

a lot of support even on the Republican side of the aisle, let alone in America.

What will it mean for average Americans if you repeal the law without any viable replacement? Not just the 30 million who might lose coverage right away—that is a staggering number, many of them in very red and poor States and rural areas. What will happen to the overall marketplace if you rip away all the safeguards of the ACA and have put nothing in its place?

It doesn't matter if you repeal and delay, as some of my friends on the other side of the aisle call it, for 1 year or 2 years—however long. Folks will lose a lot of benefits, and the insurance marketplace could fall apart long before repeal goes into place. As insurers raise their prices because they have to with repeal, costs to the average American who has employer insurance will go up as well. My colleagues will own that, just as we owned everything that happened previous to this election.

Let me tell you, if Republicans pull the plug on health reform, on Medicaid, and privatize Medicare, it could mean absolute chaos, not affordable care. It would likely increase prescription drug costs, premiums, and out-of-pocket costs to American families—not, as I said, just for the families that got coverage on the exchanges but for all American families, even if you get insurance through your employer. I repeat that to America. Everyone who has employer-based insurance and is not part of the ACA should worry about this repeal with no replace because their costs will go up, sure as we are here together. It would put insurance companies back in charge. It would allow them to discriminate against individuals with preexisting conditions.

We all know of people. Parents—their kid has cancer. They would look for an insurance company. Oh, no, your son has cancer, your daughter has cancer, you can't get it. What are our colleagues going to do about that one? No answers yet. I doubt they have good ones. It would cause premiums to skyrocket. It would unravel the insurance market.

I would ask my colleagues before they jump into this repeal to talk to their local rural hospitals. In my State, rural hospitals are a mainstay of our rural economy. They are the largest employer in many of our towns and villages. Remember, New York has New York City, but we are the third largest rural State in the Nation, only behind Pennsylvania and North Carolina. In those areas, merely repealing the ACA and not doing anything else is going to hurt those hospitals dramatically. In fact, today, in 11 State capitals, rural hospitals—many of them in red States—protested a repeal of the ACA.

It could also exacerbate—I don't want to forget—the opioid epidemic by ripping away coverage from 1.6 million newly insured individuals struggling with substance abuse disorders. We worked so hard in the Cures Act to

cover people. Far more would be undone by this act of repeal in terms of fighting opioid abuse.

For all my deficit-hawk friends, your proposal causes a trillion-dollar hole in the budget—at least a trillion. My colleague from Washington thinks it might be even higher, and I rarely doubt her. What are you going to do, deficit hawks, once you repeal and that hole in the budget becomes enormous?

This is not conjecture. My Republican colleagues would be wise to remember how the American health care system operated before health care reform. Health care costs were growing at a much faster rate than they are today, eating into workers' paychecks and dissuading them from taking risks and changing jobs lest they lose a good coverage plan. A debilitating illness could wipe out a lifetime of hard-earned savings because there was no cap on health care costs. Women were charged more than men for the same health coverage. It was outrageous. We will go back to those days with repeal.

Many couldn't get insurance if they had a preexisting condition. Some insurance companies would simply delete you from their rolls if you got sick. You want to go back to those "good old days"?

Today, because of health care reform, those things are no longer true. Health care costs are rising much more slowly than before, and the uninsured rate is the lowest it has ever been. I don't think any American would want to go back to the health care world of yesterday where insurance companies wrote the rules and costs spiraled up unchecked, but Republicans seem all too eager to dial back the clock and make America sick again.

Democrats are united in our opposition to cutting Medicare, to cutting Medicaid, and to repealing health care reform, and we will hold the Republican majority and the President-elect accountable for the consequences of repealing health care reform.

I yield the floor.

The PRESIDING OFFICER. Under the previous order, the question comes on agreeing to the motion to proceed.

The yeas and nays have been ordered.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

The PRESIDING OFFICER (Mr. PERDUE). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 51, nays 48, as follows:

[Rollcall Vote No. 1 Leg.]

YEAS—51

Alexander	Corker	Flake
Barrasso	Cornyn	Gardner
Blunt	Cotton	Graham
Boozman	Crapo	Grassley
Burr	Cruz	Hatch
Capito	Daines	Heller
Cassidy	Enzi	Hoeven
Cochran	Ernst	Inhofe
Collins	Fischer	Isakson

Johnson	Perdue	Sessions
Kennedy	Portman	Shelby
Lankford	Risch	Sullivan
Lee	Roberts	Thune
McCain	Rounds	Tillis
McConnell	Rubio	Toomey
Moran	Sasse	Wicker
Murkowski	Scott	Young

NAYS—48

Baldwin	Harris	Nelson
Bennet	Hassan	Paul
Blumenthal	Heinrich	Peters
Booker	Heitkamp	Reed
Brown	Hirono	Sanders
Cantwell	Kaine	Schatz
Cardin	King	Schumer
Carper	Klobuchar	Shaheen
Casey	Leahy	Stabenow
Coons	Manchin	Tester
Cortez Masto	Markey	Udall
Donnelly	McCaskill	Van Hollen
Duckworth	Menendez	Warner
Durbin	Merkley	Warren
Franken	Murphy	Whitehouse
Gillibrand	Murray	Wyden

NOT VOTING—1

Feinstein

The motion was agreed to.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The PRESIDING OFFICER. The clerk will report the concurrent resolution.

The legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

The PRESIDING OFFICER. The Senator from Wyoming.

RECESS

Mr. ENZI. Mr. President, I ask unanimous consent that the Senate stand in recess until 2:15 p.m. for the weekly policy lunches.

There being no objection, the Senate, at 1:21 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. ROUNDS).

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time be equally divided between the two sides during quorum calls.

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

Mr. ENZI. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. ENZI. Mr. President, I ask unanimous consent that for the duration of the Senate's consideration of S. Con.

Res. 3, the majority and Democratic managers of the concurrent resolution, while seated or standing at the managers' desks, be permitted to deliver floor remarks, retrieve, review, and edit documents, and send email and other data communications from text displayed on wireless personal digital assistant devices and tablet devices.

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

Mr. ENZI. I further ask unanimous consent that the use of calculators be permitted on the floor during consideration of the budget resolution.

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

Mr. ENZI. Mr. President, today we have a new Congress. Soon we will have a new President. For the first time in years, hardworking Americans will have their voices heard as we take the first steps to repair the Nation's broken health care system—steps to remove Washington from the equation and to put control back where it belongs—with the patients, their families, and their doctors.

The President's health law has pushed insurance markets to the brink of collapse. Premiums for hardworking families are soaring, while patients' choices are dwindling. I urge my friends on the other side of the aisle to face the facts that ObamaCare has failed to deliver on its core promises and is hurting far more than it is helping.

I know our colleagues on the other side of the aisle share our goal of a robust health care system for hardworking families, and I truly hope they will work with us to find common ground that delivers more choices and lowers costs. I welcome the input from all the Nation's lawmakers as we endeavor to listen to the American people in this pursuit. But first, it is important to remember how we got here so that the actions that we will be taking this year are considered in proper context.

After the 2008 election, Democrats controlled the Presidency and had a majority in the House and a supermajority in the Senate. This allowed Senate Democrats in 2009 to pass a health care plan without any Republican support, which is exactly what they did. House Democrats had initially approved a health care reform bill with several important differences. So congressional Democrats needed to address these concerns in a conference committee. But plans to iron out the differences between the House and Senate versions were derailed in early 2010, when Democrats lost their filibuster-proof majority with the Massachusetts special election that resulted in placing Senator Scott Brown in the seat formerly held by the late Senator Ted Kennedy. He had held that seat since 1962.

With the filibuster-proof majority lost, Democrats in the House approved the Senate-passed health care bill without any Republican votes and sent

it to the President, while vowing to use the budget reconciliation process to address their colleagues' concerns with the Senate legislation.

Subsequent budget reconciliation legislation was passed by Democrats and signed into law by President Obama. Combined with the initial health care bill, ObamaCare was created.

Now, I share this brief history of ObamaCare only as a reminder that, while my colleagues will surely complain about using the reconciliation process to untangle the country from this unworkable, unpopular, and unaffordable law, they should remember they actually employed the exact same procedure to secure the passage of ObamaCare.

Recent headlines show the ObamaCare problem is only getting worse and discourages people from seeking so-called coverage. Last October, at Bloomberg's The Year Ahead Summit in New York, the CEO of Aetna discussed the issues surrounding their decision not to participate in ObamaCare exchanges, saying:

As the rates rise, the healthier people pull out because the out-of-pocket costs aren't worth it. . . . Young people can do the math. Gas for the car, beer on Fridays and Saturdays, health insurance.

Now, if you are young and healthy, ObamaCare has made it an easy choice to opt out of health coverage. But if you are not so fortunate—for those who must have coverage—it quickly becomes a frightening reality. I have constituents in Wyoming who have written to me, with worry and concern about their surging health insurance premiums. I recently heard from a young woman who is experiencing the worst of this law. She said:

Dear Senator Enzi,
I am writing with concerns specifically in the way that our country is heading in respect to healthcare services.

I am a 25 year old with no medical conditions, I rarely need a doctor visit, however as I looked into the health insurance for me and my 8 month old son, also without health problems, I have found insurance to be incredibly expensive. Based on the cost of our health care last year, which included a C-section and the birth of our son, our family would spend less on health care if we paid for medical expenses out of pocket and did not have health insurance. However, in order to obey the law this is not an option.

I have researched and calculated the most cost effective health care option for our family. We are looking at paying almost \$800 a month for our insurance, even with my husband receiving insurance through work. This is almost 1/3 of our family's monthly income. . . . Insurance is becoming a huge burden for our family.

Now, that is the reality for many of our constituents across the country. She is trying to do the right thing for her family's health, but the law is crippling them financially. Our answer must be to not ignore these problems. For many Americans caught up in ObamaCare's tangled and expensive web of regulations, the situation is grim and only getting worse by the day. It is time to act.

One of the most disturbing parts of this law is that Americans are now paying more in taxes to pay for the very health law that is driving up their insurance premiums. The law will saddle American households with \$1 trillion—\$1 trillion—in new taxes and penalties over the next 10 years, unless Congress acts. ObamaCare's crushing regulations mean smaller paychecks for families, while holding back small businesses from expanding and hiring new workers. For every American, ObamaCare has meant more government, more bureaucracy, and more rules and regulations, along with soaring health care costs—along with soaring health care costs.

It is time to lift the burdens and higher costs this law has placed on all Americans. The Senate is poised to pass a repeal resolution that will set the stage for true legislative relief from ObamaCare that Americans have long demanded, while ensuring a stable transition in which those with insurance will not lose access to health care coverage.

Let me repeat that. The Senate is poised to pass a repeal resolution that will set the stage for true legislative relief from ObamaCare that Americans have long demanded, while ensuring a stable transition in which those with insurance will not lose access to health care coverage. This will allow us to move step-by-step on a new set of reforms, listening carefully to the advice of the millions of Americans affected and to do our best to make sure that we proceed wisely and do no harm.

Fortunately, America now has a President committed to repealing ObamaCare and moving toward a system that offers more choices, lower costs, and more individual control for millions of hardworking Americans.

