AFFORDABLE CARE ACT

Mr. SCHUMER. Mr. President, first, I appreciate the remarks of my colleague the Republican leader. I understand the Republican leader’s discomfort. There is a cry from his side to repeal, but it has been 6 years and they have no plan to replace. Repeal without a replacement leaves millions Americans who have had health care in the lurch; leaves college students who are 21 to 26 and have been on their parents’ plan in the lurch; leaves women who are now getting equal health care treatment to men in the lurch; and leaves those who have families who have preexisting conditions, and now can get insurance but without Obamacare couldn’t, in the lurch.

I understand the Republican leader’s discomfort. Replace is not available because they can’t come up with a plan. I appreciate his request to work with us. He has two choices. Our Republican colleagues have two choices: Either, once they repeal, come up with a replacement plan, and we will give it a look—hopefully we’ve been able to do it for 6 years; they are squirming right now because they don’t have one; they are leaving so many Americans who need health care in the lurch—or don’t repeal and come talk to us about how to make some improvements. We are willing to do that.

I will note that yesterday the vote to repeal without replace was totally partisan. My colleagues decreed that the vote originally for ACA was partisan. This is equally partisan, and it is going to create huge trouble for our colleagues. Again, I will say to my Republican colleagues, your job is not to name call but to come up with a replacement plan that helps the people who need help—people who are now helped by the ACA but who will be left in the lurch once it is repealed.

CABINET NOMINATIONS

Mr. SCHUMER. Mr. President, I have another subject I wish to talk about, and maybe this one will be a little more constructive right now in terms of my Republican leader’s response because he and I yesterday had a constructive meeting on the matter of processing the President-elect’s nominations to the Cabinet. We are still working on several details, but on this issue I want to express my appreciation for the majority leader’s willingness to have a dialogue and work in good faith toward a process both sides of the aisle can live with.

Our concern is it is absolutely essential that the Senate has a chance to appropriately vet the nominees, and the American people deserve to hear their views and qualifications in public hearings, especially for the most powerful Cabinet positions. We all know Cabinet officials have enormous power and influence over the lives of everyday Americans. They run massive government agencies that do the actual work of implementing our laws, keeping our Nation safe from terrorism, protecting the environment and civil rights, providing clean energy and affordable housing—and on and on. Every facet of public life is governed by a very powerful Cabinet official.

It is only in the Senate—and by extension the American people—get to thoroughly vet their baseline acceptability for these jobs. That means getting their financial records to make sure they don’t come into public office with any standing conflicts of interest, and if potential conflicts of interest are found, making sure they have a plan to divest the assets in question, making sure the FBI has had the time to complete a full background check. It means making sure the independent ethics officers of each agency can sign off on them.

All of these benchmarks are standard protocol. All were done by about this time 8 years ago by the Obama administration and it was a consensus requirement. They are necessary requirements to prevent conflicts of interest.

I remind my colleagues again, every Obama Cabinet nominee had an ethics agreement in before their hearing. Every Obama Cabinet nominee underwent a full FBI background check before the Senate considered their nomination. For such positions of influence in our government, it is the responsibility of the Senate to guarantee that we have all the information we need on each nominee and in a timely fashion.

Truth be told, the slate of nominations selected by President-Elect Trump has made this process—standard for nominees of Presidents both parties—immensely difficult. There are several nominees who have enormous wealth and own stock of enormous value. We have a CEO of one of the largest oil companies in the world, a billionaire financier—oh, and another billionaire financial services executive.

Leaving aside for a moment what says about the President-elect’s priorities for his incoming administration, these nominees have potential conflict of interest challenges of epic proportions. At the very least—at the very least—they owe the American people the standard paperwork, and in fact we believe many of these nominees, given their financial holdings, should go deeper and provide their tax returns.

The minority only has ethics agreements in for four of the nominees so far. We only have financial disclosure forms from four of the nominees so far. We only have tax returns for four of the nominees so far. None of our committees has been notified that any nominees’ FBI background check has been fully completed. Briefings have started, but they are far from complete.

As I said earlier, I hope the majority leader and I can work out an arrangement that works for both of our caucuses to process these nominees in a fair but thorough fashion. It certainly shouldn’t be the case, as seems to be planned now, that six hearings—several on very important nominees—all occur on the same day and on the same day so as to prevent a vote-arama. That is mostly unprecedented in the modern era of Cabinet considerations, happening only once in history. That is not the standard, but right now that is the case on January 11.

There are Members who sit on multiple committees. One of our Members chairs one of the committees, Judiciary, but has been very active on the Intelligence Committee—both nominees in a single day. That is unfair, not only to her, with her great knowledge, but to the American people. Each member deserves plenty of time to question each nominee, and if questions remain, they should be brought back for a second day of hearings.

In fact, all they are going to hold incredibly powerful positions for potentially the next 4 years. To spend an extra day or two on each nominee, if it takes a few weeks, several weeks, to get through them all in order to carefully consider their nominations, that is certainly worth it to the American people and, I would argue, to the new administration.

I have made these points to the majority leader, and I must say he has respectfully listened. I am hopeful we can find an agreement that alleviates the crunch and gives Senators and committees the opportunity to process these nominations with the proper care and oversight, with all of the proper paperwork in place, thoughtfully and thoroughly.

I yield the floor.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

Mr. DURBIN. Mr. President, the pending business in the U.S. Senate is to set the stage procedurally so the Republican majority can repeal ObamaCare, the Affordable Care Act. That is what we are about. That is the business of the day, the week, and probably the weeks to come. So we are addressing that issue and others related to the budget.

I would like to start by sharing a story that was told to me by a family who I represent, Richard and Mary Laidman, who live in Naperville, Illinois. They told me a story, and I will reveal the name.

My 13-year-old son Sam was diagnosed with leukemia one day after the “no pre-existing conditions exclusions for children”
MR. PRESIDENT. The bottom line according to the Laidman family of Naperville, IL, is that the Affordable Care Act is critical to their family’s health and financial survival. That is what this debate is about. It is not about talking about promises made in campaigns or slogans one way or the other. It is about families like the Laidman family in Naperville who understand that were it not for the provisions in the Affordable Care Act, their son might not be here today or they may be penniless.

That is what it was like in the old days. If you had a son with leukemia and wanted to buy a family health insurance plan, good luck. If they would sell it to you, you probably couldn’t afford it. And secondly, many policies had limits on how much they would pay. Listen to what she tells us: $10,000 a month just for this drug that keeps her son alive. There were policies that had $200,000 limits on the amount they pay each year. Oh, they were affordable and cheap enough. What would the Laidman family have done if that is all they had to turn to?

Sadly, we know thousands, perhaps millions across America face that. That is why the Affordable Care Act made a difference. That is why it is inconceivable that the Republicans are coming to the floor, saying they want to repeal the Affordable Care Act without any replacement. 

They have had 6 years to come up with a better idea, 6 years to come up with a list of improvements, and they have failed and failed miserably. Why? Because it is hard. It is difficult. We found that when we wrote this law.

Let me just give you some examples of how the Affordable Care Act is working in my State and, as Senator Durbin indicated, in his State. The uninsured rate in Maryland was similar to what I heard from many of the health care stakeholders from the hospital association to physician groups, to health care advocates, to ordinary Marylanders—all Marylanders who have contacted me about their concerns about what happens if we see a repeal of the Affordable Care Act.

Let me just give you some examples of how the Affordable Care Act is working in my State and, as Senator Durbin indicated, in his State. The uninsured rate in Maryland has dropped from 12.9 percent to 6.6 percent. That is about a 50-percent drop in the uninsured rate. That benefits all Marylanders—all Marylanders. Yes, 400,000 Marylanders now have health coverage who didn’t have health coverage before, and for those 400,000, that is a big deal. That means they can see a doctor and get a physical examination. If they are ill, there are doctors and hospitals that will want to take care of them because they have third-party reimbursement. They
no longer have to show up in emergency rooms because that is the only place they could get to. They can now go to a doctor and get a physical examination.

Mr. President, it benefits more than just Marylanders who now have health care coverage thanks to the Affordable Care Act. It affects all Marylanders because we no longer have the amount of cost shifting of those who have health insurance paying for those who do not have health insurance because they use the system and don’t pay for it. That dislocation has been dramatically changed in my State. So all Marylanders are benefiting from having 400,000 Marylanders who now have health care coverage, but it goes beyond that. Many Marylanders who had health insurance didn’t have adequate health insurance. They had restrictions on preexisting conditions. They had caps on their policies. It didn’t cover preventive health care. They now have quality health care.

All of that is at risk. All of that is at risk because of what we are talking about doing, if I understand correctly. Quite frankly, I am still trying to figure out what the Republicans are doing to the Affordable Care Act. For example, if I understand it, they are going to repeal it, and they are not going to tell us right now how they are going to replace it. So everything that is included in the Affordable Care Act is at risk.

I will give you one more example of costs because I think this is an important point. Under the Affordable Care Act, if an insurance company wants to increase rates more than 10 percent, there are certain procedures they have to go through, certain public disclosures. We have a much more public process, but the number of claims of those who wanted to increase their policies by 10 percent have dropped from 75 percent before the Affordable Care Act to now 14 percent nationally. We have seen one of the lowest growth rates in health care costs in modern history. Yes, the Affordable Care Act has helped us do that. Why? Because individuals who had insurance now have coverage for preventive health care and are saving us money. Those who didn’t have health care coverage now have health care coverage, and they are seeing doctors, and they are saving us money because if they have a disease, it is being caught at an earlier stage, being treated in a more aggressive way, and they are saving more intensive health care costs. All that is benefiting the people of Maryland and our country.

Senator DUBIN mentioned several people in his State—a person in his State—and letters. I want to talk about people in Maryland whom I have talked to over the last several years about the impact of the Affordable Care Act and why they are so concerned about the policy now of repealing the Affordable Care Act.

I want to go back to 2007. That is a date that Marylanders know very well. I went back to a 12-year-old, Deamonte Driver. Deamonte Driver was a 12-year-old who lived about 10 miles from here. His mom tried to get him to a dentist, but he had no insurance coverage, and she couldn’t find a dentist who would take care of him. Deamonte Driver needed about $80 of oral health care. He had an abscessed tooth that needed to be removed. It would have cost $80, and he couldn’t find care in 2007 in the wealthiest country in America. As a result, his tooth became abscessed and it went into his brain. He had hundreds of dollars of health care costs, and he lost his life. As a result of that incident, I, along with other members of Congress, took up the cause of pediatric dental care to make sure every child in America has access to pediatric dental care. That is included in the Affordable Care Act as an essential health benefit.

Before the Affordable Care Act, very few health policies included pediatric dental; therefore, families were at risk as to whether they would actually use dental services because they did not have the money to pay for them. That was changed under the Affordable Care Act. That is at risk because, if I understand what is being suggested here, we are going to repeal the Affordable Care Act and the essential health benefits. We can’t allow any more tragedies like Deamonte Driver in America. If we don’t, we will be putting our children at risk if we repeal the Affordable Care Act.

There was another provision I worked very hard to get into the Affordable Care Act that I think is extremely important. We now have a National Institute of Minority Health and Health Disparities at the National Institutes of Health. We have agencies that deal with minority health and health disparities in all of our health care agencies thanks to the Affordable Care Act. That means we are now acknowledging that historically we have not done right for minority health in America. We looked at a lot of the research dollars; they were not spent in areas that minorities were impacted by. We see that access to care in certain communities is much more challenging because of minority status. We are looking at these issues and taking action.

The Institute sponsored a study in my home city of Baltimore. That study showed that depending on what ZIP Code you live in, your life expectancy could be as different as 30 years—a generation. Just your ZIP Code. We are taking steps to change that in Baltimore thanks to the National Institutes and the Institute on Minority Health and Health Disparities. Are the Republicans telling us that is not needed anymore, that we are going to repeal our efforts to look at minority health and health disparities that is unacceptable. Yet, if I understand correctly, that is the course we are going to follow.

Mental health parity is another area we have talked about at great length here. We know we still have not reached that goal to make sure mental health receives the same attention as any other health need, but in the Affordable Care Act, we did expand access to coverage for mental health and drug addiction. By expanding the Medicaid population, we have 1.6 million Americans who now have expanded coverage for mental health and substance abuse.

We have had great discussions in this body. I am very proud of the Cures Act, where we expanded coverage for drug addiction. Now Republicans are talking about taking a major step backward by repealing Medicaid expansion that allows access to coverage for mental health and drug addiction. To me, that is something that is unthinkable. Yet we are moving on that path by the legislation.

Let me share a letter I received from Lillian from Baltimore. In 2008 she lost her job. She has a history of abnormal mammograms. She could not get coverage. She could not get an insurance company to cover any of the preexisting concerns. She wrote: The Affordable Care Act has worked. I have coverage.

No preexisting conditions. No longer is being a woman considered a preexisting condition in America. Are we now going to turn our backs on the women of America and allow these discriminatory practices that existed before the Affordable Care Act to come back? I will tell you, I am going to fight to do everything I can to make sure that does not happen, and I would hope my colleagues on both sides of the aisle feel the same. But you are marching down a path that puts women at risk, that puts Americans at risk.

We know about the caps that were in the law before the Affordable Care Act. What do I mean by caps? That is the maximum amount your health insurance policy will pay you. Some 2.25 million Marylanders have expanded coverage for drug addiction. Now Republicans are talking about taking a major step backward by repealing Medicaid expansion that allows access to coverage for mental health and drug addiction. To me, that is something that is unthinkable. Yet we are moving on that path by the legislation.

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The tragedy about caps is that when you really need coverage, that is when you are impacted. You get insurance to cover you. You discover you have cancer in an aggressive way. All of a sudden, you are in the middle of treatment and you reach your cap. What do you do? What do you do? There are real, live examples from before we expanded coverage because of the Affordable Care Act—just the 400,000 new people who have come into the system, 2.25 million Marylanders will be impacted if we eliminate the protection against arbitrary caps.

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Rebecca from Baltimore told me about her daughter Eva, who is 18 months of age and has severe congenital heart defects and has gone
through numerous operations. If caps are in place, she cannot get adequate care for her 18-month-old daughter. Those are real, live examples of people who are impacted by the Affordable Care Act. She also told me: Thank you for the 26-year-old provision where they can depend on their parent’s policy. At least she knows Eva will be able to stay on her policy until she is 26.

I heard from Nichole, who is a 22-year-old student at Towson University. She talked about how affordable health care coverage and was able to stay on her parents’ policy. That is an important provision which is being repealed by the Affordable Care Act.

I helped work on the provision in the Affordable Care Act that provides preventive care coverage—immunizations, cancer screening, contraception, no cost sharing. That saves money. Preventive health care saves money. It makes our health care system more cost-effective. That is why we decided to put preventive health care and expand it dramatically. Now, 2.95 million Marylanders benefit from the preventive health care requirements of the Affordable Care Act that is included in every health policy. That will be gone with the repeal of the Affordable Care Act. We don’t have a replacement. We don’t know what it is going to look like. It is not easy to figure out how to put the pieces back together again.

There is a provision in the Affordable Care Act that deals with prevention and public health funds and that provides dollars to deal with some of the real challenges we have out there—obesity, tobacco abuse. My State is getting funds so that we can deal with healthy eating that will not only provide a better quality of life for those who have weight issues but also lead to a more cost-effective health care system. That will be gone with the repeal of the Affordable Care Act.

Let me talk for a moment about health centers because I know we made that a priority in the Affordable Care Act. Qualified health centers are centers that are located in, in many cases, challenging communities where it is hard to get doctors and hospitals to locate. We provide access to care for people who have limited means. The Affordable Care Act did two things that are extremely important in regard to health centers. First, it provided some significant new direct resources for those programs. Secondly, because they are in challenging neighborhoods, they have a much higher number of people who have no health coverage who go into these centers; therefore, their third-party reimbursement is much lower than other health centers that are located in better neighborhoods or more affluent neighborhoods.

