, we have to change the way we deal with it to ensure that people are getting the education they need to avoid getting into the funnel of addiction in the first place.

This program called CARA also increases the availability naloxone, or Narcan, which is very important. It has long-term recovery grants, including grants for recovery colleges, recovery universities. In other words, there are programs within colleges and universities to help on recovery because unfortunately we are finding that many of our students need these recovery programs as they are trying to work through their addiction. It also supports recovery high schools and increases eligibility for alternatives to incarceration—drug courts and veterans courts. So instead of putting people in jail for using these drugs, we say: Let's do a diversion. If you stay sober and clean, you will stay out of jail and we will get you into treatment. As I have seen around our State, these programs can help people get back on their feet.

These are critical changes. The experts who helped us write this legislation over the last 3½ years, who came here to Washington, where we held four different conferences on this issue and brought in the best minds, the best practices, tell us they believe this legislation will make a difference in our communities day to day.

Of course, it is up to the administration to actually implement this aggressively. Congress has done its work to pass these new programs, to pass this legislation. Now it shifts over to the executive branch to administer it. There is no excuse that the funding is not there because we were able to provide this funding. It is an exception to a normal CR, but we got the $37 million of funding in to begin to get these programs up and running so we can begin to turn the tide on this addiction epidemic.

There are some aspects of the legislation that are already working that don't require a new program or setting up a new program. For instance, nurse practitioners and physician's assistants are now permitted to be involved in administering Suboxone at treatment clinics around the country. We should get that up and going now. That shouldn't require a lot of time, effort, and new programs.

Earlier this week, I had the opportunity to visit a fire station in Norwood, OH. This is a community of about 19,000 people that has had 56 overdoses since June 1. That is one small town in Ohio with 56 overdoses just since this summer. I met with law enforcement, I met with firefighters, and I met with other first responders. I met with a treatment specialist they brought in to help and work with them. They are doing some very interesting intervention work with families. They showed me a video of a young man who was overdosing. They showed me a video of police officers and then firefighters administering Narcan—not once, not twice, but three times. They showed how he was brought back to life. It was tough to watch, but firefighters and other first responders, police officers, see that every single day.

Every 3 hours someone dies of an overdose in Ohio, but every 3 hours many more are saved by the administering of naloxone and Narcan to bring them back to life. As they are doing in Norwood, OH, the key is to intervene with that person, their family, and their friends and get that person into treatment so first responders are not administering Narcan again the next week or sometimes even the next day.

Over the last 4 years, the number of heroin overdoses has tripled. Let me repeat that. Over the last 4 years, the number of heroin overdoses has tripled. Sadly, there is reason to believe this trend is continuing.

Even though our first responders save the vast majority of those who overdose in Ohio, in Ohio we are losing more lives every day. We have already

had more drug overdoses and more drug overdose deaths this year, at the end of September, than we had all of last year.

Of course, the numbers don't really tell the story. This story is about people. It is about dreams that have been shattered. It is about lives that have been cut short, often lives that are promising and young. It is about people like the 25-year-old student who was found dead of a heroin overdose in a bathroom stall at Columbus State University last week—25 years old, with his whole life ahead of him. It is about people like the Hess family of Crestline, OH. Their son Jason was a college student, a talented musician, a gifted athlete. One of his classmates got him to try heroin, to just try it. Almost immediately the drugs became everything in Jason's life. Jason's dad said: ''He liked his dealer more than he liked me.''

I have met with several hundred addicts or recovering addicts in Ohio over the last few years. Many of them tell me the same thing, which is that the drugs do become everything, so they become everything ahead of friends and family and work.

Jason struggled with his addiction for 15 years. He was in and out of jail a lot and in and out of hospitals. In the past 2 months, his dad saved his life twice with naloxone because as family members they are now permitted to get Narcan over the counter.

A few weeks ago, Jason died of an overdose. He was 35 years old. When his mother heard the death notice a few hours later—she was informed about it—she went to a cemetery with a bottle of Valium and committed suicide. It was her 60th birthday. In a note she left behind, she said: ''Thanks, heroin. Another victim.'' That was the note she left for all of us.