The American people have endured a lot under ObamaCare and its broken promises. As a Presidential candidate not so long ago, then-Senator Barack Obama, a Democrat from Illinois serving here, promised Americans they could keep their health plan if they liked it. Millions soon learned they couldn't, and others soon wouldn't. This is because ObamaCare has drastically reduced Americans' choice of health care plans through a Federal takeover of the insurance marketplace. In fact, the President's promise that "if you like your plan, you can keep it" has proven to be one of many unfulfilled and unattainable promises of ObamaCare.

In Wyoming, we have seen the real impact of ObamaCare on our health insurance market. Wyoming now only has one health insurer in the individual market, both on and off the ObamaCare exchange. Many States are experiencing a similar issue of having insurers leaving the exchanges entirely. So for Wyomingites, the Obama administration's talking points about "choice" were in the end just more empty promises.

Americans were also promised lower health care costs, but even the administration admits that ObamaCare is failing to address costs, with average premiums rising by 25 percent for silver-level plans on the Federal exchange. That is in 1 year. This means that families have to decide whether to purchase unaffordable insurance or to pay a fine. In most cases, they are literally paying more money for less control over their health care.

Health care costs in Wyoming continue to be among the highest in the Nation, with other States not far behind. ObamaCare's mandates and taxes on employer-sponsored health plans are not only leading to higher out-of-pocket expenses but also to fewer choices and fewer services for the 150 million Americans with employer-sponsored health benefits. Let me repeat that: The mandates and taxes on employer-sponsored health plans are not only leading to higher out-of-pocket expenses but to fewer choices and services for the 150 million Americans with employer-sponsored health benefits.

According to the nonpartisan Kaiser Family Foundation, individual employees who have job-based insurance have seen their out-of-pocket expenses climb by hundreds of dollars year after year. Employees working for small businesses now have deductibles of over \$1,800 on average. Since ObamaCare became law, several large employers have stopped offering benefits to part-time employees altogether.

Over the past 50 years, our Nation has made great strides in improving the quality of life for all Americans, but these transformative changes are always forged in the spirit of bipartisan compromise and cooperation. These qualities are essential to the success and longevity of crucial programs such as Medicare and Medicaid.

This is a crucial time for health care in America. We do not have the luxury of ignoring the growing problems in the health insurance markets and the crushing premiums faced by families across our country. That is why we are doing this first. The failures of ObamaCare have metastasized since its passage.

We must act now to repeal ObamaCare and provide relief to the millions of Americans who have been harmed by this law. Relief will require a stable transition period, which ensures those with coverage today continue to have access to health care tomorrow. Unwinding this tangle of partisan gridlock to make meaningful changes will not be easy. Our goal is to create a health care system where Washington makes fewer decisions and families are empowered to control their own health care with more choices and lower costs.

This is where we find ourselves today. Congress and soon the new President will be in a position to begin the process of repealing ObamaCare. Passing this resolution is just the first step on a path to repair health care for

millions of hard-working Americans whose experiences with ObamaCare have meant broken promises, higher costs, and fewer choices.

This is the budget resolution we are debating now. As far as the budget part of it, all this is, is a statement of where we are at the moment. This budget went into effect last October. It has been changed a few times in the meantime, and this is a reflection of the changes that have been made up to this point.

The difference is in title II, which is where the reconciliation can take place. You will notice that it is a very simple title. There is not much to it. It requires that the Committee on Finance of the Senate shall report changes in laws within its jurisdiction to reduce the deficit by not less than \$1 billion for the period of fiscal years 2017 through 2026. The Committee on Health, Education, Labor, and Pensions will report changes in laws within its jurisdiction to reduce the deficit by not less than \$1 billion for the period of fiscal years 2017 through 2026. There is no specificity in this as to how the reconciliation will take place. That is up to the Finance Committee and the Health, Education, Labor, and Pensions Committee on the Senate side and the Energy and Commerce Committee and the Committee on Ways and Means on the House side to come up with the reconciliation bill, which has to pass a lot of Senate rules in order to be done, but you will notice that there isn't any specificity in here on how to do that.

That comes later. That will be another budget debate we will have, but it sets the stage so that can be done. Hopefully, it will be done quickly and we will be able to find solutions for the hard-working Americans whose experiences with ObamaCare are broken promises, higher costs, fewer choices. I hope our Democratic colleagues will join us in this effort so that we can come up with solutions so that Americans can afford the insurance they want and need.

I remember when we started this debate, I think there were 30 million people uninsured. Today, I think there are 30 million people uninsured. It is a different 30 million, though: The 30 million who couldn't get insurance now have insurance, and 30 million people who had insurance now can't afford their insurance. It is time for us to take care of both 30 millions and not just one. We will have that opportunity if we pass this concurrent resolution to fix ObamaCare.

I yield the floor and reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. MIKE ENZI, the Senator from Wyoming, is a friend of mine. He comes from a beautiful rural State—Wyoming. I come from a beautiful rural State—Vermont. That is probably the end of our commonality. We look at the world very differently,

and I hope that in the course of this debate, the American people will see the very profound differences we have not only on health care, not only on tax policy, not only on the deficit, but on many other important issues.

What we are looking at right now is a budget process whose ultimate goal is to remove health insurance from tens of millions of Americans. Let's be clear. Today, the United States of America is the only major country on Earth that—I live 50 miles away from the Canadian border. Many of us have visited Europe. We are the only major country on Earth that does not guarantee health care to all people as a right. It is something I passionately believe in. I believe that health care for all is a human right. I had hoped we would work together to figure out what is a complicated issue as to how we can move forward to guarantee health care to all people in a cost-effective way, but that is not what we are debating today.

Let's be very clear. The Republican plan—their budget plan—lays the groundwork for ending the Affordable Care Act, which will remove tens of millions of Americans from the health insurance they get. There is nothing wrong with change. We can always improve.

I hope that during the course of this debate, my Republican friends who want to repeal the Affordable Care Act will come down and tell us what their plan is, how, in fact, they are going to provide quality, cost-effective health care to all Americans. Well, you know what. They all voted against the Affordable Care Act. Senator ENZI is right—we did not get one Republican to vote for it. They have had 8 years to think about how they are going to come up with a new plan, and I would hope but I do not expect one Republican to come to the floor and say: Oh yeah, we are going to throw 20, 30 million people out of their health insurance. This is our new plan. This is how we are going to provide health care to those people.

They have no ideas. Their theme is to repeal and then delay. Someday they are going to come up with a new plan. You don't destroy a house without having another house in which people can live. You don't throw 30 million people off of health care without having a plan to provide health care to those people.

Under the Republican proposal—something many Republicans have been talking about for years—they want to end Medicare as it presently exists, a program that is life-and-death for millions of seniors. They want to voucherize Medicare, give people a check, and then let them go to the private insurance market and get the best deal they can.

Imagine that you are an 85-year-old senior citizen who has been diagnosed with cancer and you get your check for whatever it may be. We don't know what it will be—\$7,000, \$8,000, \$9,000.

You go to the insurance company and you say: I have \$9,000. I am 85. I have been diagnosed with cancer. I want you to take care of me. Give me an insurance program that will take care of my medical needs, my hospital needs.

The insurance agent will laugh in your face because \$9,000 or \$8,000 will last you, at most, for 1 week.

That is their plan.

I have been all over the country, and right now the American people are outraged at the high cost of prescription drugs in this country—let's be clear—because of the power of the pharmaceutical industry and their lobbying and their campaign contributions—a power that exists, by the way, not only influencing Republicans but too many Democrats as well. We pay the highest prices in the world for prescription drugs. In fact, one out of six Americans who goes to a doctor to get a prescription for an illness cannot even afford to fill the prescription. Yet, under the Republican proposal, if you eliminate the Affordable Care Act, the doughnut hole fix, which now helps seniors pay for their prescription drugs, will be eliminated and prescription drugs for seniors could rise by as much as 50 percent.

By the way, at a time when we have more income and wealth inequality than any other major country on Earth, when the very rich are getting richer while the middle class shrinks, the Republican proposal not only throws 20 to 30 million people off of health insurance, not only raises the price of prescription drugs for seniors, not only moves forward to privatize Medicare, but, shock of all shocks, our Republican colleagues want to give massive tax breaks to the top 2 percent.

Among many other negative impacts that the repeal of the Affordable Care Act will have will be one that will impact heavily rural States, such as Wyoming, Vermont, and other rural States around this country; that is, as a result of the repeal of the Affordable Care Act, rural hospitals could be forced to close their doors—not getting the funding they need—leaving millions of Americans with nowhere to turn for critical medical care.

I look forward to this debate. Nobody here thinks the Affordable Care Act is perfect. Nobody believes that at all. The goal is how we repair it, how we improve it, how we expand health care to more Americans, how we end what has been the case for decades in this country—that we pay, by far, the highest prices in the world per capita for health care. Maybe we should understand that we are the only major country in the world that allows private insurance companies to profit off of people's illness.

The proposal being brought forth by the Republicans is not only poorly thought out, it really is not popular. It is not what the American people want. Go to your hometowns and ask people—at a time when the top one-tenth

of 1 percent owns almost as much wealth as the bottom 90 percent, when the top 1 percent is earning 52 percent of all new income, go out and ask your constituents whether we should give huge tax breaks to the top 2 percent, and they don't think that is a good idea.

According to a poll released this month by POLITICO and Morning Consult, 80 percent of the American people think the Federal Government should be spending more money on Medicare. Only 10 percent think we should be spending less. Seventy-one percent of the American people think we should be spending more on Medicaid.

So 84 percent of the American people think the Federal Government should be spending more on Social Security. In other words, the proposal we are seeing from the Republicans today is way, way out of touch from where the American people are.

There is another issue out there that I find extremely interesting. Senator ENZI mentioned—and, of course, he is right—that within a couple of weeks we are going to have a new President. Donald Trump will be inaugurated as President, and it is interesting that we listened to what Donald Trump said during the campaign. The Democrats heard what he had to say during the campaign, what he campaigned on, and more importantly, Republicans, listened and heard what their leader had to say about these issues. This is what Donald Trump said, and he didn't say it once in the middle of the night. He didn't say it in an interview. This was a central part of his campaign. This is what he asked millions of elderly people and working-class people to vote for him on. These are the principles that Donald Trump ran and won the Presidency on. On May 7, 2015, Donald Trump tweeted: "I was the first and only potential GOP candidate to state there will be no cuts to social security, Medicare and Medicaid." On April 8, 2015, Mr. Trump said: "Every Republican wants to do a big number on Social Security." That is not BERNIE SANDERS talking; that is Donald Trump talking.

They want to do it on Medicare, they want to do it on Medicaid and we can't do it. It is not fair to the people that have been paying in for years.

That is not BERNIE SANDERS—Donald Trump, our soon-to-be President.

On March 29, 2016, Mr. Trump said:

You know, Paul [Ryan]—

PAUL RYAN is the Republican Speaker of the House—

wants to knock out Social Security, knock it down, way down. He wants to knock Medicare way down and frankly . . . you're going to lose the election if you're going to do that. I am not going to cut it, and I am not going to raise ages and I am not going to do all of the things they want to do, but they want to really cut it and they want to cut it very substantially, the Republicans, and I am going to do that."

What Mr. Trump said was exactly right. Here are the "they." This is the day. They want to cut Social Security.

They want to cut Medicare. They want to cut Medicaid. Mr. Trump was right, and millions of people voted for him on the belief that he would keep his word.