The Affordable Care Act has worked in expanding dramatically the capacities of these qualified health centers. We have 18 that are located in Maryland. I could talk about all of them, but I have been to the Greater Baden Medical Services center several times. It is located in Prince George’s County. They also have a center in St. Mary’s County. I have been to them many times. They fund a facility thanks to the Affordable Care Act. I have seen the building in which they provide mental health services and pediatric dental care and actually adult dental care also. They provide those services, so we are helping them with the affordability of their health care. The Affordable Care Act. They told me that in the very first year alone of the Affordable Care Act, they were able to reduce their uninsured rates by 20 percent, meaning they get a lot more money coming in and they can provide many more services. All of that will be gone if the Affordable Care Act is repealed. I can’t be silent about that. This center is providing incredible services. It is one thing to have third-party coverage; it is another thing to have access to care. We provided both in the Affordable Care Act. We are not going to go back.

I heard Senator DURBIN talk about Medicare. I just want to underscore this. This is not just about those under your care. It is about those on disability who are covered by Medicare.

We heard about the doughnut hole. We all understood. We were getting numerous letters from people who fell into the doughnut hole. Those were people with disabilities. Those letters are falling off dramatically. Why? Because the Affordable Care Act closes the doughnut hole for prescription drug coverage.

In my own State of Maryland, 80,000 Marylanders benefited in 2014 from the Affordable Care Act and better coverage for prescription drugs, amounting to $82 million, averaging over $1,000 per beneficiary benefit. Those over 65 have better coverage for prescription drugs. Those under 65 have access to care thanks to the Affordable Care Act, and all of a sudden seniors figure out they have to pay another thousand dollars a year for prescription drugs. In my State, they don’t have the money to do that. You are going to again hear about prescription drugs left on the counter at the pharmacy because of the repeal.

Guess what. It even does more than that. The Affordable Care Act provided greater solvency for the Medicare system. That is something we know our colleagues say: We are not going to do anything to hurt Medicare. Repealing the Affordable Care Act hurts Medicare. It hurts the coverage and it hurts the solvency. I don’t want to be part of that. I would hope my colleagues don’t want to be part of that. Yet repealing the Affordable Care Act does that.

Let me talk for a moment about affordability. It is one thing to have coverage; it is another thing whether you can afford that coverage. We heard all of these stories about the increased premiums, and we know, of course, that insurance premiums in America have gone up at a slower growth rate than they did before the Affordable Care Act. That is a fact. But we do hear about the individual market within the exchanges and how that has gone up by a significant amount, mainly because of the way it was originally rated. We are hearing what many people don’t know is that in my State and around the Nation, 75 percent of the people who qualify for private health insurance within the exchanges are eligible for credits. In many other State, they don’t have the money coming in and they can provide many more services. All of that will be gone if the Affordable Care Act is repealed. I can’t be silent about that. This center is providing incredible services. It is one thing to have third-party coverage; it is another thing to have access to care. We provided both in the Affordable Care Act. We are not going to go back.

I received many letters from small business owners. One of the proud parts of the Affordable Care Act is that it helped our small business owners.

Annette of Bel Air, MD, wrote to me. She said she has saved significant money as a small business owner as a result of the Affordable Care Act. Tim from Laurel, MD, told me that in his small business, he saved $7,000 a year thanks to the Affordable Care Act. The reason is simple: You have broader pools, and you get the same type of coverage for a smaller amount of money. You know your policy basics. That is what we are talking about.

Let me tell you about one of the tragedies of this that will happen immediately, affecting America’s competitiveness and entrepreneur spirit. We know that a lot of people who work for big companies have great ideas, and they want to start out on their own. I have seen that over and over again in the biotech industries of Maryland. I work on the 95 corridor, the 95 corridor. I see small entrepreneurs who used to work for one of the giant defense contractors, and now they are pulling out and coming up with new ideas, doing things in a great way. That is what makes America a great nation. That is how we create jobs and how we deal with innovation.

Here is the situation. You are a 30-something-year-old, ready to leave that company and go out on your own. Your spouse has cancer. What do you do? You are not going to be able to get coverage. You are locked into that job. That will be a consequence of the repeal of the Affordable Care Act. We are
Mr. KAINE. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To prohibit legislation that makes America sick again.)

At the end of title IV, add the following:

**SEC. 4. DON'T MAKE AMERICA SICK AGAIN.**

(a) IN GENERAL.—It shall not be in order in the Senate to consider any legislation that makes America sick again, as described in subsection (b).

(b) LEGISLATION MAKING AMERICA SICK AGAIN.—For purposes of subsection (a), legislation that makes America sick again shall refer to any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Congressional Budget Office determines would:

1. reduce the number of Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

2. increase health insurance premiums or total out-of-pocket health care costs for Americans with private health insurance; or

3. reduce the scope and scale of benefits covered by private health insurance, as compared to the benefits Americans would have received pursuant to amendments under title I of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 139) and the amendments made by that title.

(c) WAIVER AND APPEAL.—This section may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

Mr. KAINE. Mr. President, I rise to offer this amendment, amendment No. 8, with Senator MURPHY and other Senators, to the budget resolution we are currently considering, and the purpose of amendment No. 8 would be to create an analytic tool to consider any legislation that would either strip Americans of health insurance coverage, make health care more expensive, or reduce the quality of health care.

Our amendment creates a high hurdle to any legislation that would make America sick again, and basically that is what we are trying to do. If we are going to either strip coverage from people or make health insurance more expensive or reduce the quality of health care services, that they currently have, we shouldn’t make that easy to do. We should have a high hurdle in place so we consider it before we do it.

The point of order is necessary because the entire purpose of this budget resolution is not to really address the budgetary matters facing the country. I say that as a member of the Budget Committee. In fact, the budget process was basically ignored in the last Congress.

This budget is only before us to set up a pathway to pass a fast-track repeal of the Nation’s most consequential health care program in decades, a program that affects millions of people and a repeal being fast-tracked that would strip health care from millions of Americans.

I will come back to the health points in a second, but I want to address how we got to where we are now. The question that was in the province of the Budget Committee.

I think it is a little strange that halfway into Fiscal Year 2017, which began October 1, 2016, we are setting budget levels now. A budget resolution is a tool to set forth the guidelines for spending in Congress.

We know, in the history of this body, we are not always successful in passing a budget through both Houses of Congress and approving that budget through a conference process, but at least some progress is usually made; for example, both Houses doing their budget resolutions. As you know, that didn’t happen in 2016. Last year, our GOP counterparts in each House decided, for the first time in the modern budget era, not to hold a hearing on the President’s submitted budget, not to have any activity on a budget in the budget committees, either in the committee or on the floor.

To begin, I have to ask, if the budget wasn’t important enough for us to consider last year, why is it now so important for us to be taking up a budget? The answer is obvious. We are debating a budget for the sole purpose—the sole purpose—of setting in motion a process to repeal health care coverage for tens of millions of Americans. This is really about an attack on people’s health care.

I and many of my colleagues have said there is a significant need to make improvements to the Affordable Care Act and, more generally, to our health care system.

Mr. President, you were a chief executive of a State, just like I was. I learned something in my first year as Governor of Virginia, which was, when I looked at all the bills that were put on my desk for signature, whether I would sign it, or veto at the end of my State’s legislative session, three-quarters of the bills were not new legislation or not repeals of legislation; three-quarters of the bills were improvements of existing law. That is the work of a legislative body. Overwhelmingly, it should be improvements to existing law. The Affordable Care Act needs significant improvement, just as other health care laws do, just as virtually everything we do needs improvement.

There is no reason, while we acknowledge the need for improvement, to repeal a law outright without having a sense of what the replacement will be. That is why, essentially what we do is create chaos in the economy, chaos in the health insurance market, and especially chaos in the most intimate and important area of people’s lives, their health.

Actually, on that subject, there was a wonderful letter that was sent on January 3 by the American Medical Association to the congressional leadership on...
this very point, don’t do a repeal that creates chaos for people. I am going to read some sections of the letter.

The AMA supported passage of the Affordable Care Act because it was a significant improvement on the status quo at that time.

We continue to embrace the primary goal of the law to make high-quality, affordable health care coverage accessible to all Americans. We also recognize that the ACA is imperfect, and there are a number of issues that need to be addressed.

Continuing the quote:

It is essential that gains in the number of Americans with health insurance coverage be maintained.

The letter concludes, from the American Medical Association, the largest organization representing American physicians:

Consistent with this core principle, we believe that before any action is taken, through reconciliation or other means, that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents step forward in the ongoing process of health reform.

The amendment Senator MURPHY and I propose is designed to accomplish exactly the goal, exactly the goal the AMA has specified in the letter of January 13.

We would create a 60-vote point of order against any legislation that would, first, reduce the number of Americans who are enrolled in public or private health insurance coverage, so there would be a 60-vote point of order against any proposal that would reduce coverage for Americans; second, the point of order would also lie against any plan that would increase health care premiums or total out-of-pocket health care costs for Americans with private health insurance; and, third, the point of order would lie against any proposed plan on the table that would reduce the scope and scale of benefits offered by private health insurance because the ACA was not only about affordable care and it was not only about coverage, it was also about the quality of care.

Could your coverage discriminate against you because you are a woman? Could your coverage expire once you get an illness and now have a preexisting condition?

These bill of rights protections for patients were an important and integral part of the Affordable Care Act, and the budget point of order that we would put on the table would establish a 60-vote point of order for considering any legislation if it triggered one of those three concerns: reduction in coverage, increase in cost, reduction in quality.

The point of order actually goes right to promises that the President-elect Kellyanne Conway said: We don’t want anyone who currently has insurance to not have insurance.

Just 2 days ago, the key spokesperson for the President-elect Kellyanne Conway said: We don’t want anyone who currently has insurance to not have insurance.

She is talking a threshold of 1 million people or 100,000 people or 10 people. She says the threshold is this: We do not want anyone who has insurance to have that insurance jeopardized by actions of Congress.

This is what a repeal of the Affordable Care Act, without a replacement plan, will mean. It will have three significant consequences, and then I want to finish with some personal stories.

First, a repeal would inflicts a significant wound on the American economy. Health care is one-sixth of the American economy, one-sixth. You cannot inject uncertainty into one-sixth of the American economy without having significant negative effects to the economy.

Congress should be in the business of increasing certainty, not increasing uncertainty, and if we go into the biggest sector of the American economy with a repeal, without any replacement strategy, we will do it “I am now going to jump off a cliff and I will figure out how to land once I am in midair.” This will be economic malpractice to affect that many people.

Second, the effect of the repeal of the Affordable Care Act is sort of an under-the-table tax cut for the wealthiest Americans. Millionaires, if the Affordable Care Act is repealed—there are two taxes on high earners that are part of the financing of the Affordable Care Act and these one is popularly called the “Cadillac tax,” American would expire, and this is hundreds of billions of dollars over 10 years of a tax cut. Millionaires would get 53 percent of the tax cuts from a repeal, which is more than double the same group’s share of the 2001 and 2003 tax cuts that were done during the Bush administration.

Just put that in some context, Americans in the top 0.1 percent economically would get an average tax cut of $6.8 million. The Affordable Care Act is an under-the-table tax cut for the wealthiest Americans. Millionaires, if the Affordable Care Act is repealed—there are two taxes on high earners that are part of the financing of the Affordable Care Act and these one is the Popularly called the “Cadillac tax,” American would expire, and this is hundreds of billions of dollars over 10 years of a tax cut. Millionaires would get 53 percent of the tax cuts from a repeal, which is more than double the same group’s share of the 2001 and 2003 tax cuts that were done during the Bush administration.

Third, the impact that is the most significant is the impact on the health care of average Americans. The Urban Institute did a study in December and said: If there is a repeal with no replacement or a repeal with a delayed replacement, to something that we know not what it will be, there will be 30 million Americans who will lose their health insurance. About 20 million will be people who got health insurance under the Affordable Care Act, and an additional 10 million will be people who will lose their insurance because of the chaos created in the insurance market.

To put that number, 30 million, into a context because numbers can just sound big and mysterious. Here is what 30 million people is. The number of people who would lose health insurance because of an ACA repeal is equal to the population of 19 States: Wyoming, Vermont, North Dakota, Alaska, South Dakota, Delaware, Montana, Rhode Island, New Hampshire, Maine, Hawaii, Idaho, Nebraska, West Virginia, New Mexico, Nevada, Utah, Kansas, and Arkansas.

Nineteen States’ combined populations, that is 30 million people, and that is who is going to lose health care coverage if we go forward with a repeal without a replacement.

Eighty-two percent of these 30 million who would become uninsured are working families, 38 percent will be between the ages of 18 and 34, and 56 percent are non-Hispanic Caucasians. Eighty percent of the adults becoming uninsured are people who do not have a college degrees. There will be 12 million fewer people who have Medicaid or CHIP coverage in 2019 if the repeal goes through. These are some sobering statistics. These statistics show that, at a minimum, what we are doing here is very, very, very important and should not be rushed into in a partisan 51-vote budget reconciliation process.

I want to conclude and tell a couple of stories from Virginians of people who are going to be impacted by this. When we essentially recessed in the Senate on December 9—between then and now—I went around the State and talked to people. I heard a story that I want to share, and then I will tell a couple quick ones.

I met with Ashley Hawkins, a young mother in Richmond, a mother of two kids. We sat around a conference table in a federally chartered community health center in Richmond and talked to stakeholders. Ashley told her story. She had a preexisting health condition. Before the Affordable Care Act, health insurance was unaffordable. After the Affordable Care Act passed, she could suddenly get insurance.

Without health insurance, the recent hospital bill for the birth of her youngest child would have been close to $16,000. With the Affordable Care Act, she receives a subsidy, and she is able to access high quality health insurance for her and her two kids for $280 a month. That is the difference between
not being able to afford to go to a hospital and deliver a child and to be able to afford, as a small business owner, a health insurance policy that covers her and her two kids for less than $300 a month.

This is what she said as we sat around the table and talked about what it means to have affordable insurance. She said: “It has to do with self-esteem and security and well-being.”

Having health insurance is about security, it’s about being sick or not sick. Obviously, when you are sick or when you are delivering a child, health insurance is needed. But when you are a mother of two children, even if you are at the peak of your health and even if your children are at the peak of their health, you would go to bed at night—and Ashley described this—wondering: What will happen tomorrow if my child gets sick? What will happen tomorrow if I am in an accident? Not having health insurance for a parent is a continuous voice in your head, an anxiety creator, about what is going to happen to my family if we get sick or get in an accident, which is something that happens to virtually every family. It has to do with self-esteem, with family security, with well-being.

Without the protection for people with preexisting conditions, without the subsidies in the marketplace, people like Ashley will go back to not being able to afford coverage for their families.

After the Affordable Care Act passed, I happened to be in a position where I was trying to buy health insurance in the open market without an employer subsidy for the first time in my life. When I say I was doing this, what I mean is that my wife was doing all the work because she is the one who does all the work. She talked to two insurance companies who said: Hey, sorry, Anne, we can’t afford your entire family because you have two preexisting conditions. One company would not cover me. One company would not cover one of my children. My wife said: Hold on a second. The Affordable Care Act just passed. You can’t turn somebody down on a preexisting condition now.

In each case the insurance company said: I have to talk to my supervisor. They had to call back and say: You are right; we are wrong. We have to provide insurance for your entire family.

Can it be any better? My family is the healthiest family in the United States. At the time my wife was making those phone calls, of the five of us, the only time any of us had ever been hospitalized was in the three occasions my wife went to the hospital to give birth to our kids. We are a healthy family, and we were turned down twice because of a preexisting condition by insurance companies that had to say: We are wrong, and because of the Affordable Care Act, now we can write a policy for your entire family.