With this crisis getting worse and taking such a toll in Ohio, we have to get this legislation implemented as soon as possible and we have to continue to fight, not just for more funding but for better ideas and ways to address this problem at every level and in a comprehensive way.

We need support for safe disposal sites for prescription drugs. That is part of the legislation. When you are at the drugstore or at the pharmacy getting your medication, you will also have an opportunity right there to dispose of some of the medication you may not have used. I have been to these dropoff sites. I was at one recently at Walgreens in Toledo, where they are implementing a program to provide these sites and to provide safe disposal of these drugs so they don't get in the wrong hands.

The experts tell us that in most families in America, there are drugs available that can be dangerous. Many times, they are painkiller prescription drugs that are very addictive. Recently in Marion, OH, an 18-month-old girl was able to get into her parents' Percocet, and she overdosed. We need these disposal sites to help protect kids like her.

We need CARA's prevention efforts, such as its national awareness campaign that is making this link I talked about between prescription drugs and heroin. People need to understand this.

Kelly Clixby of Marion, OH, needed that information. I met her earlier this year when I visited the Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services, where they are working hard every day to fight back against this epidemic.

When I visited, the director, Jody Demo-Hodgins, told me that they are so overwhelmed with patients that ''most of the time, I feel like I'm drowning.'' They are overwhelmed, but they are doing a great job, and Kelly is an example.

Kelly was prescribed painkillers. She became addicted to those painkillers, and, as is the case with many people, when those pills became too addictive and too expensive, when she couldn't afford them, she turned to heroin. Heroin is less expensive and more available, actually, in many cases. Within a year, she had lost her job, her house, her car, and custody of her five kids. Over the next decade, she and her husband Randy got a divorce. She was arrested four different times for shoplifting. She went to jail 19 times. She overdosed. Paramedics saved her life with naloxone, the Narcan we talked about. When Kelly was in the grip of this addiction, she didn't even want to get out of bed in the morning. She felt like she couldn't even get started on her day. She felt a constant sense of despair.

Kelly's life turned around when her best friend Chrystina died of a heroin overdose. At that point, she realized she needed to get treatment. Nine months to the day after paramedics saved her life, Kelly got clean. With the help of medication—in her case, Vivitrol, which is medication that actually blocks the craving for the opioid, and it has worked very well in many cases in Ohio, including in our drug courts—with the help of Vivitrol and with the compassion of people at the Marion Area Counseling Center, Kerry has now been sober for a year and a half. She is back with her husband Randy. She is back with her kids and her family. She is now a grandmother. She is leading a 12-step program to help others. She is beating this because she got treatment.

The Comprehensive Addiction and Recovery Act will help get more people into treatment so we can have more success stories like Kelly's. As I said, we need to raise awareness about how easy it is to become addicted to these opioids.

I believe that will also help us to be able to push aside the stigma that is so often associated with addiction. That is one reason people don't come forward and get treatment. Kelly said the stigma of addiction kept her from getting help when she needed it. She said:

> You feel horrible for stealing because you need to get high. Then you get high and you feel horrible for getting high. And then you have to steal again. I feel guilty because I use, and I use because I feel guilty.

And the stigma kept her from coming forward.

Think about Tera Guest. Tera Guest is from Lorain, OH. She was a nurse's aide in a nursing home. She had been a good student and a talented artist. One day she was on her way to work and was hurrying down some stairs in her apartment building. She slipped, fell, and broke her ankle. When she went to her doctor, her doctor prescribed her Percocet and then OxyContin. She became addicted. When the prescriptions expired, like so many, she turned to heroin.

Her mom Lori—who is a strong advocate on this issue and heads up the Lorain Community Task Force—found out about Tera's addiction when Tera was evicted from her apartment and started living out of her car.

Lori felt what so many moms and dads have experienced in Ohio and across the country. She said that when her kids were young, ''We never discussed heroin. I never thought it would be part of our lives. You don't think that it's going to be your child; you don't think that it's going to be in your family. And when it is, the stigma makes you so ashamed'' and you don't want to talk about it.