Well, it seems to me that Mr. Trump right now has to do one of two things. No. 1, if all that he was talking about was campaign rhetoric, then what he is obliged to do now is to tell the American people: I was lying. Yes, I said that I would not support cuts to Social Security, Medicare, and Medicaid, but I was lying. It was a campaign ruse. I just said what came to my mind to get votes. I have no intention of keeping my word. If that is what he believes, if that is what the case was, let him come forward and say that. But if that is not what the case is, if he was sincere, then I would hope that tomorrow or maybe today he could send out a tweet and tell his Republican colleagues to stop wasting their time and all of our time and for Mr. Trump to tell the American people that he will veto any proposal that cuts Medicare, that cuts Medicaid, and that cuts Social Security. What we are talking about right now—let us be clear: no debate. That is exactly what this goal is. That is what this budget proposal is. It is to move toward the voucherization and privatization of Medicare, to make massive cuts in Medicaid and throw millions of people off health insurance.

So there is a lot of responsibility on Mr. Trump's shoulders, but I would hope that he could save us a whole lot of time by telling the American people that he was sincere in what he said during the campaign, that he was not lying. If that is the case, we can end this discussion, get into the serious business of how we create a quality health care system guaranteeing health care to all people in a cost-effective way.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. TOOMEY). The Senator from Texas.

Mr. CORNYN. Mr. President, there has been a flurry of activity this week with the beginning of the new year and the beginning of a new Congress—the 115th Congress—and we have a lot of work to do.

This election that we just went through on November 8 was surprising in many ways, gratifying in many ways. Personally, I think the best thing about it is that it gives us an opportunity to start anew, to deal with the problems that the American people were, frankly, not all that happy with either of the political parties about in terms of the solutions that we were to offer. I would hope that it would also give us an opportunity to hit the reset button when it comes to working together to try to find political consensus to solve some of these big problems.

I mentioned yesterday our friend, the chairman of the Budget Committee, and his 80-20 rule, which I told him I have used time and again to make the point that just because you disagree on some things doesn't mean you can't get

anything done. To the contrary, people of widely divergent ideological, philosophical, and political beliefs can work together by simply trying to find common ground. That is possible. That, in fact, is the way our Constitution created our government to force us to do that, because what we decide here impacts a lot of people—well over 300 million people in the United States alone. But if there was one consistent complaint that I heard from my constituents back in Texas and that we heard in the national media and beyond, it is about the failure of the promise of ObamaCare. We made a solemn commitment to the American people that if they provided us with the majority we needed to do it and if they provided us a President who would sign it, we would repeal ObamaCare and we would replace it with affordable health care that would be of their choosing, as opposed to a top-down mandate, a one-size-fits-all, which is the failure of ObamaCare.

In a previous life, I was attorney general of my State, the State of Texas. We had a huge division of trial lawyers called the consumer protection division. What we did is we sued people who committed consumer fraud—people who promised one thing but delivered another. I can't think of a bigger case of consumer fraud than ObamaCare, which was sold under false pretenses: If you like what you have, you can keep it. If you like your doctor, you can keep your doctor. If you are a family of four, your premiums will go down by an average of \$2,500.

None of that has proven to be true.

The reason why ObamaCare is so unpopular is that people have seen their premiums skyrocket. People have seen their deductibles grow to the point where they are effectively self-insured, which is not having insurance at all. Many people have simply seen insurance companies pull out of the insurance market, leaving them with little or no choices in terms of where to buy their health care.

So many remember the PR campaign of the President and Democrats, with which they sold ObamaCare to the American people, and, as I said, promised better coverage, more choices, and lower prices.

That means now that ObamaCare has failed to deliver that. It is incumbent on us to try to repeal it, which we will do, and to replace it with more affordable coverage that people will choose and that fits their needs better. The bad news of ObamaCare picked up throughout last summer into the fall. As I mentioned, insurance companies were losing money and were unable to operate and deliver health care under the tight grip of ObamaCare. But the real losers weren't the insurance companies. It is the tens of thousands of Texans who were forced to find new insurance at higher prices—not insurance they would have chosen on their own, but which they were forced to accept because there was no alternative.

So instead of helping rural Texans—the Senator from Vermont talked about rural residents in his State—I would submit that for people living in rural areas across the country, the implementation of ObamaCare hurt most of our rural country by dwindling the number of choices to one health care option for the year. That sounds like the opposite of more choices and better coverage to me. But we can't forget that behind these numbers and headlines are real personal consequences for families across the country.

So today I want to provide just a snapshot of some of the thousands of letters that I received in my office about ObamaCare and the burdens that it is placing on the backs of the people I represent in Texas. One Texan wrote telling the story that I have heard time and again. She said her insurance plan was discontinued—so much for “if you like what you have, you can keep it.” But she did what she had to do, and she switched to a more expensive plan—one with a higher monthly payment and one with an \$11,000 deductible. What good is health insurance if you have to spend \$11,000 out of your own pocket before the insurance begins to kick in? It is nearly worthless.

Well, nothing about that says affordable health care. Unfortunately, this individual is like many folks across the country, full of questions and with nowhere to turn to find any relief for their families or their small business.

Another one of my constituents had a similar complaint. He wrote to me that he was searching for yet another health insurance plan for the third time in as many years after his was canceled. He went on to highlight this in this letter, which I received from a constituent on November 23, 2015. He said:

I seem to remember the President saying something about liking your insurance and being able to keep it. For myself and my family, it has been just the opposite. We loved our insurance prior to the passage of the Act and since have been forced to purchase much more expensive insurance with much higher deductibles.

Well, this Texan is right, but unfortunately, his experience was not isolated. It was shared by millions of people across the country for whom ObamaCare was a false promise. It is not as if he had the freedom to choose. The choice was made for him, and this was the fundamental flaw of ObamaCare. In a country as big and diverse as ours, this notion of “one-size-fits-all” and that somehow the people who live and work inside the beltway are smarter than the rest of us and we can figure out what is good for them and a choice they would not themselves make is just simply implausible. It is not true. This constituent ended his letter by asking the Congress:

Do anything. Do anything within your power to reverse this terrible health care trend. I need relief.

After this historic election, after the promises we made that have given us

the opportunity to govern in the majority, with a President in the White House who will work with us, I believe we have a clear mandate to repeal this terrible law and make it a relic of the past. We will do that by adopting the budget resolution submitted by Chairman ENZI of the Budget Committee.

It is not just Republicans who have pointed out the defects of ObamaCare. Many of our Democratic colleagues have pointed out the law's failed promises as well—from an op-ed entitled “How to fix the Affordable Health Care Act,” which was written by a Democrat, to statements on the Senate floor, to legislation introduced to “fix the glitch.” Even in campaign ads, many of our Democratic colleagues have themselves been outspoken advocates for changing ObamaCare. The senior Senator from Missouri, pointing out the “huge problem ObamaCare has been in her State” came up with an entire list of necessary changes. I, for one, would be happy to start with her list and say let's try to use this as a core of issues that we can then try to build consensus around to begin to make that replacement and make it on a bipartisan basis.

We have seen that attempted fixes, unsupported by the Obama administration and vastly insufficient, continually have been met with frustration by Democrats and Republicans. I pointed out yesterday that when the Democrats voted through ObamaCare, they had 60 votes. They had 60 Senators. Today they have 48.

At one point, certainly back in 2009 and 2010 when ObamaCare passed, they had a majority in the House of Representatives. Well, they lost that. Now they have lost the White House itself. I just don't know how much longer, how much more needs to be said or done for them to get the message that this is not working because I believe they are paying a political price for it as people are searching for accountability for what they have to deal with day in and day out.

The senior Senator from Indiana said that he supported the Affordable Care Act to help working and middle-class families have access to health care, but he said that doesn't mean the law is perfect, and it doesn't mean we don't still have work to do.

I was delighted to hear the Senator from Vermont, Mr. SANDERS, say he agrees ObamaCare is not perfect. My request of him and others is to work with us to try to replace it with something better.

I recognize that neither side is going to be able to get everything they want. That is just not the way this place works. Indeed, the single failure of the Obama administration is to try to do things on a go-it-alone basis because we are going to see those Executive orders that he issued unilaterally rescinded on the first day President-Elect Trump takes office. All the massive regulations that have been issued, we are going to use the Congressional

Review Act to rein those in or to defund those through the appropriations process. In order for legislation and policy to be sustainable, it is going to have to be bipartisan. I realize our Democratic colleagues are disappointed with the outcome of the election on November 8. That is an understatement. At first they started out in denial: It just can't be true. The next stage was met with anger. Well, they are angry about it, and they are going to obstruct everything the new majority, working with the White House, tries to do, but I would hope they would move past that denial and past that anger and do what the Senate was always designed to do; that is, to work on a bipartisan basis, as our friend and colleague from Wyoming demonstrated to us working on the Health, Education, Labor, and Pensions Committee with the liberal lion of the Senate, Teddy Kennedy. Let's try the 80-20 rule and see how it works. It will work.

The senior Senator from West Virginia, Mr. MANCHIN—this is another Democrat—has said he would vote to repeal ObamaCare. He said that we should be working together to identify which parts of the law are broken and need to be fixed. We may learn that some parts of the law can't be repaired and we should eliminate those parts entirely. This is our Democratic friend and colleague from West Virginia, Senator MANCHIN.

I think that is a great place to start because no matter which side of the aisle you sit on, you can see the Affordable Care Act is not working, certainly not as sold to the American people. The choice of the Democrats now is whether to obstruct or whether they will actually work with us, as we should have done in the first place, to come up with something more sustainable that would address costs and preserve individual choice.

It is interesting. It is not just our Democratic colleagues, many of whom voted for ObamaCare. I remember during the Presidential campaign that former President Bill Clinton made some pretty interesting comments. This would have been on October 5, 2016. I am reading from a CNN story here. It said:

Speaking at a Democratic rally in Flint, Michigan, the former president ripped the Affordable Care Act (ACA) for flooding the health care insurance market and causing premiums to rise for middle-class Americans who do not qualify for subsidies.

Here is what he said:

So you've got this crazy system where all of a sudden 25 million more people have health care and then the people who are out there busting it, sometimes 60 hours a week, wind up with their premiums doubled and their coverage cut in half. It's the craziest thing in the world.

Former President Bill Clinton said that in Flint, MI, on October 5, 2016.

He is right, but that is what you get when you try to do things in a partisan, unilateral fashion. We should learn from our collective mistakes and

try to do better, and shame on us if we can't do better than ObamaCare with all of its failed promises.

By repealing ObamaCare, Congress is doing more than just delivering on a promise we made to the people who put us here. We are providing a way forward for millions of people across the country who have been hurt by ObamaCare and are looking for relief.

I look forward to making ObamaCare and the many burdens it has placed on American families a thing of the past in this new year. That is what we will do when next week we pass this budget resolution, and then reconciliation instructions will be sent to the relevant Senate and House committees. They will then report back with the replacement, and, yes, it may take some time to transition into that replacement because it has taken us 6 years to get into the mess, into the ditch we find ourselves in now. When your truck or car is in the ditch, the first thing you need to do is get out of the ditch. Sometimes that takes a lot of hard work.

We are going to have to work as hard as we can. I would hope our colleagues will work with us, not just to resist for resistance's sake, not just to take a partisan position because they feel they are required to do so because of their allegiance to the policies of the Democratic Party. Let's do what this institution has always been best known for; that is, to try to find some way to work together on a step-by-step basis to produce reform which will make health care more affordable and still preserve those choices for individuals and their families, not a one-size-fits-all government mandate which simply has failed in this tragic experiment known as ObamaCare. We can and we will do better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, first let me comment on what my friend, the distinguished Senator from Texas, said. If my car goes into a ditch, the first thing I don't do is dismantle the car. That doesn't help me get anywhere in terms of transportation.