I had a woman write me a letter—a Virginian from Williamsburg—a couple of years ago who said: My husband and I are self-employed, and we could never afford insurance. Because we couldn’t afford insurance, we decided that we couldn’t have children. We couldn’t pay a hospital bill. This is what the Affordable Care Act has meant to them. We often talk about life and death issues, cancer diagnoses, and preexisting medical conditions. They can be life or death issues, but they can also be life issues, in the sense of this couple who wrote and said that because they could not get a job and had no employer subsidies in the marketplace, they are now going to start a family because of the Affordable Care Act. They could start a family.

Finally—and I will always remember this because this gives me great motivation—as I was getting outside of my native Virginia and exploring other States on an interesting 105-day summer vacation as part of a national ticket, I went to the Iowa State Fair. I told this story on the floor of the House, but I am going to tell it again. A grandfather came up with a little boy in his arms. I said: What is that child’s name? Jude. Jude, the patron saint of lost causes. There is St. Jude Children’s Research Hospital in Memphis, a place where children have been able to go to get medical care.

I knew there must be a story. I said: Hey, Jude, tell me about Jude. Jude was a 3½-year-old who was diagnosed with a life threatening defect and by age 3½—as his grandfather told me the story, now mom and dad were coming around me as well—Jude had to have multiple heart operations at the Children’s Hospital in Omaha. The grandfather said to me that Jude would not have been able to have those operations and Jude would be uninsurable for the rest of his life if it were not for the Affordable Care Act.

Then Jude’s father put his hand on my shoulder and said: I am a big guy. He said to me: You have to tell me that you will do everything you can to make sure that Jude isn’t stripped away and consigned again into the outer reaches of preexisting conditions and uninsurable, with an uncertain future for this boy, for your son. I made a pledge to him. I said: I am only one person. I don’t know what, at the end of the day, I can do, but I can tell you this. I can stand up to make sure that your child and other children—such as Ashley’s two kids and what Jude told me about wanting to have children—will not be left high and dry and without the security of health insurance in the wealthiest and, to my way of thinking, still the most compassionate Nation on the face of this planet.

I encourage every Member of this body to ask their constituents for stories like Ashley’s, like Jude’s, like my family’s, and like the family in Williamsburg about how an ACA repeal would impact them. I will go back to the purpose of the amendment. The ACA is not perfect. We ought to be talking about reform. If Republicans want to call it replace and we want to call it reform or improvement, I don’t care what we call it. We should have the AMA, hospitals, patients, and Members of Congress from both parties around the table to lay down what are our concerns, what are the problems, and how to fix them. There is so much we can do. There is so much we can improve. But by pushing an immediate repeal through a partisan budget process, we won’t have the opportunity to work together to build on that common ground.

This is not a game. Sometimes we get into a budget vote-arama, and it has a little bit of a game aspect to it. I have been here until 2 a.m. or 3 a.m. when amendments are put on the table, there are 1-minute presentations of why it is good or bad, and we have a vote. It has a little bit of a feeling of a game. This is not a game. This is life and death.

So there is nothing more important to someone than their health, because their health forms the foundation of their relationship with their spouse or their loved ones or their children? Health is what keeps a parent up at night worrying about the family. Health is what keeps a child worrying about an elderly parent. This is the most important thing to any person in this country, regardless of party, regardless of State, regardless of political persuasion. The worth a person can do on a value of such importance is to rush and create chaos in the lives of millions of people.

So I conclude by saying that the amendment that Senator MURPHY, I, and others offer would seek to protect what we have—protect coverage, protect costs, protect quality—by making it harder to enact legislation that would strip these important items away from tens of millions of Americans.

We should be sitting down at the table to talk about reforms. So many of us want to do that. But we should not be rushing into a repeal that would jeopardize people’s lives.

I urge my colleagues to please support amendment No. 8.

Thank you, and I yield the floor.
Mr. MURPHY. 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. MURPHY. Mr. President, what is happening on the floor right now is absolutely extraordinary. It is absolutely extraordinary that Republicans are using the budget process, the reconciliation process, in between the swearing in of a new President, to rip away from 20 million Americans health care insurance, to drive up rates for one-third of consumers in this country who have some form of preexisting condition—a sickness that without this law would make their rates go higher—and to throw the entire health care marketplace into chaos.

It is absolutely exceptional what is happening right now. No one in this body should think that outside of this body should perceive this to be just politics as usual.

I was here when the Affordable Care Act passed. I was in the House of Representatives. Then, I have heard my Republican friends say over and over again that they want to repeal the Affordable Care Act and replace it. I can't tell you the hundreds of times I have heard that phrase, "repeal and replace." President-Elect Trump talked about that throughout the campaign, and then 2 days after he won the election, on Thursday night, he went on national television to double down on the promise that there will be an immediate replacement. He said: There will not be 2 hours between the Affordable Care Act being repealed and it being replaced with something better.

That is the second part of the argument the Republicans have made. The Affordable Care Act, in their minds, was deficient, despite the fact that there are 20 million people who have insurance today who wouldn't have it otherwise. Despite the fact that there are hundreds of millions of Americans across the country who don't have to worry about them and their loved ones having their insurance rates jacked up because they are sick, and despite the fact that seniors are paying thousands of dollars less in prescription drugs than they were.

The Affordable Care Act isn't perfect—it never was—but the enthusiasm of Republicans to take away from Americans their health insurance and to drive rates up for millions more is really unbelievable.

We heard over and over again that the priority was to repeal it and replace it. Now we are repealing the Affordable Care Act with no plan for what comes next. We are driving forward with a repeal vote with no plan for how we keep the health care system together, how we prevent it from falling into chaos, how we continue to insure some of millions of Americans who rely on it.

There is a cruelty to this enthusiasm for immediate repeal that is a little bit hard to understand—it is really hard to understand.

I think about somebody like Jonathan Miller. He lives in my State. He lives in Meriden, CT. He was born with cystic fibrosis. He is insured today through the Affordable Care Act. Here is what he said:

For me, I was able to live a relatively normal life growing up, wonderful family and friends, but health has always been the most important thing in my life. Is spend even in a good health year probably one or two hospitalizations each year that require IV antibiotics. I am on a whole suite of medications. Each day I take medications. I take some of those are pills, some are breathing treatments, and then there are the shots. Healthcare is the number one priority in my life. It's more important than income, more important than anything else, being able to maintain my health.

He is insured by the Affordable Care Act today, but he also receives the benefit of the insurance protections because of what the Affordable Care Act, even if he had insurance, would lose it—probably a couple of months into the year—because of a practice prior to the Affordable Care Act of capping the amount of money you would be covered for in a given year on treatments. Jonathan would have blown through that in a heartbeat.

It is not hyperbole when he says: "Without the Affordable Care Act, I'd probably be dead within months."

That is the reality for millions of people across this country. Without health insurance, they cannot survive. They can't afford their medication.

So this isn't just about politics, this isn't just about the words on the page, these are people's lives. This is about life or death, and the casualness of throwing out a law without any concept of what comes next—I have read so many quotes in the paper over the last few days of Republicans admitting that they don't know what they are going to do in its place, but they still feel the need right now, in the lameduck session, to begin the process of repealing this law without any concept of what comes next.

Why do it now? Why not take one step back? Why not reach across the aisle to Democrats and say: Let's try to work to make this better. Let's try to answer the concerns the Republicans have, that President-Elect Trump has. Let's try to work through this, reform it in a bipartisan way. No. Instead, we are rushing forward with repeal, stealing health care for millions of Americans, plunging the health care system into chaos, with no guarantee that there is anything that is going to emerge in its place.

Senator KAINE and I have a very simple budget point of order. Senator KAINE has talked about it. He would prohibit the consideration of any legislation as part of budget reconciliation that would:

1. Reduce the number of Americans who are enrolled in health insurance;
2. Increase premiums or total out-of-pocket costs for those people with private insurance; or,
3. Reduce the scope and scale of benefits that people have.

I have heard my Republican friends say: We are going to repeal the Affordable Care Act, and we are going to replace it with something better. We are going to make sure it is cheaper, it is going to raise costs, and it is not going to reduce benefits.

I am going to be honest. The replacement isn't coming. It is not coming, and even if it comes, it can't meet those three tests. There is no way there is a replacement coming that is going to maintain the 20 million people who have insurance now, that is going to maintain cost controls and maintain benefits. It is not happening.

I now flash to the American public: This law is being repealed under a budget reconciliation process that shuts out Democrats, and it is not going to be replaced by something that is equal in quality or better. At the very least, we can put our names and our votes to a budget point of order that commits Republicans to the promise that they have made for 6 years, which is that if they repeal this, they will not put a piece of legislation before this Congress that does not guarantee that everybody keeps their health insurance, costs don't go up, and benefits don't come down.

I urge, when this comes up for a vote, a positive vote from my colleagues, and I urge my Republican friends to honor the promise they have made.

I thank Senator KAINE and others for joining me in offering it.

I yield the floor.

The PRESIDING OFFICER. The majesty of the Senate is yielded.

Mr. CORNYN. Mr. President, I would just say, I had the pleasure of sitting here listening to the Senator from Connecticut talk about his concerns about repealing ObamaCare, and I would say it strikes me that their posture is that we sold the American people a lemon, and we insist they keep it.

Our position is that ObamaCare has been a failure. It has been a grand—in terms of scale—experiment, a national experiment that has failed.

Yesterday I talked about the fact that my constituents are writing me and telling me that their premiums, in many instances, have doubled, and their deductible has gotten to the point that they are effectively self-insured so their insurance does them virtually no good.

We will vote to repeal ObamaCare, but obviously we are not going to leave people hanging out to dry. We are going to make sure they have coverage that they choose and that they can afford. I welcome the assistance of our colleagues on both sides of the aisle to try to craft a bipartisan reform.
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The biggest failure of ObamaCare was the fact that when our Democratic friends had 60 votes in the Senate and they had President Obama in the White House and a majority in the House, they jammed it down the throats of the American people. That is really why ObamaCare was legislation; it was purely a partisan political exercise. We need to start over by repealing ObamaCare and then reforming our health care system so people can buy the coverage they want at a price they can afford. We need to work together carefully to make sure the transition is thought out, methodical, and very carefully done.

NOMINATIONS

Soon, Mr. President, we will be considering and confirming men and women nominated by the President-elect to fill leadership roles throughout the administration. This is crucial to ensuring a smooth transition from one President to another, and it is important to make sure the next President has the people and resources he needs to help lead our country.

I have had some of the reporters in the hallway say: How in the world can you process so many nominees at the same time, so quickly? I said: It is the tyranny of the calendar. We are going to have a new President on January 20, and wouldn’t you want—for example, the President’s CIA Director choice, the Attorney General, the Secretary of Defense, the Director of Homeland Security, the Director of National Intelligence—wouldn’t you want all of those key national security positions filled as soon as possible in case some of our adversaries decide to take advantage of this transition to try to threaten the United States?

It makes sense to me that we would work in an orderly sort of way with our colleagues across the aisle to make this happen.-smooth transition from President Obama to President Trump. President Obama has said that is what he is working to do, and you would think it would make sense for us to be a part of the solution and not a part of the problem.

Holding up confirmations just for delay’s sake is irresponsible and it is dangerous. As I speak, there is a hearing going on on the foreign cyber threats in the Senate Armed Services Committee, and people are justifiably concerned about what our adversaries are doing in cyber space. But it is not related to just cyber space, it is related to nuclear threats from countries such as North Korea, obviously the ongoing humanitarian crisis and civil war going on in Syria and elsewhere, the threats from Russia not only in cyber space but also to our NATO allies in Europe, and I could go on and on about Iran and its nuclear aspirations, its ballistic missile capability.

This is why we are living in, and why in the world would we want to make it even more dangerous just to let our colleagues delay for delay’s sake President-Elect Trump getting to fill his Cabinet, particularly these important national security offices? The truth is, when it comes to wanting what is best for America, we are all on the same team. We should all want what is best for our country. It doesn’t do our Democratic colleagues a bit of good to delay the inevitable because, thanks to former Democratic leader Harry Reid and the so-called nuclear option that changed the Senate confirmation rules, we know that President-Elect Trump’s Cabinet members will be confirmed. It is going to happen because it takes 51 votes. Just delaying for delay’s sake out of partisan pique really doesn’t do anything to accomplish any goal but, rather, makes our country more dangerous and denies the President-elect the Cabinet he has chosen.

When President-Elect Obama was nominated to office, we acted very quickly. In fact, on the day he was inaugurated—January 20, 2009—seven of his Cabinet members were confirmed. We were not happy about the outcome of the election on this side of the aisle. We wished a different electoral outcome had occurred. But once the voters had spoken, we accepted the verdict, and we worked cooperatively to see a smooth transition from the Bush administration to the Obama administration. I believe it is our duty to do that. Nearly all of President Obama’s Cabinet—net-level nominees were confirmed within the span of 2 weeks. We came together, understood that the people had spoken, and we went to work to cooperate in good faith, not necessarily because we were happy about the outcome but because it is our responsibility to do so.

Then there are some of the statements from some of our colleagues across the aisle that they now appear to be walking away from. In the spring of 2015, just 20 months after the President-elect is sworn in to the White House and the minority leader is already threatening to deny the voices and the vote of the American people from last November by blocking any nominee indefinitely.

As shocking as it sounds, on Tuesday night, just hours after the 115th Congress was sworn in, Senator SCHUMER, the Democratic leader, was asked in an interview on MSNBC if he would “do his best to keep the seat open.” He answered with one word: “Absolutely.” Despite months of calling for a full Supreme Court, all nine members, even using the hashtag “We need nine,” the Democratic leader is now threatening indefinite obstruction.

Republicans were clear with the American people—when they elected them to Congress, they elected them to serve in whom they wanted to pick the next Supreme Court Justice, whether it was a Democrat or Republican in the White House, and we would move forward with that nominee in the next Congress.

I hope our Democratic friends don’t slow-walk President-Elect Trump’s nominees. It is one thing to obstruct, but it becomes an even bigger problem when they intentionally try to keep President Trump from doing the job that the people have given him the responsibility to do.

The American people made clear in November that they are done with

only the head of the Department of Justice and has an important law enforcement role, the Attorney General also has a very important anti-terrorism national security portfolio as well. So it is very important that people in Senate Sessions, the Attorney General nominee can place on a timely basis for the safety of our community.

Talking about the nomination of Attorney General Loretta Lynch not even 2 years ago, the senior Senator from Vermont urged a quick confirmation, saying: “Confirming the top law enforcement position should be an urgent priority of the Senate.” And he is right.

As the minority party is now considering the political strategy of obstruction, delay, and stall tactics, what has changed except that your preferred candidate did not win and our preferred candidate did win? That is the only thing that has changed.

Another nominee the Senate will consider is the President-elect’s choice to fill the Supreme Court vacancy left by the death of Justice Scalia. Last year, after the death of Justice Scalia, we promised the American people that when they had spoken, we would make that choice, recognizing that the next Justice on the Supreme Court could serve 25 or 30 years. Here we are 15 days before the President-elect is sworn in to the White House and the minority leader is already threatening to deny the voices and the vote of the American people from last November by blocking any nominee indefinitely.

What makes sense to me that we would work in an orderly sort of way with our colleagues across the aisle to make this happen. But it becomes an even bigger problem when they intentionally try to keep President Trump from doing the job that the people have given him the responsibility to do.

The American people made clear in November that they are done with
business as usual here in Washington, DC. Frankly, I don’t think it was a robust endorsement of either one of the political parties. We got an unconventional President-elect, and I think the American people expect him to shake up this place, and I think he will. We have to work alongside him. That would only make us less safe, our economy more fragile, and the government less efficient. After all, we are paying the bills as taxpayers. Why would we want a less efficient or less effective government?