Her daughter Tera fought this addiction for 2 years. At just 24 years old, she died of an overdose of heroin laced with fentanyl. Fentanyl is this synthetic heroin that is creeping into our communities, this poison that is coming into our country from other countries, particularly China and India. It is coming here by the mail system.

For Tera, it started with a broken ankle. It could happen to anybody. That is why we need this prevention effort—to warn people about the dangers and to help end the stigma to keep people from hiding it and to get them to come forward. For all these reasons—the prevention, the treatment, the recovery, and ending the stigma—the people we represent need this legislation to be enacted but also to be implemented as soon as possible.

In order to help as many people as we can, we have to get the funding in the CR working and we have to continue to fight for funding.

Madam President, we have talked about a lot of tough stories today. Unfortunately, the grip of this addiction is so great that there are a lot of heartbreaking stories, and it is getting worse, not better. But there is also hope. There is hope I see every week when I am back home in Ohio.

I recently met Sheila Humphrey, whose child succumbed to a heroin addiction and an overdose and death. She started her own organization with other moms and family members, and they are having great success in intervening with these families and explaining the reason to get treatment and get

into recovery. She gave me this bracelet. It talks about the Rally for Recovery in 2016. We had one in Ohio last weekend that I was able to attend.

At that rally, with the Ohio Citizen Advocates for Addiction Recovery, I got to meet so many people who are in recovery. They came forward to talk to me about their stories and to talk about what they are doing to help others. They talked to me about the need for us to have more treatments and recovery programs. I met someone who has not only beaten the addiction but is a counselor in Dayton, OH, named Gary. Gary Gonnella is helping others to get their lives back on track. He is incredibly persuasive because he has a story to tell.

Gary told me: Senator, there is hope. Don't give up.

He is telling me don't give up. I am telling my colleagues: People expect us not to give up. They are not giving up. This guy, Gary, is a recovering addict. He is not giving up, and he is asking us to ensure we do everything we can to help—to be a better partner with State and local governments and with the nonprofits out there in the trenches every day that are doing this work with folks like Gary who are looking for our help. CARA will give more people more hope.

So on behalf of all of those whom I talked about today, those whose lives were cut short, and their family members, and on behalf of our communities, let's continue this fight. Let's ensure we do, in fact, get CARA implemented quickly. Let's ensure we do continue to push not just to provide funding but new ideas and better ideas.

There is new legislation we just introduced in the last couple of weeks called the STOP Act that stops the synthetic heroin, the fentanyl, the carfentanil, and U–4 from coming into our country from other countries by requiring packages include information about where the package is from, what is in it, and where it is going. That is not required now by the post office, but it is required by private carriers. So these traffickers are using the postal system, including the U.S. postal system, to move these deadly chemicals into our communities. We need to stop that.

So there is more we can and should do. It is our responsibility to do that. As we break for these elections and as the lameduck period in December comes upon us after that, let's continue to work to ensure we are able to turn this tide and bring back more hope.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

WILLSEYE HOSPITAL

Mr. CASEY. Madam President, I wanted to come to the floor today, as I did last week, to speak once again about WillsEye Hospital in Philadelphia. When I was here last week, I was talking about the hospital itself and the truly excellent work that is done at that hospital and, unfortunately, to talk as well about the unfair treatment that hospital is receiving from the Centers for Medicare and Medicaid Services. We know it by the acronym CMS.

CMS is using an arbitrary ratio of the number of inpatients and outpatients to make the argument—faulty though it is—that WillsEye is not a hospital and should be an ambulatory surgery center, which could have drastic implications and ultimately force WillsEye Hospital to close down. This hospital is almost 200 years old.

Last week, WillsEye Hospital started an online petition on change.org so people could show their support for the hospital. I wanted to share some of those comments today with Members of the Senate. These online postings, of course, don't just come from Philadelphia or Pennsylvania. They come from States across the Northeast and even beyond.