First of all, let me speak on process before talking about the substance of what we are really talking about and how it affects people. We have a bill in front of us that creates a process for the majority to be able to unravel and repeal essentially our whole health care system. You pull a thread and it goes through not only employer-based care, patient protections, people who have insurance, Medicare, Medicaid. All of it begins to unravel. Interestingly, also in this bill, in the text it adds \$1 trillion to the deficit—\$1 trillion to the deficit in the bill that our colleagues just voted to proceed to pass.

We need to be very clear on this: If colleagues want to work with us to fix problems and improve health care, we can start this afternoon. It is almost

3:30. By 4 o'clock we could put together a group of people. I am sure our distinguished Democratic leader on the Budget Committee would be happy to sit down and work together on ways to make health care reform better and make health care more affordable and make it more available to people. If that is what we want to do, count us in, but that is not what we are talking about here. We are talking about this crazy idea that no one in their real life would do.

It is like deciding you want a new house, so you tear down the old house. That is the easy part. Then your family is homeless. Then you say: Well, gosh, you know, maybe I better have a plan to get a new house for my family and figure out a way to pay for it, to be able to afford it.

Nobody would do that. Nobody would start by saying: We are going to rip apart the entire health care system and create chaos. We are going to undermine Medicare. We are going to undermine Medicaid. We are going to take away patient protections for everybody who has insurance through their employer, and then we will figure out later what we are going to do to replace it, if anything.

I know there is a division on the Republican side. Certainly Members in the House don't think it should even be replaced at all.

It is interesting. We are talking about one-sixth of the economy that would be destabilized. There is no question that if you do a repeal and insurance companies don't know what is coming—I have talked to hospitals, and they don't know what is coming—behavior will begin to change. Rates will begin to go up. Different decisions will be made because, as businesses, they will not know how to plan. Their investors will not know how to plan.

There is no question about it. When you repeal without creating certainty in the marketplace, you begin a process that results in chaos.

We have an interesting example, one that I have been involved with for a lot of years, where we wanted to change just one piece of the health care system, the reimbursement system for doctors.

I was in the House when they passed Medicare changes. We put in place a new policy. We were going to write a new policy to reimburse physicians for quality instead of quantity. It makes sense. It took 18 years to get agreement. We got agreement last year. It doesn't even take effect for 4 years.

Everybody here knows about this thing called the doc fix. It is an inside term—or SGR, which is even more insider. The truth is, we were trying to change just one thing and could not get agreement to do it for 18 years.

Anyone who thinks that there is going to be a repeal without an ACA extender going on has not looked at past processes.

What is most important, though, is what this means to real people. This

really is about a plan of ripping apart the health care system. There is nothing in its place immediately so we don't even know what will be coming. This is going to make America sick again.

We are talking about a process and a plan that for real people is not a political game. It is not smoke and mirrors. It shouldn't be about politics. It is about the moms and dads who go to bed at night and say: Please, God, don't let the kids get sick. Now, many of them—close to 30 million counting everybody with new coverage—don't have to say that. They can say a different kind of prayer because they can go see the doctor.

We know that when you unravel that system with nothing responsible in its place, we are talking about making America sick again. We want affordable care, not chaos. This plan goes from affordable care to chaos. We talk about some parts of what we passed in health reform, but there are a lot of things we don't emphasize that I think are important to recognize in this debate.

First of all, what we pass in terms of changes in quality care affects every single American with health insurance. A lot of people in my State are fortunate to have employer-based insurance. We have a lot of folks at the collective bargaining table fighting every year to make sure they keep their insurance—150 million people across the country. All of them have benefited from the patient protections we put into health reform. When we take those away, then immediately the insurance companies will be back in charge. If you get sick, you can get dropped. Right now they can't do that. If you are sick or if your child is sick, right now you can't be blocked from buying insurance. We call it a preexisting condition. But before health reform, insurance companies were doing that every single day—a child with juvenile diabetes, someone with cancer or Alzheimer's disease.

I think about a very good friend of mine who just found out her grandson has leukemia. He is 2 years old. He is going through treatment. We pray he is going to be able to get through it successfully. He is going to have a preexisting condition for the rest of his life. With this repeal, there is no guarantee he will ever be able to get insurance. On top of that, if he has to have treatments that go on for some period of time, caps will be reinstated on the amount of care you can get, the amount of treatment per year, dollar amount, or amount of visits you can get, and there is no guarantee that this little boy will be able to get the treatment he needs so that he can live a healthy, successful life going forward.

In talking with pediatric cancer doctors a couple of weeks ago, it was so amazing and gratifying to me to hear them talk about children whose lives have been extended, whose quality of life has been extended because of the fact that they are able to fully treat

these children and insurance companies can't put caps on how much they will pay or how many treatments. Now there is a whole other range of protections for everybody.

One of the fights I was proud to lead in the Finance Committee when we passed the ACA was to make sure that the basic insurance package every company has to provide has to include maternity care. That seems like a no-brainer. People were shocked that it didn't. Before we passed health reform, 70 percent of the insurance companies—the policies you buy in the private market didn't include maternity care. In fact, women were viewed as having a preexisting condition because they might get pregnant, might have a baby. That is not true anymore. Women are not rated differently than men, and maternity care is now available regardless of the kind of insurance you have. That is a pretty good deal. Right now I have a son and a daughter with growing families, and I can tell you that is a very big deal in my family.

There is a whole range of things. We all know about young people who are able to stay on their parents' insurance. They get out of college and they are wrestling with a huge debt, and one thing they don't have to worry about is whether they can stay on their parents' insurance until they can find a job. That goes away with repeal.

Something I care deeply about is mental health. We have all worked together on opioids and substance abuse treatment. Because of what we did in health care reform, insurance companies cannot discriminate if it is mental health or substance abuse treatment rather than physical health treatment. Prior to what we passed, they could charge much higher copays, higher premiums, but not anymore. So the whole body—above the neck as well as below the neck—is now being treated equally with our insurance reforms.

So there are a multitude of things—preventive health services with no copays, such as cancer screenings for mammograms and contraception. I was talking to someone who said she thought it was so wonderful that her drugstore wasn't charging her for copays anymore on her contraception. I said: Well, you know, that is actually the law. That was changed when we passed the Affordable Care Act.

So there is a whole range of things that relate to reviewing premium increases, if you get removed from your insurance, you have the right to appeal. There is a whole range of things. So that is under the first step. Everybody will feel it when insurance companies are back in charge and, through this vote and the subsequent actions, patient protections are repealed for everybody.

Secondly, this includes cuts in Medicare and Medicaid. Through what we did in health reform, we closed the gap on the high costs of prescription drugs. We called it the doughnut hole. That

was in the process of being closed. If you have a lot of medicines and a lot of costs, you suddenly get to a point where there is a gap in coverage and you have to pay the full cost. That goes away and the doughnut hole comes back.

What we did added 12 years of solvency to the Medicare trust fund to keep it strong longer. That goes away. Wellness visits for seniors—every year they are able to go in and get a physical without a copay—that goes away. So Medicare is undermined. Then, unfortunately, when you add the incoming nominee as Secretary of Health and Human Services and couple that with the proposals that the Speaker has had and others that I am sure we are going to see to turn Medicare into a voucher—you go into the private market. Here is your voucher. Good luck. That is part of what the new regime is promoting, which only adds to this.

Eighty percent of Medicaid spending is seniors in nursing homes. And we know that the majority of those who—many who have gotten care, in addition to the exchanges, have been folks who have been working hard every single day in minimum wage jobs and who couldn't afford or find insurance before. Now they are covered if their State or their Governor is willing to do that. We have a whole bunch of folks who are working hard every day at minimum wage who at least know they have access to health care and a doctor.

Interestingly, this helps our hospitals, whether they are rural hospitals upstate or up north in Michigan or whether they are our great urban hospitals, safety net hospitals in Detroit and other areas, instead of people walking into the emergency room and not having insurance and having the cost put on everybody who does. Because of the Medicaid expansion, when a working person comes in with Medicaid, they are able to pay for their own care rather than having everybody else with insurance carry the brunt of that, which is the way it was prior to that.

So there are Medicare and Medicaid cuts.

Next, we do know that altogether, counting Medicaid and people using the new exchanges, we have about 30 million people who will be kicked off of their insurance, folks who, like anybody else, want to have health insurance for their families. Can we design that in a better way? I would love to work with you on that. I am not going to kick them off first. I don't want to say: We are going to rip your insurance away. We are going to rip the small businesses I have talked to—rip their insurance away. And then, by the way, don't worry, further down the road we will figure out something else. We don't know what it is, we don't know what it will cost, but trust me.

I wouldn't be trusting that would happen if I were counting on that for my insurance.

The fourth item is that there is no question that costs will go up by destabilizing the marketplace. We know the cost of prescription drugs will go up as a result of taking away the extra help for prescription drugs. There is no question that costs are going to go up for everybody else who has insurance.

When we look at this, I don't know how anybody looking at this outside of a political lens or a rigid ideological lens could say this makes any sense. It doesn't make any sense.

We have a President-elect who is coming in who said that he would not do anything to hurt Medicare or Medicaid or Social Security. Yet the first thing on the floor definitely undermines Medicare and Medicaid. We have a President-elect who said he wants to bring down the cost of prescription drugs. Yet, by undermining Medicare prescription drug coverage, those prices are going to go up. People who have the most medical needs and need the most medicine are going to see their costs go up.

What would be better would be if the new incoming HHS Secretary would be given the ability to negotiate through Medicare for prescription drugs—something we have all fought for, for a long time. Let's allow drug reimportation. Our leader on the budget—and I have as well—put seniors on buses in the past to demonstrate the differences in cost across the bridge between Windsor and Detroit, the cost of the same drug, with the very same safety provisions. That would bring down costs. Taking away Medicare coverage and increasing the gap in coverage is exactly the wrong thing to be doing if, in fact, the incoming President really means it when he says he wants to bring down drug prices.

So there are a number of things we care deeply about on health care. As someone who has worked on this for years—in fact, it was health care and health policy that first got me into politics, leading an effort to save a nursing home in my community. I care deeply about this. I am one of the folks way down deep in the weeds on this. But we don't improve a health system by ripping it out by its roots, by undermining the whole system without figuring out what comes next. That only happens if you really don't care what comes next because if you care, that is not a responsible position.

So, Mr. President, and my colleagues, I feel very strongly that with everything we know that has been made available to strengthen quality, to give people back their own decisionmaking instead of the insurance companies on basics like providing care for themselves and their families, the strengthening of Medicare and Medicaid, the coverage that has been made available, we know there is a way to work together to make things better, and this is not it.

Mr. SANDERS. Will my colleague from Michigan yield for a moment?

Ms. STABENOW. I will be happy to.

Mr. SANDERS. I want to thank my colleague for her very thoughtful presentation talking about the implications of simply repealing ObamaCare.

The assumption that many of my colleagues seem to start from is that before ObamaCare, the health care system was great in America, that everybody had health care in a cost-effective way and then ObamaCare came along and all of these problems arose.

What the Senator from Michigan just told us—and I want people to remember it—8 years ago, if you were diagnosed with cancer and you walked into an insurance company, they would say: Why would we give you insurance? We will lose money on you. Your cancer may recur.