In short, it will not serve the interests of the American people well. I know we are ready on this side of the aisle to roll up our sleeves and get to work. As I have learned through hard experience, the only time anything meaningful is accomplished in the Senate is when we work together. I am not talking about people sacrificing their principles. There are a lot of things that are outside of our basic principles. We can search for better answers, we can find common ground and work together and build consensus. I think we ought to take advantage of this historic opportunity to do just that, starting with confirming the President’s Cabinet and letting them get to work to help his administration as soon as possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, I am going to talk about the resolution we are moving to that will allow us to repeal and begin the replacement for the President’s health care plan.

A little over 3 years ago, President Obama hailed the start of the ObamaCare exchanges as a life-changing opportunity for Americans. For most Americans, it was life-changing; but it didn’t turn out to be an opportunity. It was a life-changing experience because in many cases the insurance they had was no longer affordable, what they thought met their family’s needs was no longer available, and the cost continues to go up.

When President Obama pushed the health care law through Congress without a single Republican vote, he repeatedly assured Americans that they would be able to keep the plans they had, that they would be able to keep the doctors they had, and that every family would have a significant reduction in health care costs. True, they continued to make every one of those commitments until the plan actually was put in place and it was obvious those commitments were not going to be what happened. By the end of 2013, at least 4.7 million Americans had their plans canceled because they didn’t meet the law’s mandatory requirements. Remember, these were plans that 4.7 million people thought met their needs who could not afford those plans. That is why they bought them. They might not have been perfect. They might have still been a stretch on their budget, but they decided: This is insurance I can afford, and the President, as President, said that is one of the needs that I can afford to meet with the insurance I can buy.

The President’s claims about everybody being able to keep their policies and keep their doctor were so far from reality that PolitiFact rated it as the lie of the year. I don’t like to use that language as it relates to the President of the United States. I would say it must be really easy to become isolated in the Oval Office, and the President gets a language that sounds to him as if his plan is working, but the truth is that the President is not entitled to his own facts. He is entitled to his own opinion. He is entitled to his vision of what he thinks health care reform will look like, but he is not entitled to his own facts. If it is not happening the way he thinks it is happening, somebody needs to tell him. But, of course, in just a few days there will be a new President, and we will have to deal with the chaos, frankly, that has been created under the old law.

President Obama said this law would mean more choice, more competition, and lower cost. Million of Americans. Nobody can find those Americans. A number of Americans got on Medicaid, another government program, who weren’t on Medicaid beforehand. But there aren’t millions of Americans who have more choices, and there aren’t millions of Americans who have more competition for their business, and there aren’t millions of Americans who have lower costs. In fact, just the opposite would be the case in Missouri, where I live. A number of insurers pulled out of the exchange totally. Our neighboring states all have the same experience and, in some cases, even worse experience, but the competition, the choices, just aren’t there because the system doesn’t work.

We have 15 counties in our State, and in 97 of them, you have one choice; you have one insurer offering insurance. That one insurer may offer three different plans, but there is no competition for whatever level you are shopping for. There is only one place to get that level. This would be as if there is only one shoe store in town and none of the shoes fit and they all cost too much, but if you didn’t buy the shoes in that shoe store—and the chairman of the Budget Committee knows a lot about this—and if you would have to pay a penalty for not buying shoes that were available at that one location. Everybody would think: Well, that is unacceptable; you ought to at least be able to drive to another community and look for shoes. But that is not the case in 97 places, 97 counties. The vast majority of our State and a couple of States have no counties on the individual exchange that have competition.

We found a couple of counties: Every county a year ago in Missouri had at least two companies offering insurance, so there was at least a competitor. Some had more than two companies offering insurance. Now 97 have one company.

The promise was to bend the cost curve. The cost curve bent, but it bent the wrong way. The cost curve went up; it didn’t go down. In our State, again, increased premiums have been as high as 40 percent.

In a number of States, they are in the 70-percent category. In one State, there is a 100-percent increase—not from when ObamaCare started but from last year—in places where the cost of insurance for individuals and families had too often already doubled, and now another add-on.

I was with somebody the other day, and I asked them about their insurance. He was a healthy guy in his mid-40s. His wife and two daughters were healthy. I said: What are you doing for insurance?

He said: I am self-employed. In 2009, there were four of us. We had insurance we thought met our needs. We were paying $300 a month. Now we are paying $1,190 a month, and we have a $7,500 deductible. If two of us are sick, we would have to submit that deductible twice before we get any assistance from the insurance company—a $15,000 deductible if two people in the family are sick with a $1,190 monthly premium.

This is a family that had no health care problems. This is not a response to somebody who has a policy that they were using. This is a policy that wasn’t being used and, of course, with a $7,500 deductible unlikely to be used unless that family really has a catastrophic situation occur. We found that family found out a few months after I visited with them was that their policy went up closer to $2,000 than $1,190.

The average deductible for a mid-level plan—there are the gold plan, silver plan, the bronze plan. For the silver plan, the average deductible in the exchange last year was $3,000. The average deductible in the bronze plan was $5,000, and it is higher than that for many people.

To make matters worse, if you aren’t able to afford the few options available on the exchange, you pay a penalty. So you have no competition. You are required to buy the product, and if you don’t buy the product, you pay the penalty. It could have been as much this year as $2,045, but if your option is to pay $15,000 or $20,000 for insurance that has this high deductible, that is what many people have decided to do.

I asked them about Missouri. From the day this was initiated through today talking about the individual challenges they have seen. For
example, Dave, a small business owner in Columbia, said that the premiums for his employees have doubled. Why would that be the case? One, the standards necessary for a policy change and, two, if you’re losing all this money in the individual marketplace, the insurance companies make that up somewhere. So his premiums have doubled.

At the same time, they have continually had to raise deductibles and seriously reduce benefits. The cost goes up and their coverage goes down. I think that is what President Clinton said when he said this is a crazy system. It is costing more all the time and covering less. That is what Dave has found out in his business, and he was told late last year that he should expect a 40-percent increase this year. He said: If that happens another time, we are no longer in the employee-employer provided insurance marketplace.

Another location that serves our State and happens to be headquartered also in the Old Missourians Transportation System, a not-for-profit. They provide critical transportation services to older Missourians, and they have it other places in the country—older Missourians to low-income, seniors that are underserved in our State that don’t have other transportation options. The costs to insure their drivers have gone up by half a million dollars. The paperwork to comply with the law’s requirements, as the executive director told me, is so complex and cumbersome, they had to spend additional money to hire a consultant to implement a software program to help them keep up with the new mandates. It suddenly got even harder to be a not-for-profit and break even.

Families and small businesses shouldn’t be penalized because the law did not live up to its promise: If you like your health care, you can keep it. If you lose it, you can no longer get your doctor. Family costs will go down by $2,500 after this plan is put in place. Those things didn’t happen.

We are in a chaotic situation now, and it is time to move in a new direction. We will have a bill before us very shortly that will allow us to begin that transition to do things that will prevent Washington from getting in between health care providers and their patients. We will do things that will break down barriers that artificially restrict choice and prevent Americans from picking insurance that meets their family’s needs that they can still pay for. What a concept that would be.

This is basically the system we had before. It wasn’t a perfect system, and I will say the biggest straw man put forward in that system was that nobody else had any ideas. There were plenty of other ideas, ideas that would better serve American families, American job creators, American job holders, that would have allowed small businesses to band together and become a bigger group to seek group insurance for a number of businesses instead of just one business’s health savings account, better use of health savings accounts, buying across State lines, and things that I proposed specifically on letting your family stay on your insurance a little bit longer. Frankly, that was a 4-page amendment that will be back in insurance every year so you can stay on your family policy until you are 26. There are four pages with a lot of white space. This does not have to be that complicated. There is no cost to taxpayers. Frankly, you are adding young, healthy people, not much cost to anybody but fundamentally no cost to taxpayers. It is just an additional way to look at things like buying insurance across State lines would be. There are solutions here, but we have been prevented from moving to those solutions. I urge my colleagues to support the resolution that will allow us to move forward. We will begin to eliminate the chaos of ObamaCare and restore the focus on patients and the doctors they want to have, and the places they want to go to get their health care.

I yield the floor.

The PRESIDING OFFICER. The President pro tempore, Sen. Wyden, of Oregon.

Mr. WYDEN. Madam President, I want to begin by making this morning by taking stock of how the 115th Congress, led by my Republican colleagues, seems to be coming out of the gate. Here is what is coming if the budget process that began this week plays out: 30 million Americans from the individual marketplace will be in danger of being kicked off their health care plans; sharply rising health care costs for everybody else, even those who get their insurance through their employer; broken campaign promises about a replacement coming on day one. With this resolution, Republicans in the Congress are building a Trojan horse of tax cuts for the most fortunate in America.

I want to discuss each of those issues this morning, but first let us recognize the bottom line. What is at stake in this debate is whether or not America is going to go back to the dark days when health care was reserved for the healthy and wealthy. For nearly 7 years and through 4 punishing campaigns, Americans have heard and felt the steady, partisan drumbeat of repeal and replace from the other side. Dozens and dozens of show votes to repeal the Affordable Care Act have been held in both Chambers. There have been countless town hall meetings, speeches, and hearings, even a government shutdown, and the message is always the same. The President-elect himself said that repeal and replace would happen—his words, not mine—simultaneously.

The replacement plan was coming. It would be fully written, ready to plug in—no gap, no harm relevant to anyone in our country. The same words, “Coming Soon,” have sat on that marquee for 7 years now. It seems to me it is time to admit that the show will not open. This is a broken promise, plain and simple. Americans are no longer looking at repeal and replace; now it is repeal and run. The plan will be ready immediate for tens of millions of Americans, both in access to health care and the bottom line for family budgets across the country. In short, it is a plan that will make America sick again. According to independent analysis, nearly 30 million Americans will lose their health insurance quickly after repeal. The first act of a new Congress: Kicking 30 million people off the insurance rolls—that is seven times the population of my home State.

The overwhelming majority of those 30 million Americans are not wealthy people. They are not in a position to be able to afford to go out and pick an expensive plan once the insurance companies reprice their insurance back in the driver’s seat. Millions come from working families who will lose tax cuts for health insurance. Millions of others toil, often working multiple jobs, but still what they bring home is just barely enough to keep them out of poverty.

For many, signing up for Medicaid brought an end to the years when they had to choose between visiting a doctor and putting food on the table. If repeal goes forward, Americans all over the country are going to face that dilemma once again. I think it is important to remember that the danger of repeal does not end with Americans getting kicked off their insurance plans.

Repeal will send costs skyrocketing for the remaining 270 million Americans who get their insurance through work, including a lot of folks who say the Affordable Care Act has not touched them at all. They are going to get a gut punch, a gut punch with higher premiums and higher out-of-pocket costs. When you kick tens of millions off the insurance rolls and send the markets into chaos, there is going to be a ripple effect. Everyone is going to feel those harmful effects, even those who have had the same plan for particular years or decades. Rising costs are going to eat into paychecks, crowding out the pay raises that our people need so desperately.

Consequences. If you are watching this budget debate at home, I am sure you are going to say: Why in the world would any lawmaker go forward with this plan? I am going to go back to what I just said. In my view, this is a Trojan horse of tax cuts for the wealthy and the most fortunate.

When you look at both sides of the ledger, you see how exceptionally unfair this scheme actually is. On one
Senator ENZI. He and I have served on its own, so the two sides have to party builds that kind of supermajority from both parties to come together and ally it takes 60 Senators, Members together. It is a process that drives people apart. It is inherently partisan.

A typical proposal that comes to the Senate floor is subject to unlimited debate and unlimited amendments. Usually it takes 60 Senators. Members from both sides come together and get a proposal that can get 60 votes. Reconciliation throws those unique characteristics of bringing Senators together; basically, reconciliation just throws it, throws it out the window. In my view, when you use reconciliation the way it is being used here, you are telling the other party you neither need nor want their votes. It puts a one-sided proposal on the fast track to passage, tight limits on debate and one-sided proposal on the fast track to pass legislation. This is not a partisan exercise. Inherently, it is not a process that brings people together. It is a process that drives people apart. It is inherently partisan.

For years, my Democratic colleagues and I have said that we are ready to work on a bipartisan basis to solve this country’s health care challenges. I think I have spent about as much time as anybody in the Senate working to find common ground, working together to get a proposal that can get 60 votes. Reconciliation throws those unique characteristics of bringing Senators together; basically, reconciliation just throws it out the window. In my view, when you use reconciliation the way it is being used here, you are telling the other party you neither need nor want their votes. It puts a one-sided proposal on the fast track to passage, tight limits on debate and one-sided proposal on the fast track to pass legislation. This is not a partisan exercise. Inherently, it is not a process that brings people together. It is a process that drives people apart. It is inherently partisan.

I am very concerned that what is at issue now is a serious misuse of the reconciliation process. This is not a simplified procedure to address a budget issue; this is an effort to ram through repeal and run. Second, this is not your run-of-the-mill congressional debate where you have both sides bringing their best ideas forward to tackle a policy issue.

For my Democratic colleagues and I have said that we are ready to work on a bipartisan basis to solve this country’s health care challenges. I think I have spent about as much time as anybody in the Senate working to find common ground, working together to get a proposal that can get 60 votes. Reconciliation throws those unique characteristics of bringing Senators together; basically, reconciliation just throws it, throws it out the window. In my view, when you use reconciliation the way it is being used here, you are telling the other party you neither need nor want their votes. It puts a one-sided proposal on the fast track to passage, tight limits on debate and one-sided proposal on the fast track to pass legislation. This is not a partisan exercise. Inherently, it is not a process that brings people together. It is a process that drives people apart. It is inherently partisan.

I believe Americans are going to speak out. They are going to rally against an unfair, unbalanced bill that cuts taxes for the most fortunate, while putting insurance companies back again in the driver’s seat. What is at stake here is pretty simple: it is whether or not America is going to turn back to the United States taking those dark days when health care in our Nation was reserved for the healthy and the wealthy.
The PRESIDING OFFICER (Mrs. Ernst). The Senator from Kansas.

Mr. MORAN. Madam President, in 2010 the American people were promised a number of things, but among

blind spot about this law that he and many of my Democratic colleagues share. Millions are facing impossibly high health insurance premiums for plans they may not even want to have. Costs are going up, and they can’t afford them. As a result, some folks who are uninsured, like the family Mr. Gruber was talking about, might get coverage. But it would cost them more than $1600 per month. As an alternative, their tax reform plan would allow them to pay the fine instead. That is one family, $1600 a month. That is peanuts around here. And that is what we are at this point in time on our spending. Hopefully, we will do well on the new budget and come up with a plan that is going to pull the United States out of the hole that we are in on our deficit spending, which results in huge debt.

I would like to make that distinction. Deficit is our overspending. Debt is the amount that we owe that we have to pay interest on—like pouring money down a hole—and that interest is the interest paid on the debt. We have to make decisions on about $1 trillion each year, and the interest rate right now is $200 billion right now by itself—that is about 1 percent. If it goes to 5 percent, which is the norm for the United States, that would be $1 trillion dollars. That is the amount we get to make decisions on. What shape will our country be in if we have to spend $1 trillion dollars on interest and that is all we have to make decisions on? We have to do something. Health care is affecting more people in this country than anything else. So we will start immediately. We normally have a recess that would begin from the time we reorganize until the time the President is sworn in, but Republicans recognize that this is an emergency. This is something that needs to be taken care of. So we are going to stay around and get it solved.

We are going to do the processes we have to do. This is the first of the processes and it is an important step, which has to be the actual savings part in order to do the reconciliation, and we are going to do that.

We will hear all kinds of stories of ways that people have been helped by health care, and we will hear stories about how people have been hurt by this health care. We need to fix it for both of them.

So I think Members are looking forward to an open and serious debate about the future of America's health and its health care system and the importance of restoring the trust of hard-working taxpayers. I think that is something both sides can agree on, and that is what will happen.