Here are just a couple of examples. Jack Croft from Lansdale, PA, which is not too far from Philadelphia, said:

I owe my life, my right eye, and my sight to Wills Eye Hospital and its brilliant ocular oncology team. Losing federal designation as a hospital would have a devastating effect on the lives of thousands, many of them children, who desperately need the specialized expertise of Wills.

So said Jack Croft.

Ayan Chatterjee from Philadelphia said the following:

Wills Eye Hospital provides care to so many complex patients from all across the world. It is not just a ''surgi-center.'' State regulators got it right but Federal regulators should revisit this.

We continue to hope they will do that—my words, in addition to the comments.

Kathleen O'Brien from Vestal, NY—not from Pennsylvania—said:

I've needed Wills since 2005 to treat and monitor my ocular melanoma. They are the best in the world for my very rare cancer. Medicare is my primary insurance provider. It makes no logical sense to take away this vital institution to the thousands of children and adults they not only treat but save lives.

Erica Roache from Cape May Court House, NJ, said:

This hospital provides specialized care not available anywhere else. Doctors at Wills Eye quickly diagnosed and successfully treated my daughter's rare eye condition that had been misdiagnosed for years by other less specialized doctors. The possibility of closing this world class hospital due to senseless bureaucracy is just unthinkable.

So says Erica.

Here are two more. This is Mike Stanley from Overland Park, KS—half a country away from Pennsylvania:

We live in Overland Park, KS, and for the past 2 years have been flying from Kansas City to Philly for treatment for the retinoblastoma eye cancer you refer to.

He is referring to comments I had made when I was at WillsEye Hospital.

I continue on with Mike Stanley's comments:

Thankfully, my daughter is now 4 and in remission and we travel back to Philly next week and Wills. Please let us know what we can do to support CMS changing how they classify Wills Eye so we and others can continue to get the best care in the world.

Alexis Butler, from Chelsea, MI, said:

I'm signing because as a volunteer at Camp Sunshine at Sebago Lake I've met many children who have been saved by Wills Eye Hospital. Their cases aren't handled much by other hospitals as well as they are at Wills. It needs to survive.

So said Alexis from the State of Michigan.

I will do one more. The final comments come from Nancy Cotton from Marlton, NJ.

Please do not be blinded by rubber stamp bureaucracy. Not everything fits neatly into arbitrary slots—visit Wills Eye and look in the faces of those whose vision was restored, saved, as well as the parents whose children's very lives were saved. This institution fills a desperate need for highly specialized service! Save Wills Eye!!

Notice she uses exclamation points—actually two exclamation points at the end. That is how Nancy Cotton from New Jersey ends her comments.

So you can see from these comments that these are real people talking about their real lives or that of a family member—sometimes a child—and commenting from the vantage point of what they had experienced in terms of the benefits that WillsEye Hospital has provided. I hope CMS is listening—and not just to these comments but to the many others that have been sent in.

None of these comments are compulsory. None of these comments are part of some organized political effort. People are just responding in a very authentic and substantial way. This is very rare to have this kind of commentary that is so specific about how WillsEye Hospital has made life better for people across the Commonwealth of Pennsylvania, people across the northeastern part of the United States and well beyond that, as we can document from the comments from Kansas.

So what we are trying to do is to work with WillsEye and CMS to work this out and to remove a bureaucratic barrier or obstacle in the way of keeping WillsEye Hospital open as a hospital so that it can deliver the kind of eye care—the kind of lifesaving eye care—that not only these people experience but that I experienced myself as a father.

My wife and I had a daughter, and, fortunately, she is doing very well now. She is out of college. But she had a moment in time when she was a little girl where she would have lost eyesight in one of her eyes were it not for WillsEye Hospital. That is a fact. That is documented. We know that. So I join in those comments we heard today, and I will continue to make them a part of the RECORD.

We are working to save this hospital. To say it is a world-class institution is a vast understatement. It has affected so many lives, including my own.

So CMS got this wrong. They have an obligation to get it right, to fix it, so that WillsEye Hospital can continue into the future.