You are a woman and you want maternity coverage? What do you think is going on? Why should we do that?

You are a family with a kid who is 21 years of age and you want his insurance on your policy? Well, you couldn't have it.

I think what the Senator from Michigan pointed out is not that anyone thinks the Affordable Care Act is perfect—nobody thinks it doesn't need improvement. But to simply throw out all of the benefits, for 30 million people to be thrown off of health insurance—during the budget hearings a couple of years ago that Senator ENZI chaired, I asked a question of my colleagues when this idea came up, and I would ask it again to my good friend from Wyoming. What are the studies you have seen in terms of the number of people who will die when they lose their health insurance? How many thousands of people will die because they no longer have health insurance and they cannot go to the doctor and the hospital? The studies I have seen suggest that many thousands of people will die. That is common sense. If you throw 30 million people off of health insurance, they are going to die. How do you go forward providing a death penalty to thousands of people without having any solution to it?

Further, I would add to the excellent points made by the Senator from Michigan, Senator ENZI and the Senator from Texas before him talked about the impact of health care problems in rural areas. I come from a rural area. Michigan has large parts of the State that are rural. The Senators from rural areas on the Republican side have said they want to make sure their constituents in rural areas can see a doctor. That is certainly a modest proposal. Of course they should be able to see a doctor.

If that is the case, my Republican friends should understand what the Federation of American Hospitals and the American Hospital Association said about repealing the Affordable Care Act. These are major hospital organizations. According to a very recent report, what they said is that a repeal of the Affordable Care Act will mean a reduction in payments to rural hospitals of over \$165 billion over a 10-year pe-

riod. According to the hospital associations, rural hospitals will suffer an additional loss of \$289 billion from their inflation updates.

This is a report from the Federation of American Hospitals and the American Hospital Association, major health care institutions in America. They said in their report: "This reversal of health coverage would represent an unprecedented public health crisis." Furthermore, they said: "The magnitude of reductions would threaten hospitals' ability to serve patients."

So when we talk about the needs of rural Americans, I would hope my colleagues listen to what the Federation of American Hospitals and the American Hospital Association have to say.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. PAUL. Mr. President, the more things change, the more they seem to stay the same. Republicans won the White House. Republicans control the Senate. Republicans control the House. What will the first order of business be for the new Republican majority? To pass a budget that never balances, to pass a budget that will add \$9.7 trillion of new debt over 10 years.

Is that really what we campaigned on? Is that really what the Republican Party represents?

Our first order of business will be a budget that never balances, a budget that adds \$9.7 trillion to the debt, and they tell us: Oh, but it is not a budget. If you listen, they will say: No, no, it is a vehicle to repeal ObamaCare.

Yet I have the title in front of me, which says a concurrent resolution for the budget of 2017. We have special rules when you pass the budget so that we may be able to repeal ObamaCare, and I am all for that. But why should we vote on a budget that doesn't represent our conservative view? Why would we vote on a budget that adds \$9.7 trillion to the debt? Because we are in a hurry, we can't be bothered.

It is just numbers. I was told again and again: Swallow it. Take it. They are just numbers. Don't worry. It is not really a budget.

Yet the legislation says it is a budget. The numbers say we will add \$9.7 trillion of new debt.

So I say: If they are only numbers, and if the numbers that are in the budget don't matter, why don't we put numbers in that balance? Why don't we put a vision into the budget that represents what Republicans say they are for?

Republicans say they are the conservative party. Are we? When George W. Bush was President for 8 years, the national debt went from \$5 trillion to \$10 trillion. The debt doubled under a Republican President and a partially Republican Congress. Yet the words were these: Well, he had Democrats to deal with, and if we could ever take all three branches of government, things would be different.

The Republicans took over the House in 2010. They still didn't control the

Senate, but they said: If we only controlled the Senate, we could be the conservative party again.

We have had an election. The conservative party—the supposedly conservative party—won. Republicans control the House, the Senate, and the Presidency, and the first item of business for the Republicans will be to pass a budget that never balances—a budget that will add \$9.7 trillion to the debt over 10 years.

This sign could have been put up for Obama's first budget. Every Republican railed and said: \$10 trillion—President Obama will add \$10 trillion. And he did. President Obama doubled the debt again.

It went from \$5 trillion to \$10 trillion. The national debt went from \$5 trillion to \$10 trillion under George W. Bush, and then it doubled again under President Obama. It went from \$10 trillion to nearly \$20 trillion.

What are we looking at here? More debt, under a solidly unified Republican Congress and a Republican President.

So you might scratch your head and say: The more things change, the more they stay the same. Is it all smoke and mirrors? Is there really a difference? Are Republicans different than Democrats? It is a pretty important question. We are in such a hurry to repeal ObamaCare. I am all for it. As a physician, nobody thinks that ObamaCare has been worse for the country. Nobody more than me thinks it is a terrible piece of legislation that has not helped the country and that has inflated our costs and not helped. Yet do we have to add nearly \$10 trillion of debt in order to get at it?

So as this moves forward, I will offer a replacement. I will offer my own budget. I will offer to strike and remove \$10 trillion worth of debt, and I will offer my own budget that balances within 5 years. How do we do it? We give the authority to make the cuts where they should be, where they are most wasteful in government, and we offer this budget by simply freezing expenditures. You don't have to cut any expenditures.

Every department of government could get what they got the last year. If you think some departments of government need more money, cut other departments of government. Frankly, there are some departments of government you could eliminate and you would never know they were gone. If the Department of Commerce were gone, a few corporate executives would not be able to fly around on government jets. They could fly around on their own jets. You would never know the whole entire Department of Commerce was gone.

You can cut spending. You can actually get to the balance by not cutting anything. So here is what happens. If you freeze the on-budget spending, within a little over 5 years, your budget balances.

I remember a time when there were the moderates who were for freezing

spending, and the real conservatives were for cutting spending. Now nobody is for cutting spending. When I bring it up that you can absolutely not balance the budget if you are not willing to look at entitlements, do you know what I am told by many well-meaning Republicans? Don't write it down. Don't put it on paper because people will be upset with you if you explain that to save Social Security, to save Medicare, you will have to reform these entitlement programs. They say: Let's just talk about waste. Let's just talk about fraud and abuse. And I do, and we should eliminate all of those. But guess what. If you eliminate all of the budgetary spending that we vote on—this is called the discretionary spending. This would be the military and all the rest of the nonmilitary. It is about \$1 trillion, not including the entitlements—Social Security, Medicare, and Medicaid. If you did just the military and the nonmilitary and you reduced it 10 percent a year for 10 years, and you virtually wiped out all discretionary spending, you still don't balance the budget.

So, really, you are not a conservative if you are not willing to look at all government spending. The budget cannot be balanced and the budget will never balance unless we look at entitlements.

What does that mean? It means that because of demographics—we had big families 60 years ago, with three, four, five kids to a family. Now we have less than three kids to a family—probably two kids to a family. So you had all the baby boomers born right after World War II, and they are all retiring—60 million of them. So we have this huge population boom, and you don't have as many workers. So the demographics aren't working. Then you add to that the fact that we are living longer.

When Social Security was started, the average life expectancy was 65. It worked pretty well as a pension plan because you died. But now it is great. We are living on average to 80, and if you make 80, you may well make 90. What a great thing—longevity. But it is not working. Social Security is not working. We spend more on recipients than we bring in with the tax.

Medicare is even worse. The average taxpayer pays about \$100,000 over their lifetime in Medicare taxes. The average recipient takes out \$350,000. How big a problem is this? Medicare is \$35 trillion to \$40 trillion in the whole.

It is inexcusable that we are not talking about how we fix Medicare. It is inexcusable that we are not talking about how to fix Social Security. If we don't fix them, there is going to be a cliff. Within about a decade, the cliff is so severe that everyone on Social Security will suffer a 20-percent decline in their monthly check. It will happen all at once if we don't fix it. Can we fix it? Yes, we have to talk about it.

What we are doing today is kicking the can down the road. We have our

focus on ObamaCare, but we are taking our focus off the debt. As bad a problem as ObamaCare is, as much as it has disturbed, destroyed, and distorted the health care market, it may be that the debt is a bigger problem.

So it is not a popular stand that I take today. I will be the only Republican to vote against the Republican budget. That won't be popular. But I ran for office. I left my medical practice. I am away from my family. I spend long hours traveling here because I am concerned about the debt.

We borrow \$1 million a minute. The debt threatens the very foundation of our country. Yet here we are. The Republican Party controls the House, the Senate, and the White House, and in their haste, they put forward a budget that is going to add this much debt.

This is what the debt has been doing. Here is 1980. We see the growth. It has become exponential—the growth of the debt. This should worry every American. But here is the Republican 10-year budget that we are getting ready to pass. It is virtually a vertical line of accumulation of debt.

People will say: But how could we ever cut any spending? I will give you a couple of examples of where your government spends money and you tell me whether or not we ought to look long and hard at cutting spending.

There was a grant given for autism. I have a great deal of sympathy. I know children with autism. The grant was for \$700,000. But do you know what they spent it on? They spent it on studying Neil Armstrong's statement. Remember Neil Armstrong? He landed on the moon and said: "That's one small step for man, one giant leap for mankind."

Well, your government, in its infinite wisdom, wanted to know: Did he say "one small step for man" or "one small step for a man"? Your government spent \$700,000 studying the preposition "a." Did he say "a man" or just "man"—\$700,000. Money that should have been spent on autism was spent on something frivolous.

Is anybody going to fix it? No. Every year, all of the spending bills are globbed together in a 2,000-page bill—and not one iota of reform.

My colleagues may remember that Senator Proxmire from the 1970s used to have something called the "Golden Fleece Award." Every one of those things he complained about in the 1970s happens now but tenfold greater. Nobody fixes it. We don't pass individual spending bills. We do continuing resolutions, which means we continue doing the same thing we have done over and over.

Again, \$700,000 was spent studying Neil Armstrong's statement. Do you know what their conclusion was? We are not sure. They spent \$700,000, and they are still not sure whether he said "a man" or "one small step for man."

We spent \$500,000 studying whether or not, when you take a selfie, if you are smiling in the selfie, does it ultimately make you feel better? We spent \$500,000.

So what do we do? Do we give these people less money? Teach them a lesson. Give them less money, and maybe they will conserve the money. Maybe they will eliminate waste if they have less money next year than they had this year—or what I am proposing: Freeze the spending. Is anybody proposing that? No. We say: They spend a half a million dollars on selfies; give them more next year.

So the Republican budget will increase spending every year. It increases spending at about 5 percent a year. So spending goes up. They say it is the baseline, and they say we are cutting off the baseline. No, no. The baseline goes up 5 percent a year. Spending will increase over the 10-year period. The red line is spending.

Part of that is what the Republicans are proposing. They are going to stay on the spending curve. If we stay on the spending curve, they will continue to spend \$700,000 studying Neil Armstrong's statement; they will continue to spend half a million dollars on selfies. They spent another half a million dollars on a climate change game. They spent \$45 million to build a natural gas station in Afghanistan—\$45 million. The first problem: Nobody in Afghanistan has a car that runs on natural gas. They discovered this after they built the gas station. The gas station was 86 times cost overrun. The original estimate was about half a million for the gas station, but lo and behold, somehow it cost \$45 million. If your government had 86 times cost overrun, would you give them more money or give them less money? I, frankly, think we should give them less money. If you give them more money, they will not waste it less; they will waste it the same or worse. They should be given less money.