This resolution we are debating does two things. It recognizes the point in the budget we are at considering the points of order and things that happened up to this point in time. We are just recognizing that is where this budget is. It still keeps in place the points of order to maintain some control over our spending, but the significant part is the repeal part. That is where we institute the reconciliation, and all that is, is an instruction to two committees on the Senate side and two committees on the House side. The two on the Senate side were the Finance Committee—these are the ones who deal with all of the taxes and the finance and the Medicare and the Medicaid, and they need to save $1 billion over 10 years. That is peanuts around here. They work much harder than that, I am certain. And then the HELP Committee—Health, Education, Labor, and Pensions—also has an instruction to save $1 billion. That is it.

This isn’t a debate over what the changes are going to be to ObamaCare; this is a debate about whether we are going to give two committees, which have jurisdiction over this situation, the ability to consider it and bring us something. It has to conform with the budget requirements, and that is going to save $1 billion. That is why we have a very low threshold, each of them saving $1 billion. That is the time when we will have the debate on what is happening with health care. If somebody wants to raise the threshold of the $1 billion for each of the two committees, that would be perhaps acceptable—unnecessary but perhaps acceptable. If somebody wants to change the budget, we are going to have an actual change in our budget. Right after we finish this process because there is a budget for 2018. We are already a third of the way through 2017, and there are no spending bills approved. That is wrong, but that is what this budget reflects. That is where we are at this point in time on our spending.

I would like to make the distinction. Deficit is our overspending. Debt is the amount that we owe that we have to pay interest on—like pouring money down a hole—and that interest is the interest paid on the debt. We have to make decisions on about $1 trillion each year, and the interest rate right now is $200 billion right now by itself—that is about 1 percent. If it goes to 5 percent, which is the norm for the United States, that would be $1 trillion dollars. That is the amount we get to make decisions on. What shape will our country be in if we have to spend $1 trillion dollars on interest and that is all we have to make decisions on?
those things was affordable, accessible, and quality health care. They were promised that if they liked their health care plans, if they liked their insurance, they could keep those insurance policies. They were promised a system that not only get more folks covered at lower costs.

Instead, unfortunately, the Affordable Care Act has failed us and has failed to keep its promises. Canceled policies, elimination of certain plans, difficulty in finding new plans, massive premium increases, sky-high deductibles, and limited options for doctors have really become a new standard for many American families.

At the end of last year, I completed another round of 105 townhall meetings in our State. There are 105 counties in Kansas. On occasion—it is pretty rare but on occasion someone will say: The Affordable Care Act was helpful to me and my family. My response to that is: I am glad, but surely we can come up with a proposal—a plan—that isn’t so damaging to so many other people for the benefits that you claim you have acquired under the Affordable Care Act. And that is why I am proposing a plan that doesn’t increase premiums, increase deductibles, increase copayments, eliminate plans, reduce the choice of the physician you see, and reduce your ability to keep the health care plan that you like. But it is opposed to the Affordable Care Act does not mean I am opposed to trying to make sure Americans have better options and more affordable care.

I have also visited all 127 hospitals in our State. I have had conversations with the chief financial officer, the CEO, the trustees, the doctors, the nurses, and almost without exception the conversation is about how bad debt expenses increase, the ability for their patients who are admitted to the hospital—to pay their bills is less, not more, and that is because they can’t afford the copayments and deductibles.

Unfortunately, ObamaCare—the Affordable Care Act—has taken away the freedom to make health care decisions from Americans, from us as individuals, and given way too much authority to the Federal Government. Kansas continue to ask me to help them. I am get back to their former health care plans, to find a better way to do this, a plan that is more affordable with better coverage.

Over the last 6 years, I have advocated for a number of changes to our health care plan to help American families. Even before President Obama was President, we were talking about what we ought to do.

I have ideas of what we could do to improve the chances that people across Kansas and around the country would have a better opportunity to provide health care insurance for themselves and their family members. I am proud of some of the successes we have had in recent time.

I am a member of the Senate Appropriations Committee and a supporter of funding for NIH, or the National Institutes of Health. This is research that is essential to saving and improving lives, growing our economy, and maintaining America’s role as a global leader, but, most importantly, it saves lives and improves the quality of life. It saves money—the cost of health care—if we can find the cure and treatment for cancer, for diabetes, for Alzheimer’s. One of the ways we can help reduce the cost of health care and improve health care is to make it certain that we make the necessary investments in finding those cures and treatments.

Last year, I supported, and this Senate and Congress passed, the 21st Century Cures Act. This takes us in additional directions in the way of finding those cures for life-altering diseases and, in the process, helps us to save our families’ dollars. We have also worked hard to try to maintain the funding for Federal programs and agencies that work with universities and medical schools to train and recruit medical professionals who then go on to serve particularly in medically underserved areas in your State and mine, Madam President, in which we are experiencing the constant shortage of the necessary professionals to provide the necessary health care.

While this is progress, with a new Congress, a new year, and a new administration, we now have a tremendous opportunity to provide real substantive reform to our health care system. I mentioned the conversations I have had in townhall meetings. In addition to the health care side of the Affordable Care Act and the problems it has created for affordable and accessible health care, we have also had the challenges on the economic side—the job creation side—that the Affordable Care Act has unfortunately created—the conversation about whether or not to expand a business, whether or not to exceed the 50-employee threshold. Those aspects of the Affordable Care Act are very damaging and needed to be addressed and as well.

As we as a Senate, we as a Congress, and we as a country look for a replacement strategy, for something different—significantly different than the Affordable Care Act—we ought to focus on the practical reforms that embrace increased flexibility and allow American men and women to decide what is right for them and their individual family health care needs.

As we take our measure up in Congress, I wish to again put forth some specific ideas I have offered over the years as a blueprint for reform that we should try to put in place.

First, we should ensure preexisting condition protections for those with continuous coverage. Individuals with debilitating diseases and chronic conditions who have purchased health care should be reassured that their coverage will not be stripped in any future health care changes to our system.

Second, we can increase coverage by enabling Americans to shop for plans from coast to coast, no matter what State they live in. This will lower the premiums by spurring greater competition in the insurance market.

Third, we should extend tax savings to those who purchase health care coverage, regardless of their employment. To assist low-income Americans, we can offer tax credits to help them obtain the private insurance of their choice. We also can expand access to care by supporting community health centers and other primary care access points.

Fourth, instead of limiting the choice of plans, let’s give small businesses and organizations the ability to pool together in order to offer health insurance at lower premiums, similar to corporations and labor unions. We also need to make it possible for health insurance to travel with workers when they move from one job to another job throughout their careers.

Fifth, we ought to increase the incentives available to individuals to save now for their future and for long-term care needs by empowering them to utilize health savings, other incentive plans. Doing so enables individuals to take ownership in their health, and that is important as well.

Sixth, we need not accept the idea that costs for currently available medical treatments will inevitably rise. Instead, let’s continue to support those things that bring down the cost of health care by finding cures and treatments, as I mentioned, with the National Institutes of Health. Advancing lifesaving medical and spurring innovation can help us accomplish health care savings, reducing the financial burden for those with diseases and their family members who care for them.

Lastly, we need to address shortages in our medical workforce by promoting education and programs at our universities and our medical schools that train physicians, nurses, and other health care officials and encourage them to practice in underserved areas through scholarship and loan repayment programs. Kansas is an example, as is your State, Madam President, where those rural areas and, additionally, those core centers of our cities lack so often the necessary health care providers.

Eighth, in order to curb the preventable costs that often occur through unnecessary emergency room visits and untreated symptoms of disease, we should provide coverage to low-income Americans, despite their limited financial means, in a financially sustainable way that ends up saving money in the long run. For all of us, the best reducing health care costs is wellness, fitness, diet, and nutrition. That also means early preventive care. It means early diagnosis, and we make certain that Americans have access to that diagnosis and that early treatment. Ensuring access to quality care with a focus on preventive health is an effective way to limit high-cost health visits that place burdens on hospitals,
physicians, our economy, and our health care system as a whole.

Lastly, we can reform our medical liability system and reduce frivolous lawsuits that result in inflated premiums and the practice of defensive medicine that doctors order every possible test out of fear of potential lawsuit. Doing so can save tens of billions of dollars each year and make health care more affordable for more people.

The bureaucracy that goes with the providing of health care needs to be simplified. I have often looked behind the desk when I go see my family physician and wonder what all the people who are working there are doing. So much of it is not about patient care but navigating the system by which your health care bill, at least in part, gets paid. There is all the variety of insurance forms. I know this in my life—the ability to understand that insurance document that arrives in the mail and sits on our kitchen table waiting for my wife or me to figure out what this means. I have seen this with my own parents when they were living—the amounts, paperwork, and forms and checks for $13.19 that arrived in my dad’s mailbox and trying to figure out with my parents: What does that mean? Why am I getting this?

So much cost savings and so much anxiety and angst could be eliminated if we had a system that was much more uniform in its presentation, simplifying the way in which our health care bill gets paid by our insurance provider, by Medicare, by Medicaid, or out of our own pocket. I would defy most Americans to be able, unfortunately, to understand what is the stuff that comes in the mail and what it means to the people who pay it.

As we move forward with trying to replace and improve access of Americans to health care—to affordable health care—I believe there are reforms that will provide us with a good blueprint that we can emulate. I am anxious to see what happens in Delaware and also to get better health care outcomes. You reduce medical malpractice costs, and you also get more satisfaction from the patient side.

We have taken that idea in Delaware—Seven Pillars—at Christiana Care, which is the big health care delivery system in our State. We have taken that and have begun to incorporate it in the way they work. If I am the patient and I perform a procedure on you, if you are harmed or hurt—not your fault, my fault—the idea is I apologize. I meet with you privately—no lawyers—and apologize for what has happened and helps the medical outcome. If you have lost wages, if you have pain and suffering, they pay your health care costs and make you whole. Don’t hide it. Don’t put it under the rug but take full acceptance, responsibility. That is one of the approaches being used to try to deal with medical malpractice costs. I think it is a good one. It is not the only one good, but it is one.

I happened to be walking through the Chamber and heard my friend speaking, and I thought I would share that with you, everyone.

When I was Governor of Delaware, we used to meet with my Cabinet. We would be talking about a particular problem or issue faced in Delaware. I would say to my Cabinet: Some other State or some other Governor has actually addressed this issue. They figured out how to deal with this this. Our challenge is to find out what works and do more of that and to see if it can be transferred to Delaware.

Sorry Works is a Michigan idea. It morphed into Seven Pillars in Illinois, and now it is being incorporated in my own little State in our big health care delivery system. It is something that works. I am not sorry that it works. I am glad that it works, and I am happy to share it with my friend from Kansas and whoever else might be interested.

I yield.

Mr. MORAN. I thank the Senator from Delaware, and I appreciate his comments. He did walk in just as I was talking about that, which is one of a series of things that I believe would improve the cost and affordability of health care. I thank the Senator for sharing his experience in Delaware and elsewhere and use that as an opportunity to indicate that the cost savings that comes from that kind of reform is a positive, but we also want to make sure those who, through no fault of their own, are actually harmed are made whole to the best of our ability that they can get their money back.

Finally, I would use this as an opportunity to point out that this Senate ought to work in a way in which the ideas of all 100 Members are considered in a respectful way as we try to find solutions to the access and affordability of health care.

Again, I thank you for the time on the floor.

Mr. CARPER. Madam President, if I could speak through the Chair.

I failed to mention one thing about Sorry Works, Seven Pillars, and what we are doing in Delaware. If we have that meeting between the patient who had been harmed, the physician and provider, and they say there was an error where there is an apology and an offer to try to make the patient whole—no attorneys involved—if the patient says no, I am not interested in doing that, nothing that is said in that conversation between the two of them can be used in a court of law, which I think is an interesting approach. We are anxious to see how it works over the next couple of years.

Ironically, I was probably the only Democrat—maybe the only member of the Finance Committee—who was trying to get included in the Affordable Care Act provisions dealing with medical malpractice. I had this idea—not to let a thousand flowers bloom or ideas like that—to figure out five or six good ideas and put them on steroids to see if they actually work on a larger scale. I could not get a cosponsor on the other side of the aisle, which blew my mind. It still does trouble me. I never understood that. In the meantime, the ideas are starting to come up and flourish, and, hopefully, we can find out what works and do more of that.

Thank you.

Mr. MORAN. Madam President, I would welcome a membership on the Finance Committee, but I don’t have one at this stage or with my time in the Senate. Under either circumstance—membership on the Finance Committee or here in the entire Senate—I look forward to working with my friend and colleague, the diligent Senator from Delaware.
I yield my time.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Madam President, I hear my Democratic colleagues praising ObamaCare. I had to smile yesterday. I was talking about how ObamaCare was addressing high pharmaceutical costs. I had to start laughing—and kind of a bitter laugh. Tell that to a senior who is paying $6,000 for her medicine, which before ObamaCare passed was a fraction of that.

We hear how great it is that ObamaCare has given so many people coverage. Say how great that coverage is to someone who has a $6,000 deductible—a $6,000 deductible—who does not have $400 in her checking account. There is a friend of mine—people don’t believe it so I put it on my Facebook page. He got his quote for him and his wife. They are 60 and 61 years of age. Their premium for 1 year was $39,000, each—their premium was $39,000 deductible. Again, it is on my Facebook page because otherwise no one would have believed me.

So when people speak about the affordable health care act, I have to laugh. Who’s affordable? What’s affordable? We can clearly do better than this.

I begin this speech by calling into question my Democratic colleague’s defense of ObamaCare, but we can have common ground. I applaud and still applaud the goals of those who support the Affordable Care Act. They wish to have coverage for all. Now, that is important. For over 30 years, I have worked as a physician in a hospital for the uninsured. My medical practice has been geared toward bringing coverage, to bringing care to those who otherwise would not have it.

As I look at this issue, I have to thank them for their motivation but have to recognize that the Affordable Care Act has not achieved that in a way which most Americans find affordable. The other thing about ObamaCare is that it coerces Americans. It takes power from patients and States and gives it to Washington, DC, coercing the individual with mandates and penalties, taking away her right to choose. That is not where the American people wish to be.

I would like to believe Republicans and Democrats can find common ground. I have introduced a replacement plan that would give States the power. I am willing to concede, the minority leader believes that ObamaCare is working just fine in his State of New York. In my plan, we repeal ObamaCare on a Federal level, but if a State like California or New York thinks ObamaCare is working for them, God bless them.

Under my plan, a State legislature would have the right to stay on ObamaCare. So here Congress would pass the legislation giving States the choice, and the State would either have the option we advance, which I think is superior—but when Republicans say that you can keep your health insurance if you wish, and we mean it, we mean it. If a State decided they wished to stay on ObamaCare, they could or if a State truly decides they want to have nothing at all to do with any of this, they could opt away from the Medicaid expansion, from any help for others in their State to purchase insurance, period.

I think this recognizes that if the minority leader wants to claim it is working in New York, it is working. I think clearly ObamaCare is not working in some other States. We can talk about Arizona, where briefly a county did not have a single insurance company providing insurance and where premiums increased by as much as 100 percent. We can look at Louisiana, my State, where that quote I gave earlier—a fellow and his wife, $39,000 for 1 year’s premium.

Clearly, ObamaCare markets are failing there. So let’s repeal ObamaCare, give the States the power, allowing them to choose the system that will work for them. Now, health care cost is important. Under our bill, we will make health care more affordable by giving people the power, if you will, of price transparency. Under ObamaCare, we have seen prices rise out of control. A lack of price transparency keeps providers from having to compete which takes away the consumer’s power of choice.

You can see this power of choice price transparency. Fifteen years ago, LASIK surgery cost $1,000 an eye or $875 an eye, with more for astigmatism. Now you can drive down the street and you see a billboard—a billboard—that says: LASIK surgery $275 an eye. So over a period of time, when everything has increased, LASIK surgery has come down—the power of price transparency.