Mazar-e Sharif is a city in northern Afghanistan. We built an \$85 million embassy there and we signed a 10-year lease, and then somebody looked at the place and decided that since there were tall buildings surrounding the entire entity, people would shoot down into the courtyard and kill our diplomats, and they said the building could never be occupied—after they spent 85 billion, after they signed a 10-year lease. How will they get better? Were the people who made this decision fired? No. They are Federal employees, and you never fire Federal employees. Will they make wiser decisions because we give them less money? No. We give them more money.

You would be excused for being upset if you went and voted and said "I am going to vote for the conservative party" and if you went and voted and said "I am going to vote for the party that is going to balance a budget." Wouldn't you be upset? Wouldn't you wonder which party that is?

This is the spending curve. We are going to add \$9.7 trillion in 10 years, and yet they say: Oh, no, this isn't really a budget.

I have it in front of me, though. It is a budget.

There is no reason why Republicans couldn't have put forward a budget that doesn't add all the red ink. We are at \$20 trillion. We are going to nearly \$30 trillion under the Republican plan. My goodness, what happened? Where is the conservative party? Where are the conservatives in Congress who would say enough is enough? Now they say: We just have to be done with this. Don't distract the little people. Don't let the people of the country know we are voting on a budget. We are going to call this the vehicle to repeal ObamaCare.

Well, that is not what it is. It is a budget. And we have special rules for dealing with the budget that allow us to repeal ObamaCare, which I am all for, but this is a budget.

They say: Well, how can we get the votes? No Democrats will vote for this budget. This is a Republican blueprint. Not one Democrat will vote for this.

So this is what Republicans are for. This is the blueprint the Republican Party says they are for—\$10 trillion worth of new debt. I am not for it. That is not why I ran for office. That is not why I am here. That is not why I spend time away from my family and my medical practice. It is because debt is consuming our country. There is a time and a place to debate ObamaCare, and I am more than willing to debate that. But this is a budget. This is the vote on a budget.

They say: Oh, it is just a gimmick. It is just a game. The numbers don't mean anything.

Well, if the numbers don't mean anything, put honest numbers in there or put conservative numbers in there.

I, for one, will put forward a conservative opposition to the Republican majority's budget. I will put forward a budget that freezes spending and balances the budget over a 5-year period. Would there be some agencies that would get less money? Yes. But it would force us to go through the government and pick and choose what is good spending and what is not good spending.

We have a waste report that we put out. If you look on our Facebook, you can find our waste report. I listed four or five of the most egregious. There are hundreds and hundreds, if not thousands, of things we shouldn't be spending money on. I will give another example.

We have sold \$100 billion worth of weapons to Saudi Arabia. They were wanting to spend money giving F-16s to Pakistan. You pay for them and give them to them.

There is riddled throughout the Pentagon—look, the Pentagon has never been audited. You are surprised? The government has never been audited. The Federal Reserve is not audited. The Pentagon is not audited. So what is the Pentagon's response to being audited? The Pentagon says to us: We are too big to be audited. I don't know about you, but that makes me kind of angry, that a part of our government,

even a necessary part such as national defense, says they are too big to be audited. Meanwhile, we have \$85 million embassies built that will never be occupied and \$45 million gas stations that will never be used.

I think it is time that we say enough is enough. Don't give government more money; give them less. The government hasn't been a good steward of your money.

The question is often asked: Are the people who spend your money, are the people involved in government inherently stupid? It is kind of a debatable question. I think they are mostly well-intentioned. I don't think they are inherently stupid, but I do think they don't get the right incentives. Because there is no profit motive in government, because there is no rationale or motive to conserve, money is spent, and because of sheer laziness and ineptitude, we continue to pass the spending bills—glommed together, thousands of pages—without reform. But I won't be party to that. I won't vote for spending bills that are not individualized and don't have reforms in them. I won't vote for budgets that never balance.

So while I may be a lonely voice on this issue, I will continue to bring up to the American people that it is important not to add more debt, that it is important to slow down the accumulation of debt. It is important that we have a \$20 trillion debt, and I am not willing to add \$10 trillion more in debt. So at the appropriate time, I will introduce an amendment that will strike and replace this budget, and in its place I will put forward a conservative vision for the country—a vision of a balanced budget that balances within 5 years.

Every Republican in the Congress who has been here for a while has voted for a balanced budget amendment. Interestingly, the balanced budget amendment—which would be an amendment to the Constitution—has within it a provision that the budget would balance within 5 years. And even when Republicans get around to saying "Oh, we will have some gimmicks to balance in 10," 10 is not what the amendment says. Why bother voting on an amendment if you are not serious about it?

Republicans are completely in charge. It is a Republican document; it is a document I disagree with; and at the appropriate time, I will be introducing a replacement that will balance within 5 years and provide a conservative view for the country.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I suggest the absence of a quorum, and I ask unanimous consent that the time be divided equally.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. GARDNER). Without objection, it is so ordered.

Mr. DURBIN. Mr. President, we are discussing the budget resolution. It is an interesting time to do it in the month of January. The fiscal year, the spending year for the Federal Government, starts October 1. We have tried, with no success, to pass appropriations bills—12 of them—that would meet our obligation to fund the government for the entire fiscal year. We have had two continuing resolutions, which are temporary spending bills. And here we are again discussing a budget resolution.

But it isn't really about the budget; it is about the Affordable Care Act, known as ObamaCare, a law passed 6 years ago with the goal of providing affordable health insurance for all Americans. I voted for that bill. It is one of the most important bills I have ever voted for, and I believe that, despite shortcomings, it has achieved its goal and it has done it in a way that most American families would agree they want to see.

As an example, there are very few families in America who have every member of the family in perfect health. In the old days before the Affordable Care Act, if you happened to have a child who had survived a cancer situation, a spouse with diabetes, and you went to buy a health insurance plan, you ran into a problem: They might not want to insure your family because of that sick child, or they might want to charge you a premium way beyond your reach. So in the Affordable Care Act, ObamaCare, we said: As a health insurance company, you cannot sell insurance in America and discriminate against a family or person because of a preexisting medical condition.

From where I am sitting, my own personal life experience and my family's experience, thank goodness. We had members of our family with serious health issues. I worried about that all the time as a husband, as a father. The Affordable Care Act gave me and every other American the peace of mind that health insurance companies could not discriminate against us or our families because of a preexisting condition.

There was also a practice where they would put a limit on how much coverage you could buy in a health insurance policy. So many people thought: I have a great health insurance policy. It has a \$100,000 limit. I will never hit that number; I am a healthy person.

The next accident, the next diagnosis, and that healthy person realized that \$100,000 in today's world of health care costs—you could eat that up in a minute and find yourself without any health insurance protection. What happens to you next?

You have been diagnosed with cancer. You start treatment. It is expensive, and now your health insurance

policy has reached a point where it doesn't cover you anymore. What then are your options? Stop treatment? Exhaust your savings? Throw yourself on the mercy of a hospital and hope for the best?

We ended that. ObamaCare ended that. They can no longer put limits on health insurance policies because none of us—not one of us—knows what kind of health crisis we might face or a member of our family might face tomorrow. That is important.

A third provision in ObamaCare, which most families would understand in a hurry, involved what to do with that recent college graduate. What are you going to do with that daughter whose graduation you are so proud to go to, and then it dawns on you that she doesn't have a full-time job yet and that the part-time job she has doesn't have any health insurance benefits.

I remember calling my daughter and saying to her: Jennifer, I know you had health insurance as a student. What is your situation now?

Oh, Dad, I am fine. I am healthy. I am not worried.

I am worried, as a father, something is going to happen to her and she will have no health insurance protection.

Do you know what ObamaCare did? ObamaCare said I could keep my daughter under my family health insurance plan until she reached the age of 26. Peace of mind for 2, 3, 4 years while that son or daughter is starting their professional life, their life of employment. For thousands in Illinois and across the United States, more peace of mind that health insurance would be there when your family really needed it.

We also said we don't think you ought to discriminate against people when you sell them health insurance just because, for example, you happen to be a woman. Yes, the health insurance premiums charged women were higher than those for men. Obviously, women can have challenges in their lives but so can men. We said you cannot discriminate in health insurance premiums under ObamaCare between men and women.

These are issues that affect the real world—what people pay for insurance, whether they qualify for insurance, and whether insurance will be there when you need it. That is what ObamaCare did. By providing helping hands to those in lower and middle-income categories, we extended the reach of health insurance under ObamaCare to cover 20 to 30 million more Americans. We currently have the highest percentage of Americans with health insurance in modern history.

We had another provision too. We said: If you happen to be a senior citizen under Medicare and you are paying for your prescription drugs, that can be expensive. Under the old law, before ObamaCare, there was a gap in coverage, and you might spend \$1,000 or \$2,000 out of your savings account each year just to keep taking your meds. We

closed the gap so you had continuous coverage under Medicare as a senior.

Important? You bet it is. A lot of seniors ended up retired with limited savings wanting their meds, their prescriptions, so they can remain strong and independent as long as possible. Don't we want them to? So that, in a brief summary, will contain four or five of the main features of ObamaCare, the Affordable Care Act—more Americans with the guarantee of health insurance than any time in our modern history in the United States of America.

How important is it to have health insurance? If you have ever been the father of a very sick child and you didn't have health insurance, it is a life experience you will never forget. I know. I lived through it. At that time, I thought, if I don't do anything else the rest of my life, I am always going to have health insurance, and I did. At some sacrifice to my wife and me, but we made sure we had it because for a period of time when we had no health insurance, I felt like I had let my family down and I let my daughter down. I didn't want it to happen again.

I don't want anybody else to go through that. We want to make sure health insurance is there for all of us. Some people say: If you are rich, you ought to get it, but if you are not, tough luck.

I don't think so. I think health care and health insurance protection should be a basic right in this great Nation of America. That was the driving force behind passing ObamaCare, passing the Affordable Care Act.

The Republicans hate the Affordable Care Act like the devil hates holy water. They despise it. Over 60 times they voted to repeal it in the House of Representatives. It drives them into a rage. The first thing they say is, we can't wait to get a new President and abolish ObamaCare.

The obvious responsible question to them is, And what happens the day after you abolish it? What happens when it comes to preexisting conditions? Can health insurance companies now discriminate against people again? What happens when it comes to the limits on how much a health insurance policy would pay? Are we going to be back in the day when there isn't enough coverage when you and your family desperately need it?

What happens to those kids fresh out of college if they can't get on your family health insurance plan? Do you want to go out and buy an individual policy for that son or daughter who is still looking for a job? How about the seniors? Are they going to go back to the time where they have to pay out of pocket for their prescription drugs? I think those are all legitimate questions.

Do you know what the answer is on the Republican side? Trust us. We are just going to abolish this program, and someday, not today and not soon, but someday we will come up with another

idea. That is irresponsible. They are replacing affordable care with chaos. They are saying to the American people: Just trust us. Someday we will dream up a plan.

You know what, they have had 6 years to come up with a plan, 6 years to come up with an alternative to the Affordable Care Act. They have been unable to do it. It is difficult. It is painful.

You know what is ironic, the Affordable Care Act is based on a Republican model of health insurance. This was what the Republicans suggested years ago: Use private insurance companies and make it available to all Americans. That is what we did. A lot of Democrats felt there was a better way: Why don't we make a Medicare Program for every American a nonprofit program that is there. We couldn't get it done. We didn't have the votes, and the Republicans wouldn't help us.

In the first step of the new year and the new Congress, the new Republican majority in the Senate wants to abolish the Affordable Care Act, wants to put millions of American families at the mercy of health insurance companies. They must think we are suffering from amnesia and that we had forgotten what that was all about—sitting on the phone for hour after weary hour with some adjuster who may or may not be in the United States, trying to argue about whether your son or daughter can go into a hospital, whether your wife can receive the medical treatment the doctor asked about.

That is what it used to be, and that is what it is going to go back to when we abolish the Affordable Care Act and don't replace it with something that is as good or better. That is the first step in the Republican program, make 20 to 30 million Americans more vulnerable when it comes to their health care. That is not the end of it.

I live in a State that has the great city of Chicago, Cook County regional area, but downstate we are very rural, smalltown America. I know from my congressional experience and from my life as a Senator representing that State, there are downstate hospitals that cannot survive without the Affordable Care Act. In my State, some of those hospitals are the major employers in their communities and the only go-to place for someone seriously ill or injured.

The Republicans have yet to suggest any suggestion at all about how we are going to keep those hospitals open. They are starting to contact me now—the hospitals as well as the clinics and the health care providers, and they are asking: The Republicans really aren't going to do this, are they? They are not just going to abolish it and leave us with this chaos to follow.

Sad to say, that is exactly what they are going to do. Senator RAND PAUL of Kentucky wrote an article today and said he thought it was wrong on the Republican side to do that. He said: The responsible thing to do is to have

an alternative before you abolish the Affordable Care Act. Good for him. That is common sense. You would expect it from a party that says it is conservative in its approach to government. What they are suggesting with the Affordable Care Act is not conservative. It is destructive. It is catastrophic. It is irresponsible.

I hope my colleagues will join me. We need two or three Republicans to join us to stop this effort. Let us sit down together, Democrats and Republicans, take the Affordable Care Act and make it more effective, fix the problems that are part of it—and there are some—make sure we keep our promise to the American people that they will have access to affordable, quality health care. Keep these providers covered by the Affordable Care Act in business in rural areas and inner cities and all across our Nation. That is our responsibility.

DACA

Mr. President, 16 days from now, and just a few steps from where the Senate Chamber is located, we will have an inauguration for the 45th President of the United States, Donald Trump. On that day, the fate of more than 750,000 young people in America will be hanging in the balance. They will be waiting to learn whether they have a place in our Nation's future or whether they will be asked to leave.

It was 7 years ago that I sent a letter to President Obama, joined by Senator Richard Lugar, Republican of Indiana. On a bipartisan basis, we asked the President to stop the deportation of young immigrants who grew up in this country. We called them DREAMers, after a bill I introduced 15 years ago. Who are they? Babies, infants, toddlers, children, young adults under the age of 16 brought to America by their parents from another country, and the proper papers were not filed. You can't hold the kids responsible. They didn't decide to come here. You certainly can't hold them responsible for not filing the papers. They were just children at the time.

If anybody should be held responsible, it is the parents. What do we do about the kids who have lived their entire lives in the United States believing this was their country, this was their future, and now come to realize in their teenage years they are undocumented and their future is uncertain?

We asked President Obama: Will you give these young people a temporary opportunity to stay, study, and work in America, and he agreed to do it. It was called DACA. It was the Deferred Action for Childhood Arrivals Program. What it said was, if you are in that category of a child brought to America and you are undocumented, step forward, pay a filing fee of almost \$500 so the government can process your application, submit yourself to a criminal background check, including fingerprints, and let us look into your background and see if there is anything you have done that would disqualify you

from staying in the United States. If you are approved, for 2 years—renewable—you will not be deported and you can work in America.

Many young people in that circumstance were reluctant to step forward. Their parents had warned them their entire lives that if they turned themselves into the government, they might be deported—in fact, their family might be deported with them. They said: The President has offered us this opportunity for a chance. We are going to follow this, do the right thing, make an application. Almost 800,000 of them qualified. They are DACA recipients. Others will be eligible in the months ahead. DACA has been a success.

What will President Donald Trump do with these DACA students? He made some pretty harsh statements during the course of the campaign about immigration. I think he is reflecting on these kids as a special category. This is what President-Elect Donald Trump said to TIME magazine just a few weeks ago about the DREAMers, the DACA recipients.

We're going to work something out that's going to make people happy and proud. They got brought here at a very young age, they've worked here, they've gone to school here. Some were good students. Some have wonderful jobs. And they're in never-never land because they don't know what's going to happen.

I appreciate Mr. Trump's comments, soon-to-be President Trump. I hope he will keep the DACA Program in place, but I am working with my colleagues on a bipartisan basis to give him an option. Senator LINDSEY GRAHAM, Republican of South Carolina, and I have joined the lead sponsors on what we call the BRIDGE Act. The BRIDGE Act is an opportunity to protect these young people legally, on a temporary basis, while Congress rolls up its sleeves and takes up immigration.

I am happy to have Senator LISA MURKOWSKI and JEFF FLAKE, Republicans from Alaska and Arizona as co-sponsors, as well as DIANNE FEINSTEIN of California and CHUCK SCHUMER of New York, and I hope others will follow. I believe DACA was a lawful exercise of the President's authority. Some disagree with that completely. Regardless of whether you agree or disagree, I hope you will agree that these young people should be allowed to have a bridge so they aren't deported, they don't lose their right to work or go to school.

Incidentally, when these young DACA DREAMers go to school, they have to pay for it right out of their pockets. They don't qualify for any Federal assistance. It is a special effort and a special sacrifice. I have come to the floor over 100 times over the last 10 or so years to tell the stories of these young people. I think the stories tell a lot more than any speech I could give.

This young man is Luis Gonzalez. Forgive me for being especially drawn to this photo because Luis is standing in front of my college, Georgetown

University, wearing one of the Georgetown Hoyas shirts.

Let me tell you about Luis. He was 8 years old when his family came to the United States from Mexico. He had a difficult childhood in Santa Ana, California. His parents separated. He lived with his mom in a car garage for several years. After his mom remarried, he lived with his stepfather, who turned out to be abusive.

Luis overcame these circumstances and still was a good student. He graduated high school in the top 1 percent of his class with a 4.69 GPA, and he passed all nine advanced placement exams that he took. He was involved in extracurricular and volunteer activities. He was the secretary of the school's National Honor Society, and he helped organize an anti-bullying campaign in his local elementary school. He was a mentor to incoming freshmen in high school. Saturdays, instead of taking it easy, he volunteered to tutor other kids in math, and he volunteered to help a teacher at a local school. He was active in his church every Sunday, translated the pastor's sermon into English for those who didn't speak Spanish, and cleaned up the church before and after the Sunday services.

Because of his outstanding record in high school, Luis was admitted to Georgetown University. He is currently a sophomore majoring in American studies and minoring in government. He continues to use his spare time to help others. He is a member of the provost committee for diversity and co-chair of Hoya Saxa Weekend, a program that brings students from underrepresented communities to Georgetown. Luis is a leader of Strive for College, a program that mentors students in the inner city high schools. His dream is to be a high school teacher, which isn't surprising given the strong commitment he has already shown.

He wrote me a letter and here's what he said:

DACA gave me the confidence and security I've not had before. I lived in fear and the shadows. Thanks to DACA, however, I've been able to do things I otherwise wouldn't be able to do like travel through an airport or working on campus. I've always felt that I am an American, but having DACA allowed me to stop living in constant fear and uncertainty. Now these fears have come back again.

If DACA is eliminated, Luis could be forced back into the shadows. The day after DACA, Luis will not be able to travel or work on a campus. He will lose his legal status, and he could be deported back to Mexico, a country that he hasn't lived in since he was 8 years old.

Luis and other DREAMers have a lot to give America. Would we be stronger if we deport him, take this man's talent, drive, and energy and banish him from this country? I don't think so.

I hope President-Elect Trump will understand this and will continue the DACA program. If he decides to end DACA, then I hope this administration

will work with Congress to pass the BRIDGE Act into law for Luis and for thousands of others who will be counting on it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

(The remarks of Mr. FLAKE pertaining to the introduction of S. 28 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. FLAKE. I yield the floor and suggest the absence of a quorum.

Mr. ENZI. Mr. President, I ask unanimous consent that the time in the quorum call be equally divided between both sides.

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

The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. LEE). Without objection, it is so ordered.

Mr. WHITEHOUSE. Mr. President, I want to comment and say a few words about the use of the budget reconciliation process to facilitate an effort to repeal but not replace ObamaCare, the Affordable Care Act. I serve on the Budget Committee. During the course of multiple hearings during the previous year before the election, we heard the most adamant stories from the Republican side about how dire our Nation's debt situation was, how dire our Nation's deficit was.

Member after Member on the Republican side spoke as if the end of the Republic was at hand. Yet the policies from the Bush administration that kept driving that debt and that deficit they protect. They blamed President Obama for the effect of Bush policies that took place during President Obama's years, while defending those Bush policies the President had actually tried to correct. In many respects, their concern about the budget was a little ironic since they were defending the Bush policies that created this debt and deficit explosion in the first place.

Nevertheless, be that as it may, you had this phalanx of Republican Senators in a state of very high animation about our debt and deficit. You would think that in this Congress, with control both over the House and the Senate and a Republican President-elect looming, they might use the budget reconciliation process to do something about the debt and the deficit.

After all, there was a lot of big talk last year, and here is the budget reconciliation process. As we see, it is not being used to do anything about the debt or the deficit, it is being used to open an effort to repeal but not replace ObamaCare. The problem is, when you do that, you do some pretty bad things to the debt and to the deficit.

Before the Affordable Care Act was passed, Medicare officials projected out-year costs for Medicare in 10-year

increments. After the experience of the Affordable Care Act, they went back and they redid those projections, and they dropped the cost of Medicare dramatically. Those outyear costs, dramatically reduced, are an important, valuable step toward lower debt, balanced budgets, and less of a national annual deficit. Repealing ObamaCare will undo that.

It was pretty clear from Budget Committee hearings that that reduction in anticipated Medicare costs in the out-years was related to the work that had been done in the Affordable Care Act as well as the changes in experience that we are seeing. That is one budget buster which shows that this reconciliation effort is going in the wrong direction.

In Rhode Island, I watched this issue pretty closely because I want Rhode Island to be a leader in delivery system reform. I want ours to be one of the most efficient health care systems in the country, and I worked very hard over many years to put the pieces in place in Rhode Island to help make that come to pass. So I talked to people like Dr. Kurose, who runs one of our largest primary care practices, and Dr. Puerini, who runs another very big Rhode Island primary care practice, and I saw that both of them had taken advantage of the Affordable Care Act to make themselves accountable care organizations, ACOs, and they have used the powers and they have used the shared savings under those programs to change the way they deliver medicine.

What they show is that their price, their annual cost of service per patient, is actually going down. They are delivering care more efficiently and they are getting to illnesses earlier. They are not just churning the wheel of bill and pay, bill and pay, bill and pay; they are actually managing their patients' health. We hit this wonderful sweet spot where the patients are healthier and the patients are way happier because they are getting better service, and the cost per patient in these practices is coming down. So if that is taken away, we reverse that effect. It is plausible to think that those costs will start going back up again. Why would we want to undo a method that has helped local practices improve the quality of care, reduce the cost of care, and serve their patients better? The ACO program is part of the Affordable Care Act.