Another example I like to use is of a woman who wanted a mamogram. She wanted to pay cash. They talked her out of it. No. No. No. We will not pay cash. They billed her insurance company. She later found that if she had paid cash for her mammogram, it would have cost her $90. As it turns out, they billed the insurance company $500. Her deductible was $100. She was actually out $10 because they billed her insurance company. She should have known that price goes down.

One more example. If a doctor orders a CT scan, the cash price, according to an LA Times article a few years ago in the Los Angeles Basin, varied from $250 to $2,500. Unless you are an investigatory reporter for the LA Times, able to call up and get that cash price, you otherwise would not know. I guess maybe it sometimes helps to have another example. Would anyone buy a car if they did not know the price of the car beforehand? Yes, that is routinely done with health care.

Under the legislation I and Senator COLLINS have introduced in the Senate, and I and PETE SESSIONS have introduced in the House of Representatives, people will know what the cash price is. I have found, working in a hospital for the uninsured, that when you give the patient the information and power they need to know to make the better decisions, you get better outcomes.

By the way, we have been told that Republicans don’t have a plan. The plans I am speaking of now are drafted in legislative language—legislative language. Again, this is about repealing ObamaCare, put in price transparency, and return decisionmaking power to the patient. We should repeal the individual mandate, repeal the employer mandate, prevent the Federal Government, the long arm of the Federal Government from reaching into someone’s household, forcing them to do something they don’t wish to do.

There should be an alternative. Under both the World’s Greatest Health Care Plan—the bill I introduced with PETE SESSIONS—or the Patient Freedom Act that I have SUSAN COLLINS as a cosponsor, we take all of the money a State would receive had they done the Medicaid expansion and those dollars would go to States who wish to keep your health insurance. Now, under ObamaCare, $6,000 deductible. Under our plan, the patient has first-dollar coverage, so if her daughter has an earache and she takes her daughter to the urgent care center, she can cover that visit with a health savings account, be signed up for the ObamaCare exchanges, and we give that money to the State to allow them to give tax credits to those who are eligible.

These tax credits could only be used for health insurance. If the patient did nothing, she would have a health savings account, catastrophic policy with a pharmacy benefit. She could use the health savings account as first-dollar coverage.

Now, under ObamaCare, $6,000 deductible. Under our plan, the patient has first-dollar coverage, so if her daughter has an earache and she takes her daughter to the urgent care center, she can cover that visit with a health savings account. She signed up with this credit. They also have catastrophic major medical coverage, so if they get in that car wreck, take them to the emergency room, sky-high pricing, they are protected from medical bankruptcy.

Under our replacement plan, we also give States the option to say that if someone in our State is eligible, they are automatically enrolled. I smile when I say that covers two populations. The person under a park bench and does not have his life together to otherwise do it, and the other population would be my 22-year-old son and those like him, those young folks who never think they are going to get ill so they never sign up for insurance. Without them being in the pool, we end up with a sicker pool. That is what has happened with ObamaCare.

By the way, it would be easy to imagine you could end up with 25 percent again. The enrollment of those eligible should the State decide to go this way. The timeframe for our replacement would be simple. In year one, say 2017 Congress
passes the enabling legislation, which in year 2018 allows the State to choose between these three options; in 2019, the State would implement the option it chooses; and by the end of 2019, we have made the transition from repeal to replacement.

Folks ask: Would I lose my coverage? I am a physician. I am going to give my perspective: a patient I might see who has breast cancer. She does not like ObamaCare. She voted for Donald Trump in the bubble. Normally, she is not sure she can afford coverage, but she has breast cancer. As bad as ObamaCare is, at least she is getting some care.

Now she is thinking to put out all this money first, but still she is getting some care. If we keep her in the prism through which we look at this problem so that in the transition from ObamaCare to better coverage she continues to have her therapy, so that at the end of this process, she does she have better coverage, but she has health and recovery from breast cancer, we have done our job. That is our Republican goal, to keep our prism as that woman who is vulnerable from a sickness she has not reversion, she has not lose coverage; she merely moves to better coverage.

I introduced the Patient Freedom Act with 12 Senate cosponsors in 2015 and then again teamed up with Representative PETE SESSIONS in 2016 to introduce the World’s Greatest Health Care Plan. That is truly its name. TOM PRICE, our soon-to-be HHS Secretary, first introduced his Empowering Patients First Act to the House of Representatives in 2014. Speaker PAUL RYAN, Representative FRED UPTON, Senators RICHARD BURR, and ORRIN HATCH have also outlined plans for comprehensive health care reform.

All of these plans create a new system that returns power of choice to patients and to States. Simple provisions as I have described such as health savings accounts, instituting free market values of them into a repeal plan now, we will quickly have an effect upon millions. Republicans have worked hard to lay the groundwork to repeal and replace ObamaCare.

President-elect Trump has said he wants repeal and replace to happen at the same time. He promised both. We should fulfill both promises. Our majority leader has said we can do a better job as Republicans covering more people. We have the principles, the ideas and we are ready to go so let’s put them to use. We owe it to the American people to carry out that replacement now with a smooth transition so the insured population can grow without anyone losing coverage in the process.

Republicans are committed to creating and passing effective health care legislation to replace ObamaCare and to bring real coverage to all Americans. Now is the time to do so.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I rise today in support of S. Con. Res. 3 and the ongoing effort to repeal the most harmful elements of the so-called Affordable Care Act.

While our friends on the other side of the aisle are working to convince the American people that there is nothing to see here and that this poorly named law is working according to plan, the vast majority of our citizens know the truth: ObamaCare just doesn’t work.

According to the results of a recent Gallup poll, 80 percent of Americans want Congress to either change the Affordable Care Act significantly or repeal and replace it altogether. Let me repeat that. Eight out of every 10 people in this country agree that the status quo is unacceptable and that we need a major change in what is going on around here.

We need a major course correction in our health care system. It is not hard to see why this is the case. After all, under ObamaCare, the cost of health insurance has increased dramatically and will continue to do so well into the future. Under ObamaCare, individuals and families are being left with fewer and fewer choices when it comes to buying health insurance. Under ObamaCare, patients have fewer options and reduced access to health care providers. Under ObamaCare, the American people have been hit with mandated taxes, all kinds, but one mandate, and a health care system that simply does not meet their needs.

This year alone, premiums in the benchmark plan for the ObamaCare exchanges have gone up by an average of 25 percent, and in some parts of the country, the increases have been significantly larger than that. In addition, over the past 2 years, insurance plans have been dropping out of markets all over the country. As a result, it is estimated that more than half of the counties in the United States will have two or fewer available health insurance plans on the exchanges—and that is this year—and about a third of them have only one available option.

I am quite certain that every single member of this Chamber has heard from a number of their constituents about these problems, about the problems they have faced as the Affordable Care Act has been implemented. I know I have. I have written to the_Consumers Health Fund (CHF) to express their concerns about the increases in their insurance premiums. For example, last month, Austin from Provo, UT, told me that due to the growing cost of his insurance plan, "I’m going to have to drop the insurance and face the penalty next year. I’m worried because, as a young husband and father, I’m barely making ends meet, and I’m not sure I can afford to pay the penalty for not having insurance." Similarly, Erynn from Spanish Fork, UT, told me that because her family’s previous insurer dropped out of the Utah marketplace, the remaining plan that best met her family’s needs was ‘‘a plan with a small list of in-network providers and no coverage for out-of-network providers.’’ She continued, saying that under this new plan, ‘‘We will have a higher deductible ($13,000 for the family), we will have to pay the full cost of any visit to the hospital, . . . and I am able to save as much money in our Health Savings Account each month because of the high premiums, which add up to $11,000 a year. . . . The premium is basically another mortgage payment for us only we have no property to show for it. This is too much.’’

No family should have to choose between paying their mortgage and paying for their health insurance. Yet, with all of ObamaCare’s failures and broken promises, families throughout the country are currently having to make those kinds of choices.

Unfortunately, it does not get any better from here, not without a major change to the status quo. In fact, I think it is safe to say that if we fail to act, the worst is yet to come. Therefore, it is only fitting that we begin this new Congress by repealing ObamaCare and setting the stage for workable reforms that will actually bring down health care costs, give patients and families more options, and let the American people—and not Washington bureaucrats—make their own health care choices. The budget resolution before us is the first step in this effort.

This year’s budget resolution contains reconciliation instructions to the relevant committees, including the Senate Finance Committee, which I chair, to draft legislation to repeal ObamaCare. So after approving this resolution, the next step will be for the Finance Committee, the HELP Committee, as well as the Ways and Means and Energy and Commerce Committees over in the House, to get to work on putting together a repeal package. This process will be more difficult than it sounds. We don’t want to be reckless, and we don’t want to inflict more harm on the American people or our health care system; therefore, in addition to repealing ObamaCare, the legislation we draft pursuant to this budget resolution will have to include a stable transition period to give us the time and space we need to provide more sensible reforms.

Under the budget resolution, the legislation to repeal, optimize, and provide that transition period will need to be reported to the Budget Committee by January 27. Then both the House and Senate will debate the legislation, hopefully passing it by simple majority votes and sending it to the desk of the incoming President. Once we pass this repeal legislation, we will come to the most important step in the process: replacing ObamaCare with a health care system worthy of the American people.

This will not be a simple endeavor. It is going to take a great deal of work, and it will almost certainly require the efforts of people from both parties. The Finance Committee is going to have a
major role to play throughout this process of repealing ObamaCare, providing for a secure transition, and replacing the law with more effective reforms. Our committee has jurisdiction over all the major Federal health programs, including Medicare and Medicaid, and I will have jurisdiction over the tax provisions, which include all of ObamaCare’s harmful taxes as well as the premium tax credits provided to purchase plans in the ObamaCare exchanges.

I have spoken at length to my Republican colleagues on the Finance Committee about these issues, and all of them are ready and willing to do whatever is necessary to put our Nation’s health care system on a more responsible path. We are going to get it done. In that I have no doubts.

To be sure, the first few steps in this effort are going to happen quickly. Once again, the plan is to produce repeal legislation before the end of this month. This, of course, is how it has to be. The American people don’t have the time for us to wait around on these issues, and we don’t have the luxury of sitting back and watching the problems get worse over time. The problems with our health care system are growing by the day. We need to take the swiftest possible action.

We intend to act quickly and methodically to begin providing relief for the millions of Americans who are currently being harmed as a result of ObamaCare and the unworkable system it has created. As I noted, if that effort is going to be successful, it should be bipartisan. Both Congress and the incoming administration will need to work together.

CABINET NOMINATIONS

On that point, Madam President, I do want to note that my friends on the other side of the aisle have as recently as this morning made a number of statements that would lead one to believe that the incoming administration does not have the same respect and regard our committee’s recent vetting of Cabinet nominees as well as previous Cabinet nominees. Our committee has jurisdiction over all executive branch nominees. Re-an established set of vetting procedures has been in place for decades and for all executive branch nominees. I have decided to go further by politicizing the process by which we consider nominations. I have noted the comments of my colleagues here in the Senate can say the same thing.

My hope is that my colleagues will stop politicizing this process at every step and allow the Senate to function as it has under both Republican and Democratic administrations. My friends on the other side may not like the results of the recent election, but their disappointment of the outcome is no justification for reinventing the way we handle Cabinet nominations.

I hope we will all take this into consideration and we will start cooperating with each other and get this government moving again and that we will support and sustain these people who are doing good work for people who are being chosen by the Trump-elect administration. I think it is important that we do these things and do them carefully and that we treat each other with the respect that is well deserved in this body. This is not the petty, cheap politics we all know.

Mr. President, with that, I yield the floor.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from Ohio.

Mr. PORTMAN. Mr. President, I enjoyed listening to the comments of my colleague from Utah about the Affordable Care Act, and I wanted to expand on that a little if I could. I know we are having a discussion right now about whether to replace the Affordable Care Act, and we are focusing a lot on what the timeframe might be and what the replacement might be, which is appropriate, but we also have to remind ourselves as to how we got here.

We got here because the Affordable Care Act has not met its promises and has let down the people of Ohio and people around the country. Millions of these families have already had a tough time experiencing really a middle-class squeeze of flat wages, even declining wages, on average, over the last decade or so, and now higher costs. That squeeze is accelerated by the cost of health care which has gone up dramatically.

In my own State of Ohio, the Ohio Department of Insurance has reported a 91-percent increase in the individual market in Ohio in the last 6 years, an 80-percent increase for small businesses that are purchasing Affordable Care Act-compliant plans. This is since the Affordable Care Act went into effect. Think about that. There has been almost a doubling of health care premiums costs. Who can afford that? People certainly can’t afford it or that their wages are flat or even declining.

According to the Kaiser Family Health Foundation, average family premiums since the Affordable Care Act was put into place have gone up by more than $4,700. Recall that one of the promises of the Affordable Care Act was that costs would go down, on average, $2,500 per family. Exactly the opposite has happened, in fact, there has been an almost doubling, with a $4,700 increase. I don’t think families got that kind of pay increase to be able to afford that. They certainly haven’t in Ohio.

So this is a huge problem. To make matters worse, we think these cost increases are continuing to escalate in our State and around the country. In Ohio, premiums grew this year in 2017—on average, 13 percent higher than in 2016. So there have been double-digit increases in 1 year. With two plans in particular, premiums went up by 39 percent in Ohio. So for some families it was much worse than that. We have had good leadership in Ohio with Governor Kasich and Lt. Governor Mary Taylor, who is also the insurance commissioner in our State, and because of that, we have done a better job of trying to control these costs, but in many parts of the country, the situation is getting even worse.

Nationally, premiums are increasing by 25 percent just this year. In Arizona, they are doubling. In Tennessee, they are rising 63 percent. In Pennsylvania, right next door to Ohio, they are rising 32 percent. I can go on and on. I am sure North Dakota has had similar problems, as the President can tell us about. Some people might be able to afford these higher premiums, but I think we just have to.

I heard Senator HATCH talk about having to make a choice between paying your rent or being able to pay your premium. That is what I hear in Ohio as I talk to people. They are struggling and they are being hit with these huge expenses. Unless we take action, there is no light at the end of the tunnel.

The Congressional Budget Office, which is a nonpartisan group in Congress, and also the Joint Committee on Taxation projected that unless we do something to change the status quo, premiums will continue to skyrocket. They say they will grow by at least 5 percent per year over the next decade. But they say that is much faster than the assume wages are going to grow so the squeeze will continue.

The law was advertised as something that would ‘‘bend the cost curve,’’ meaning we would have to see a reduction in the costs of health care, but health care costs have gone up, not down, and on top of that, American people had to pay hundreds of billions of dollars every year in taxes for this program. There are 19 tax increases in the Affordable Care Act. Some of these, like the Cadillac tax, are very unpopular, even among Democrats and Republicans. So we are hoping we can deal
with that with any kind of repeal effort immediately.

Another goal of this law, we were supposed to be increasing access to health care. Let’s talk about that for a second. We heard different things on the floor. About 6 million Americans were told their coverage is no longer adequate because it didn’t meet the mandates and requirements and those mandates would lose their coverage. President Obama told the American people, I am told, 37 different times that if they liked their doctor, they could keep their doctor. Of course, that turned out not to be true. When you lose your health care plan and lose your doctor, you don’t feel like those promises have been kept.

The outside fact checker called PolitiFact rated that as the Lie of the Year for 2013. That is the outside group that looks at what we elected officials say I think it is significant. How is it to be the case for the next decade. So this notion that everybody is going to get covered just hasn’t happened. By the way, that is about 1 in 10 people in our workforce, even after hundreds of billions of dollars of taxpayer dollars have been spent on the Affordable Care Act, including these 19 new tax increases.