The last thing is that around here, we try to defend Medicare. One of the achievements of the Affordable Care Act was that it extended the solvency of Medicare out to 2028. Undo this bill and there will be a direct hit on Medicare's solvency. It will come roaring back.

So when you put what the Republican Senators on the Budget Committee said with such vehemence and alarm about the debt and the deficit beside the use to which they have put the reconciliation process, which was designed to be used to reduce the debt and the deficit, and you look at how

that actually plays out through the health care system—increasing the costs of what would have been accountable care organizations, if that gets undone; lifting back up, presumably, Medicare costs that in the outyears were reduced because of this; and shrinking the time that Medicare stands as solvent—if that is not a hit on Medicare, I don't know what is.

The other piece in this process that bears on this is that during the period that these very dramatic concerns were being expressed about the debt and the deficit, the same party that was enunciating those concerns and those threats to our American society and solvency was defending all of the loopholes in the Tax Code. We tried and tried to find a loophole that our Republican friends would be willing to let go of, and we couldn't find a single one that I recall. Even President Trump is interested in trying to get rid of the carried interest loophole that lets hedge fund billionaires pay lower tax rates than brick masons, but could we get an agreement on that from our colleagues on the other side? No. They wouldn't touch it.

I hope that as we go forward, we can find a way to bring tax expenditures lined up with appropriated expenditures under the purview of the committee, but so far we have been unable to do that despite repeated bipartisan testimony that a tax expenditure is just the same as an appropriated expenditure in so far as it affects the debt and deficit—no difference—bipartisan testimony, clear on the record. The difference is that behind a great many of these lucrative tax loopholes that are baked into the Tax Code and that survive year after year after year is a special interest, whether it is somebody trying to depreciate their private jet more rapidly than an airline can depreciate passenger aircraft, whether it is the carried interest loophole that puts, very likely, the billionaire getting out of his limousine in front of his New York apartment in a lower tax rate than the guy holding the umbrella over his head, the doorman. How fair is that? But that is the status of the tax law. We couldn't get anybody to budge on that because there are obviously big, powerful interests who don't want to see that messed with. Why should they pay taxes like ordinary people when they are superwealthy immortals who can buy themselves politicians?

So the ironies of the party that declaimed about debt and deficit with such vehemence through so many hearings, with so much blame on President Obama even though it was carried-forward Bush policies they were defending that were driving so much of that debt—to have that group of people now come and use the reconciliation process designed and intended to address the debt and the deficit instead to try to repeal but not replace ObamaCare in ways that I think can be very fairly projected to raise Medicare costs, reduce Medicare solvency, and undo a

good deal of the savings that doctors and taxpayers have shared from hard-working practices like Rhode Island Primary Care Physicians and Coastal Medical in Rhode Island, which have relied on the ACO provisions in the Affordable Care Act to get those savings—who wants to undo that? It makes no sense, and least of all, it makes no budget sense because those outyear health care costs will come home into the budget in those outyears. Of course, you compound that with the fact that no tax loophole is to be touched. No tax loophole can be addressed. No revenue can be generated by closing the carried interest loophole, closing the private jet deduction, closing the tax benefits for the fossil fuel industry, which is making more money than any industry has in history and hardly needs the support of the poor American taxpayer. But, no, big special interests have big tax breaks, and they are going to be protected at all costs. That is really where we are on this.

I understand we used reconciliation to move ObamaCare. It did, in fact, do the job of reducing the deficit, I believe. Undoing it goes in the opposite direction, but there is a certain “what is good for the goose is good for the gander” equivalence about using that to undo what we did. I get that. But if we are really serious about addressing the debt and deficit, then we shouldn't be using the reconciliation process, which is designed to reduce them both, to attack a health care program whose effect has been to reduce them both. That is where we stand right now.

In the months ahead, I hope we will be able to look at tax expenditures. More money goes out the back door through tax expenditures than gets spent on some of our biggest programs. It is a huge loophole, and within it are a lot of very unattractive special interest special provisions—loopholes in the worst sense of the word. We don't want to touch them because nobody dares to touch the special interests behind them.

So that is where we are. I hope we can make real progress on the debt and the deficit and stop defending private jet reductions, stop defending fossil fuel subsidies, stop defending billionaire special tax breaks, and actually put the debt and the deficit that America faces first rather than having conversations about that being window dressing until you get a Republican President, and then you go completely haywire, using the reconciliation process to undo health care laws, raise Medicare costs, and undo the ACO program that has been so effective in my State.

I see the junior Senator from Utah is presiding, and I know that Utah and Intermountain have some of the best health care work being done on delivery system reform, and it would surprise me very much if the leaders at Intermountain in Utah were excited about undoing the delivery system re-

form provisions of Obamacare. The Innovation Center at the Centers for Medicare Services, the ACO provisions, the provisions for shared savings between doctors and the taxpayer when savings accrue because of better practices, the changes toward better models of payment—I would be very surprised if they were very enthusiastic about undoing those.

But, as I said, this is where we are, and I will close my remarks, and I hope that soon, once this exercise is over, we can actually get serious about closing loopholes and reducing the debt and reducing the deficit—the nominal cause of the Republicans on the Budget Committee.

I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the time be evenly divided between the two sides during the quorum call.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. WHITEHOUSE. With that understanding, I suggest the absence of a quorum, with the time divided equally between the two sides.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. PERDUE). Without objection, it is so ordered.

MINEWORKER PENSIONS AND HEALTH CARE

Mr. BROWN. Mr. President, 70 years ago United Mine Workers president John L. Lewis, a lifelong Republican, sat down with the Democratic Secretary of the Interior, Julius Krug. They struck a deal to end a national strike. They promised health and pension benefits for miners in exchange for a lifetime of hard work. It is a promise that the Federal Government has kept ever since.

For 70 years, no matter the President, no matter the party in control of the Senate, we have kept that promise. That changed, unfortunately, in December. This body left for vacation. It left tens of thousands of mine workers to face an uncertain future, not knowing if the pensions and health care they had earned for themselves—and in many cases for their widows—over a lifetime of hard work would be there for them in the future. This is shameful.

Senator PORTMAN, my Republican colleague from Ohio, and I and Senator MANCHIN and Senator CAPITO, a Democrat and a Republican from West Virginia, and Senator CASEY—a number of us—said: We should not leave Washington to go home to our families until we take care of mine worker families.

Congress has the power to stop these cuts and to live up to this pledge. We had a bipartisan solution that would have passed if it had been brought to the floor. But instead, Congress broke its promise to these miners and their families. Congress stole the health care they had earned by passing a continuing resolution that failed to address the pension problem, and it stole the funds that were still left in their health care plan to pay for a 4-month fix—4 months, 4 months. Who can make health care decisions when you don't know if you will have health care coverage 4 months from now?

These working people don't deserve to live with this kind of uncertainty. I have heard my colleagues, particularly on the Republican side of the aisle, always talk about predictability. Government should never inject more uncertainty into the lives of individuals, never should inject uncertainty into the lives of business people as they make investment decisions.

But that is what we have done with these mine workers. We have made their lives less certain, less predictable, and their health care so unpredictable. This is the health care these workers fought for, the health care they sacrificed raises for. Keep in mind that at the bargaining table, workers will be willing to accept less wages today in exchange for health care and pensions in the future. That is what collective bargaining is often about. That is what is so important.

This is health care they sacrificed raises for. It was the health care we promised them. My colleagues know their stories of hard work and sacrifice. We know these stories because over the past year, these miners traveled here by the busload. They rode long distances. They gathered in the heat and in the cold for hours outside this building to make their voices heard.

They worked decades in the mines—hard back-breaking work. But that work had dignity. It was dangerous work—work where some of them were killed on the job, work where many of them developed health problems later. Many of them died younger than people who dress like we do and have jobs like this. Their widows have been denied these pensions and health care. They clocked in every day, these workers. They knew the conditions they faced. Many of them now suffer from black lung or other illnesses. They accepted a lifetime of hard labor because they valued their jobs, they valued their work, and they believed that good-paying union jobs were their tickets to the middle class.

These miners believed in the covenant we used to have in this country

that promised if you work hard your whole life, if you put in the hours, if you save a little and do your part, you will be able to help your children go to college. They believed that would give their kids a chance at a better life perhaps than they had. They believed that if they upheld their end of the deal, if they put in the work to power our country by mining coal used for a generation of electricity, their government would do the same. In December, Congress told them they were wrong. I don't accept that. These workers sacrificed their lungs and their backs to keep our lights on. It is shameful that Congress, despite all intents and purposes, has stolen what they earned. These miners should have spent Christmas with their grandkids, not worrying about whether they could afford their medicine.

We aren't giving up. We had a bipartisan solution in December. We will keep fighting until mine workers across Ohio and this country have the full health care and retirement security that we promised them. They kept faith with us and powered our country. It is time to keep faith with the workers in our industrial heartland and to right this wrong.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. BROWN. Mr. President, I ask unanimous consent that the time during the ensuing quorum call be divided equally between the two sides.

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

Mr. BROWN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO LARRY CLARK

Mr. MCCONNELL. Mr. President, for the first time in three decades, the Kentucky General Assembly began their regular session this month without the fiery voice and passionate character of State Representative Larry

Clark. After an impressive career, Representative Clark started a new adventure: retirement. He will be remembered for many accomplishments in Frankfort, among them that he never missed a single floor vote.

Despite our differences, Representative Clark and I both care deeply for Kentucky. As speaker pro tempore of the house, he championed the merger of the Louisville and Jefferson County governments, an issue I fought for when I was the county judge/executive. We also share a passion for the University of Louisville, and Representative Clark has a record of achievements on behalf of the school.

I join the Kentucky General Assembly in congratulating Representative Clark on his career of public service. He dedicated many years to Kentucky, and I wish him well in retirement.

TRIBUTE TO ROBERT L. HENDRICKSON

Mr. MCCONNELL. Mr. President, today I wish to celebrate a distinguished Kentuckian and a friend. Robert L. Hendrickson has been the Publisher of the Ledger Independent in Maysville, KY, since 1993. When Bob announced that he would retire at the end of last year, I knew that the paper was not only losing a great journalist, but it also was losing a great man.

Bob graduated from the University of Georgia's Henry Grady School of Journalism. Afterward, he moved back to Kentucky to work on his dad's dairy farm. However, a pair of harsh winters in 1977 and 1978 convinced him, in his own words, "to put my journalism degree to work." He got hired by the Ledger Independent and has served his community ever since.

The Ledger Independent newspaper serves seven counties in northern Kentucky and southern Ohio. Through a series of owners and publishers, the paper continues a 150-year tradition of a local, independent, daily newspaper in Maysville.

Bob became editor of the paper in 1985, calling it "the best job in the world." In 1993, he was promoted to publisher. He oversaw the entire operation and guided the paper into the internet age with the unveiling of Maysville Online. While working full time at the paper, Bob also did post-graduate work at Northwestern University.

Bob and Missy Mann have never stopped working for their neighbors. Bob further dedicates himself to his community, both through his service on the board of directors of the Maysville Chamber of Commerce, and as the moderator of several important political debates in his area.

Bob is a great man and a pillar of his community, and I am honored to call him a friend. I wish him and Missy well in retirement, and I join with countless Kentuckians on thanking him for his service to Maysville.