A lot of people have told me: ROB, I have health insurance, but I really don’t because my deductible is so high. So, if premiums for a second, to pay for health care, just the annual deductible has gone out of sight. There are some plans where a deductible for a family might be $3, $9, $10,000 a year. That is not really health care because you end up paying all that money out of pocket. The average deductible for a midlevel plan for ObamaCare, according to the Kaiser Family Foundation, went up to $2,500 the year before last, 2015, to more than $3,000, an increase of about 25 percent in just 1 year. You see that in increases in deductibles and copays, not just in the premiums.

National insurers have lost billions of dollars on the Affordable Care Act exchanges, and a lot of them pulled their plans from the States. This is a real problem because if you don’t have competition or choice out there, you will not get the costs down. I see in my own State of Ohio we lost one-third of the companies on the exchanges just this year. We have gone from 17 companies offering insurance on the exchanges in 2016, last year, to this year having just 11—so 17 companies going down to 11 companies. We now have 20 of our counties—there are 88 counties in Ohio—20 of our counties have only 1 insurer. This is also true nationally. About one-third of the counties around the United States only have 1 insurer. Again, this leads to higher costs, less choice. Quality also goes down because you don’t have competition for the beneficiaries. It also affects the issue of premiums going up, deductibles going up, copays going up, and the middle-class squeezed.

So the President’s health care law certainly failed at its own goals that were laid out in the promises that were made. It was supposed to create jobs, too, which is a different issue. What is the economic effect of this? Having more people covered is a good thing. We all want that. But what is the economic impact on the way the Affordable Care Act was put into place? We are looking at the weakest recovery in the history of the United States from a recession still. Unfortunately, we haven’t seen the strong economic growth we hoped for and had anticipated after a deep recession. Some of the reason for that, in my view, is health care. Health care consumes a lot of dollars. People are paying a lot more for health care, not being able to get ahead, small businesses having higher and higher costs.

If you look at the latest jobs report, it is interesting. The Bureau of Labor Statistics tells us that 5.7 million Americans now are stuck in part-time work who want full-time work. These are people who are looking for a full-time job but only have a part-time job. Why is that? The economy is not working as it should. It is not generating enough growth to create job opportunities full-time, but it is also because of these mandates under the Affordable Care Act. I can tell you, economists may differ on the impact of this, but go talk to people about it.

I was in Chillicothe, OH, and someone came up to me and asked: Can you help me; because my employer is saying I can only work 28 hours a week. I figured out what it was about. She was a fast-food employee. I asked her: What did they say? And she said it was because of health care. What does that mean? It means that under ObamaCare, if you work under 30 hours a week, you are not covered by the mandates and the new costs, so some employers are going to say we are keeping you under 30 hours a week. That has lied to more part-time work.

In this particular case, the woman said: I have to find another part-time job and I have kids at home and this is tough. And I said: Well, the answer to this, in part, is to change the health care law; that is, to take out some of the mandates and requirements and make it more pro-growth and pro-job rather than the opposite.

There are tens of thousands of new pages of regulations in this new law. It forces small businesses—and I am a small business person. I can tell you that I have burned a lot of time and effort to try to figure it out. You can go to consultants and pay them a bunch of money, and they will tell you they are not sure what it means either. This is the story of the new costs. We have talked about much with the Affordable Care Act; that it is really hard for businesses to figure out what they are supposed to do, particularly small businesses that don’t have that kind of expertise inhouse. Those costs could go towards having more employees, they could go into reinvesting in business, plants and equipment, but they are going into trying to figure this thing out.

I don’t doubt the good intentions of my colleagues on the other side of the aisle who support this legislation. We all want to see more coverage and see health care costs go down, but that is not what is happening.

As the Affordable Care Act went into effect, the CBO estimated that 26 million Americans would be enrolled in a plan in 2016. That is what they estimated. The Congressional Budget Office said 26 million Americans would be enrolled in a plan in 2016. The actual number was 12.7 million, less than half. So, again, it hasn’t met its own promises and projections.

The co-ops are another failure. There was a debate on the floor just before I got elected about should there be a public option so everybody would have an option to get into an exchange. We said let’s put together these co-ops. This is supposed to be an option to get into an exchange. We will set up co-ops around the country. There were 23 co-ops set up, including 1 in Ohio. We now see that 15 of the 23 co-ops have gone insolvent.

I will tell you that last spring, when 22,000 Ohioans lost their health care because the co-op went belly up, it was tough because they had to scramble and find a new health care plan quickly. More than 860,000 Americans—people who were encouraged by this law to sign up for these co-op plans—had to scramble to find new coverage because of a failed co-op. It is tough on these families.

It is also tough on the taxpayer. We did an investigation of this under the Permanent Subcommittee on Investigations, and we looked at what was happening to these families and we also looked at what was happening to the taxpayer. At that time, when only about half of the co-ops have gone under, rather than two-thirds, $1.2 billion of taxpayer money had already been spent on these co-ops. That money isn’t coming back to the Treasury, meaning this is money that will probably never come back. Another part of the problem with our deficit is that ObamaCare and the Affordable Care Act is so expensive, and the co-ops in particular just wasted money. Among the surviving co-ops, 3 have not yet enr

100 million members. In other words, they are not enrolling enough members even if they are surviving. So the nonpartisan Government Accountability
Office, GAO, issued a report in March which confirmed the results of our investigation, and it indicates that this money, the $1.2 billion, has now increased substantially because more of the co-ops have gone under.

Many of the Ohio families who were in the co-op had already paid deductibles in the plans they thought they could count on. Think about it. They paid hundreds of thousands of dollars in health care costs to get up to their deductible, and then all of a sudden they found out that they had to go to a new plan and they had to start all over again. So it is adding insult to injury. They lost their plan and they had to scramble to find one and then they found out they have all these out-of-pocket expenses again because although they met their deductible under the old plan, they have to start again in the new plan. This is not the way it ought to be. It is just not fair. These families did nothing wrong. All they did was what they were told to do, to sign up for these co-ops.

I think these are just symptoms of the problem. The diagnosis is clear. The Affordable Care Act is a bad law, bad economics, and bad health care policy that didn’t work. I think it is difficult to make the other argument. The President’s health care law hasn’t worked, not because it didn’t have good intentions but because it tried to achieve those good intentions by forcing people to buy a product they didn’t want after losing a product they did want, including a $2 billion taxpayer-funded Web site that didn’t work. If you recall, they had problems with the Affordable Care Act Web site and unfortunately potentially exposed a lot of personal information of many of these individuals to hackers.

As I talked about, even those who have insurance often have limited access to providers because the deductible is so high that they can’t afford their health care.

With higher costs and fewer choices, the American people, by and large, are dissatisfied with the plan, the Affordable Care Act, just as they were when it was enacted. A CBS poll last month has shown that more people disapprove of the law then approve of it. A Gallup poll in November found that 8 in 10 Americans want the law repealed or significantly changed—8 in 10 Americans. Why? Because they have seen it. By that I mean that Americans were not in the exchanges, but they still felt it. Think about this. When a company is involved in the exchanges and losing money, and many of these companies are losing hundreds of billions of dollars a year, what they are doing is they are cost-shifting onto private plans, onto employer-based plans, and raising the costs for other Americans. This is part of the reason health care costs have gone up generally, not just in the exchanges.

I have certainly seen this firsthand in Ohio. Constituents have been contacting me for the last 6 years to tell me how this health care law has affected them. There is a father of five who wrote to me after the cost of the family’s insurance doubled. Another man saw his $100 deductible soar to $4,000 while his premiums hit $1,000 a month.

I still remember the letter I received from Dean from Sandusky. He lost his job in 2009 so as many other Americans did during the recession. Because he lost his job, he had to go on the individual market and health insurance. He picked out a plan that worked for him and his family. He liked it and he bought it. Once the President’s health care law went into effect, that plan was discontinued because it didn’t meet the mandates and requirements of the new law. He found himself high and dry. He, too, had to buy another plan that was twice as expensive, and it cost him more than half of his pension—because that is his income. It is his pension. So not only did he lose his job, but then he lost his health care they had found and a much more expensive cost of living. He didn’t do anything wrong, but because of a failed, mistaken approach that Congress took to health care reform, he has now had to struggle to make ends meet.

Susan from Batavia also wrote to me. She is a single mom. She lost the plan she liked because of the President’s health care plan. She wrote and said: I stay in shape. I watch my diet. I exercise, but I still have to do it right things...

I had a high-deductible, low-cost plan, but under the President’s new health care law, I had to change my plan.

Her coverage, by the way, was for double the price of the premium. A single mom; tough to afford it.

Another, Susan from Columbus. OH, wrote to me and told me that she works for a small business of 12 employees. When the health care law went into effect, their rates went up nearly 30 percent, the small businesses, and new businesses cannot afford that. I cannot tell you how many small businesses I have been to where I asked them: What have your premiums done over the last several years, and they tell me: Double digit, Rob. Double digit. If we get an increase in the low double digit, that is a good thing. Again, there is no place for that to come except for wages and benefits and cutting back on employees—in some cases, again, not expanding a plan that they had and would have because of this health care law.

It doesn’t have to be this way. We can enact real health care reform that uses the market forces that help to increase competition, that requires insurance companies to compete for our business, that allows people to get the plan they want, looking all around the country for what works best for them. This burdensome health care law is standing in the way of real reforms.

The health care market was far from perfect before this law so I am not arguing that the status quo is acceptable. I think we have to do things not just to repeal ObamaCare but to replace the Affordable Care Act with reforms that make better sense. We had issues before, but it has gone to worse, not better. It accelerated the problems.

I hope that over the next couple of months, as we talk about this, we will be able to come up with a replacement plan that makes sense. Republicans and Democrats alike need to come to the table on this because, again, I have little doubt all the reasons the current law is not working. The status quo is not acceptable. I think it is very hard to argue that it is. That means all of us have a responsibility to say: OK. How do we fix this? How do we come together, Republicans and Democrats alike—not on a partisan basis as was done last time—to figure out a way to do it together? We need to come together to make sure the people we represent have the chance to get the health care that fits their budget, that fits their families, that fits them, where they can have costs that are affordable, where they can have quality health care that is good for them and their families, where it can be patient-centered, and we can give people the affordable care they deserve.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming?

Mr. ENZI. Mr. President, I ask unanimous consent that at 2:45 p.m., there be 2 minutes of debate, equally divided in the usual form, prior to the vote in relation to Kaine amendment No. 8.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. ENZI. I yield the floor.

AMENDMENT NO. 8

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 8, offered by the Senator from Virginia, Mr. Kaine.

The Senator from Virginia.

Mr. Kaine. Mr. President, I have spoken about this previously. The budget that is on the floor really isn’t a budget; it is more of a focused attack on health care for millions of Americans. Amendment No. 8, which I have offered with Senator Murphy and others, is an attempt to stop the majority from passing a health care repeal without the usual form, prior to the vote. It accelerated the problems.

The amendment does one thing: It creates a budget point of order against any legislation that would either reduce the number of Americans enrolled in public or private health insurance, increase health insurance premiums, or reduce the scope and quality of benefits provided.

I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.
The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege of the budget resolution, meaning that it is outside the scope of what is appropriate for a budget resolution. Any in-appropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote in favor of this amendment is a vote against repealing ObamaCare.

In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that the amendment to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie. As such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAIN. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive to section 305(b) of that act for purposes of this pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 48, nays 52, as follows:

[Rollcall Vote No. 2 Leg.]

YEAS—48

Balducci  Baldwin  Benner  Blumenthal  Booker  Brown  Cantwell  Cardin  Carper  Casey  Coons  Cortez Masto  Donnelly  Duckworth  Durbin  Feinstein  Feinstein  Manchin  Leahy  King  Hirono  Heinrich  Harris  Harkin  Gillibrand  Murray

NAYS—52

Alexander  Barrasso  Blunt  Boozman  Burr  Capito  Cassidy  Cochran  Collins  Corker  Cornyn  Cotton  Crapo  Cruz  Daines  Enzi  Ernst  Fischer  Paul

The PRESIDING OFFICER (Mr. CASIDY). On this vote, the yeas are 48, the nays are 52.
How disgraceful—the United States should not be facilitating the adoption of a resolution that at its core attempts to distort and rewrite recent history as well as the historical connection of the Jewish people to the land of Israel that goes back thousands of years.

Third, the resolution will also help fuel the Palestinian diplomatic, economic, and legal war campaign against Israel, particularly because of its provision that calls on states to make a distinction in their dealings with Israel between pre-1967 Israel and Israel beyond the 1967 lines, encouraging boycotts, divertments, and sanctions against Israel and potentially leading to Israeli.son and Americans being brought in front of the International Criminal Court.

Palestinian leaders are already promising to use this resolution to push the International Criminal Court to launch a formal investigation against Israel. That was not an unintended consequence of this action. That was precisely the intent of the United Nations and the Obama administration—to facilitate assaults on the nation of Israel.

Yet even after this disgraceful United Nations resolution, it was clear that the administration was not yet done, with Secretary of State John Kerry delivering just days later a truly shameful speech attacking Israel. His speech, very much like Kerry’s 2014 remarks likening Israel to an apartheid state, will only enflame rising anti-Semitism in Europe. It will encourage the mullahs, who hate Israel and hate America, and it will further facilitate “lawfare,” the growing assaults on Israel through transnational legal fora. President Obama and John Kerry’s actions were designed to secure a legacy, and in that, they have succeeded. History will record and the world will note that the administration has 2 weeks left in his Presidency, and the Government of the United States is coming to an end on January 20. If you desire to continue being a friend to Israel, not trying to stab the Jewish state in the back, clinging radicalism of the Obama administration, attempting to lash out at Israel with their last breath in office.

As commendable as these resolutions are, I believe the Senate and the Congress need to go further—that we need to take concrete steps so that there will be repercussions and consequences for the United Nations and the Palestinians for their behavior. That is why I am working with my colleague Senator LINDSEY GRAHAM on introducing legislation, along with other Members of this body, designed to cut the funding to the United Nations—designed to cut U.S. taxpayer funding going to the U.N.—unless and until they repeal this disgraceful anti-Israel resolution.

We know, previously, that one way to get the U.N.’s attention is to cut off their money. We know from the failure of other U.N. organizations to recognize so-called Palestine as a member-state after American tax dollars were withheld from UNESCO for doing so in 2011 that the U.N. has 2 weeks left in its pocketbook over its leftist values.

However unintentionally, President Obama’s misguided foreign policy has led to an unprecedented rapprochement between Israel and America’s Arab allies, such as Egypt, Jordan, and the UAE. We have also seen hopeful signs of shifting positions at the United Nations, as countries such as Brazil, Mexico, Italy, and Australia have recently signaled that they may no longer vote reflexively in favor of the Palestinians. Great Britain, although it voted for the resolution, has recently demonstrated an unprecedented degree of support for the Jewish state.

These changes represent a significant opportunity for the new administration, attempting to lead the Democratic Congress into the 21st century, to be leading the charge to bolster one of our most important allies, an opportunity we can preserve for the President-elect by not letting Mr. Obama squander it on the way out the door.

America should be leading the charge at the United Nations and around the world to rally burgeoning support for Israel, not trying to stab the Jewish state in the back. Just over a week ago, I spoke with Israeli Prime Minister Netanyahu. I told the Prime Minister that, despite the disgraceful actions of the United Nations, America stands resolutely with the nation of Israel, that the American people stand with Israel, and that I believe there is a very real possibility that the extreme and radical actions of Obama and Kerry will, in fact, backfire. It is not accidental that they waited until after the election to do this. They could have tried to do this sum-
They waited until they were on their way out the door.

Kerry, in his speech, said Israel cannot be both democratic and Jewish—one or the other, but not both.

That is the demand found only in Marxist faculty lounges. Israel is Jewish, it is democratic, and it is and should remain both. I believe that by revealing just how extreme they are, by removing the fake mask of support for Israel that Obama and Kerry have chosen to do in the last several weeks, it will help to galvanize support in this body and across the world for our friend and ally, the nation of Israel.

Israel is not only our friend and ally, but it is a partner of the United States. That alliance benefits the vital national security interests of America. Israel's military benefits the national security of the United States of America. The Israeli intelligence services benefit the United States of America. Israel's steadfastness against radical Islamic terrorism, which has declared war on both Israel and America, benefits the national security interests of this country.

It is Israel—the thriving, one and only Jewish state—that stands on the frontlines for America and, more broadly, Western civilization against the global threats we face. Our commitment to Israel must be restored and strengthened. I look forward to taking action with my colleagues—I hope on both sides of the aisle—in the near future to repudiate Obama's shameful attack on Israel, to repudiate the United Nations' efforts to undermine Israel, and to reaffirm America's strong and unshakable friendship and support for the nation of Israel.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 1

(Purpose: In the nature of a substitute)

Mr. ENZI. Mr. President, I call up amendment No. 1 and ask unanimous consent that it be reported by number. The PRESIDING OFFICER. Without objection, the clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Wyoming (Mr. Enzi), for Mr. Paul, proposes an amendment numbered 1.

(1) The amendment is printed in the Record of January 4, 2017, under “Text of Amendments.”

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, with the permission of the chairman, I would like to ask unanimous consent to speak as in morning business for up to 20 minutes.

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

Mr. ENZI. Mr. President, would the Senator mind if it comes off of the resolution time?

Mr. WHITEHOUSE. I have no objection to that.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, this is the 152nd time I have come to the floor for my “Time to Wake Up” speech, warning about the perilous effects of climate change. I am going to continue this in the new Congress, continuing to present the most compelling scientific evidence of the changes that are coming our way driven by carbon pollution.

Nobody should take my word for it. I urge members to listen to their own state’s climatologists, their own home state’s university researchers, their own home state’s public health officials, and their own constituents who are out there fighting to protect their communities from the changes that are already happening right before their eyes.

In Rhode Island, we have a lot of fishermen, just as Louisiana has.

Mr. President. The President of the Rhode Island Commercial Fishermen’s Association. Over the past few weeks, he was the subject of a New York Times article. “Climate change is going to make it hard on some of those species that are not particularly fond of warm or warming waters,” he told the Times. “Coming right here”—where he was on his boat, The Proud Mary—“and catch two, three, four thousand pounds a day, sometimes 10.”

But the whiting, the fish he was after, have moved north to cooler waters.

The Times reports that two-thirds of marine species off the northeast coast have moved from their traditional ranges into deeper and cooler water.

John Manderson is a biologist at NOAA’s northeast fisheries science center, and he told the Times in that article that public policy needs to keep pace with the rapidly changing oceans, where species are shifting northward in response to warming 10 times as quick as in the last century. “Ideas of property rights and laws are purely land-based,” he said, “but the ocean is all about flux and turbulence and movement.”

In Rhode Island, fishermen are getting clobbered by that flux.

Captain Dave Monii is a member of the Rhode Island Marine Fisheries Council. He wrote in the Providence Journal this week:

I often think about the fish and how important it is to grow them to abundance so there are more fish for all to catch and eat. In 2017 we need a fish-first agenda, or someday there may be no fish left to catch. Climate change, overfishing, ocean warming, overfishing by world nations, and changing federal strategies could make it the worst of times for fish.

We need to make an effort to understand what is happening to the environment and the fish, and then take that second step of communicating it to others to affect policy.

That is what I am being asked.

The Providence Journal also recently wrote about how in Rhode Island the sea is moving higher and farther inland, as it is in Louisiana, which is the State losing ground fastest to the ocean of all the 50. They reported on StormTools, a program developed by Rhode Island’s Coastal Resources Management Council director Grover Fugate and University of Rhode Island emeritus professor of ocean engineering Malcolm Spaulding. StormTools provides a 3D map of the potential flooding damage along Rhode Island’s coast.

The Journal described the project as “one of the most sophisticated models developed anywhere to project future damage from storm surges and sea level rise and we are taking the results seriously.”

The Journal quoted William DePasquale, who is the director of planning in one of our cities, Warwick, RI. He said, “When I saw some of those scenarios, my jaw hit the ground.” That is what we are looking at, and Warwick is now using those maps to prepare for the future.

The Providence Journal has also recently written about Matunuck Beach in South Kingstown. Town manager Stephen Alfred warns that if the sea takes out Matunuck Beach Road, 240 homes will be totally cut off, without a water supply or access to emergency services.

The article features Kevin Finnegan, who owns the Ocean Mist, a renowned local establishment. The Journal said:

The Ocean Mist has occupied the same spot under different names since prohibition ended in 1933. But the ocean has moved. Once beach batters had to plan a trek across sand to reach the water from the Mist, waves now flood the supports holding up the tavern’s deck.

In Rhode Island, we have a lot of fishermen, just as Louisiana has.

Finnegan and the town of North Kingstown are scrambling to build seawalls. Engineer Bill Ladd, who works for Finnegan and who the Providence Journal reports had his first beer at the Ocean Mist back when the drinking age was 18, estimates that the two walls may only buy Matunuck Beach 20 more years against the ever-worried ocean. That is because, as The Independent—a local newspaper in the southern part of Rhode Island—reported in December, about 4 feet of Matunuck Beach is eroding every year. According to Director Fugate of the CRMC, that erosion will more than double by the end of the century. Rhode Island is not a big State. We cannot afford to have this much reclaimed by the ocean.

The Independent article quotes North Kingstown Town Council president Kerry McKay, who says that climate change threatens the property values of his community’s coastal homes, which is a significant portion of the town’s revenue base. McKay says the historical values “will have to change” as coastal concerns rise, and residents “have to be more receptive” to redoing building infrastructure, such as through elevating houses.

He said that homes “may not be there” in 20 years, resulting in a “major revenue loss.”

Another Providence Journal article last week featured Tanner Steeves, a
wildlife biologist with the Rhode Island Department of Environmental Management, which has to tear up roads and parking lots along the Sakonnet River as the seas rise. The Journal writes:

As the barrier beach just south of Sapowet Point has narrowed—losing nearly 100 feet since 1939—the salt marsh on the other side has become more susceptible to flooding.

The Independent made Rhode Island’s case for climate action in a December editorial, as it stated:

The signs are clear, if not immediately visible to most.

There are the well-documented, widely publicized shifts with global import, such as the loss of the ice caps and the frequency of extreme weather events. Locally, there are changes in the ecology of Narragansett Bay, and locations at which the effects of a rising sea level—sometimes subtle, sometimes less so—may be plainly seen. . . .

But we encourage all Rhode Islanders, from coastal communities and beyond, to remain attuned to the situation—in terms of both what the sea is telling us and what we are preparing to propose for coming changes. The stakes are exceedingly high, and the smallest possible effort should require us to meet the challenge.

That is the message to me from Rhode Island. That is why I give these speeches.

As I continue to push for honest debate on this issue in Congress, I also tour around the country to see folks on the ground in other States. I have now been to 15 States. In the closing months of 2016, I hit Texas and Pennsylvania.

In Texas, I joined Representative Eliot Engel, the advocacy group Public Citizen Texas, and Texas environmental advocates at a public event in Austin to call out Congressman Lamar Smith, Republican chairman of the House Science, Space, and Technology Committee, for his abuse of congressional power to harass public officials and climate scientists, including subpoenas demanding that States attend general divulge their investigatory materials relating to their inquiries into ExxonMobil’s potentially fraudulent climate misinformation. The committee is also harassing the Union of Concerned Scientists, 350.org, Greenpeace, and various university scientists because they are exposing Exxon for years of misleading the public on its understanding of climate change. Texans are taking notice. The San Antonio Express-News, which had previously always endorsed Congressman Smith for reelection, decided not to endorse him in this latest election cycle. The paper cited his “bullying on the issue of climate change” as behavior that “should concern all Americans.”

I joined a panel discussion with leading scientists from Texas universities to discuss their research into climate change in Texas. The panel included Dr. John Anderson from Rice University, Dr. Andrew Dessler from Texas A&M University, Charles Jackson and Kerry Cook from the University of Texas at Austin, and Dr. Katherine Hayhoe from Texas Tech University.

They had a unified voice on the dangers of climate change. Dr. Hayhoe said Texans are seeing changes all around them.

We get hit by drought. We get hit by heat. We get hit by storms. We get hit by sea level rise. And we are now starting to see those impacts today. . . . Texas is really at the forefront of this problem.

Dr. Anderson of Rice agreed that the Texas climate is already changing. He said:

Accelerated sea-level rise is real, not a prediction. Its causes are known—thermal expansion of the oceans and melting of glaciers and ice sheets—and it is causing unprecendented impacts.

Dr. Dessler from Texas A&M laid out what he called “the fundamental and rock-solid aspects of climate science: humans are loading the atmosphere with carbon, this is warming the climate, and this future warming is a huge risk to our society and the environment. We should insist that our elected representatives rely on this sound science when formulating policy.”

I returned to Austin in November to speak to the Association of Public and Land-grant Universities. President David Dooley of the University of Rhode Island had invited me to join a panel that he moderated with, among others, Dr. John Nielsen-Gammon, Texas State climatologist and professor at Texas A&M University.

The bottom line was simple: Climate change is real, and the scientists at our universities will be increasingly forced to defend good science, academic freedom, and climate action. University leadership will have to defend their scientists against the onslaught of FOIA requests and personal attacks that are the modus operandi for climate deniers and against the phony science fronts propped up by the fossil fuel industry to spread calculated misinformation. The American scientific community faces a real threat from that operation.

On to Pennsylvania, I had the opportunity to spend a day traveling with my friend and colleague Bob Casey around southeastern Pennsylvania getting a firsthand look at the effects of climate change and hearing about the work Pennsylvanians are doing to address it. At the University of Pennsylvania’s Morris Arboretum, leaders from Children’s Hospital of Philadelphia, Prevention Program, Moms Clean Air Force, Physicians for Social Responsibility, and other groups talked about kids with asthma and other conditions that worsen when temperatures and pollution levels are high.

In Malvern, we toured the LEED platinum North American headquarter of Saint-Gobain, the world’s largest building materials company. The company is demonstrating that green building materials and technologies can be cheap, efficient, and stylish design to produce stunning results. With operations in Rhode Island, Pennsylvania, and around the globe, Saint-Gobain is developing innovative technologies to reduce pollution, generate clean energy, and improve air quality for millions of people.

From there, we visited the John Heinz National Wildlife Refuge, which is America’s first national wildlife refuge and Pennsylvania’s largest freshwater tidal wetland. Lamar Gore, the refuge manager, showed us how the refuge is at risk from the saltwater pushed in by rising sea levels. The refuge is adjacent to the Philadelphia International Airport, along the Delaware River.

As you can see from these graphics reproduced from the New York Times, at 5 feet of sea level rise, some of the city goes underwater and the refuge is in real trouble. Water encroaches upon the Philadelphia airport. At 12 feet of sea level rise, 6 percent of the city—including the refuge, airport, and parts of downtown Philly—is underwater. Projections that parts of Philadelphia will one day be uninhabitable due to sea level rise are one of the major drivers for forward-looking climate mitigation and adaptation policies.

I will wrap up with a special thank you to one of the folks who helped organize my Texas trip: Tom Smith, who has been director of Public Citizen of Texas for more than 30 years. Known by his friends and colleagues as Smitty and known for his signature straw hat, over his career he has testified more than 1,000 times before the Texas Legislature and Congress—Mr. Uphill Smith, as he is known, has indeed been successful, though, and central in creating the Texas Emissions Reduction Program, which led to wide-scale deployment of solar and wind across Texas. A true environmental champion, Smitty retires this year.

I ask unanimous consent to have printed in the RECORD a recent tribute from the Texas Tribune entitled “Analysis: ‘Smitty,’ a Texas Lobbyist for the Small Fry, Retiring after 31 Years.”

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

[From the Texas Tribune, Sept. 21, 2016]

... "Smitty," a Texas Lobbyist for the Small Fry, Retiring after 31 Years

(BY ROSS RAMSEY)

Tom "Smitty" Smith, a colorful lobbyist and liberal activist who turned Public Citizen into a multistate environmental, utility, consumer and ethics issues, is hanging up his spurs after 31 years.
In the early 90s—the heyday of consumer rights legislation and regulation in Texas—Robert Cullick, then a reporter at the Houston Chronicle, gave Tom “Smitty” Smith of Public Citizen Texas an unofficial title: Everybody’s Third Paragraph.

Smith, 66, announced his retirement Tuesday from his official post after 31 years, ending a 53-year running of legislative fights and consumer advocacy on behalf of consumers and citizens on a range of issues like utilities, insurance and political ethics. He was often the voice of the opposition in legislative fights and in the media, which earned him that reporter’s epithet.

He’s from that part of the Austin lobby that doesn’t wear fancy suits, doesn’t drive the latest luxury cars and doesn’t spend its time fawning over and feeding elected officials. Smitty has a beard, an omnipresent straw hat and, often, a colorful sheaf of flypapers making his points on whatever cause he’s pushing at the time.

Smitty has been a leading voice for government intervention and regulation of big industries and interests in the capital of a state with conservative, business-friendly politics. He sat across tables with organized businesses pooling their money to get bills passed and standing against them in an open meeting by his colleagues on behalf of consumers and citizens. He’s a good guy."

For the most part, Smith seems to have disagreed strongly, vociferously, but agreeably. He doesn’t wear his wins or his losses on his sleeve.

"The thing that I learned time after time, story after story, is that people standing up does make a difference," Smith says. "It does change policy."

"Citizen activism does matter, and it’s the only known antidote to organized political corruption and political money," he says. "He’s been a role model for civic engagement."

His years have included food security, decommissioning costs of the nuclear reactors owned by various Texas utilities, insurance regulations, ethics and campaign finance laws. He’s lobbied on environmental issues and product safety.

He counts the ethics reforms of 1991 as one of his big wins. As unregulated as Texas political ethics and campaign finance might seem today, things were a lot looser before reformers used a flurry of scandals and attendant media coverage to force changes. Smith and his staff’s work in the late ’80s and early ’90s lobbied for what consumers could leverage with their doctors and their health insurers.

Public Citizen was a key player in the creation of the Office of Administrative Hearings, which took administrative courts out of several regulatory agencies and put them in a central office, farther from the reach of regulated industries and elected officials. Smith now points to the Texas Railroad Commission, which still has its own administrative hearings, as an example of a too-close relationship between regulators, the companies they regulate and the judges supposed to referee their differences.

He was an early and noisy advocate for renewable energy, urging regulators and lawmakers to promote wind and solar generation—and transmission lines to carry their power—as an alternative to coal plants and other generating sources. That looks easier from a 2016 vintage point than it did in 1989, when an appointed utilities regulator derided the Texas climate change plan, which led to key legislators’ Smith had a list of reforms that year, and eight made it into law. Some of the remaining items remain undone 25 years later.

"All the time I’ve been working here, Texas politics has been largely controlled by organized businesses pooling their money together and making significant contributions to key legislators," Smith says. "Legislators are more concerned about injuring their donors than they are about injuring their constituents."

He illustrates that with stories, like one about a legislator asking, during a House debate, if his colleagues knew the difference between a campaign contribution and a bribe. "You have to report the campaign contribution." And another, when a member—former state Rep. Eddie Cavazos, D-Corpus Christi, who went on to become a lobbyist—was making a plea for cutting the influence of big donors. Cavazos recalls telling a story about a call he received from a big donor and from someone who wasn’t a political friend. He says he told his colleagues, "You know which one you’re going to answer first."

"I’m sorry to see Smitty go," Cavazos said Tuesday. "He provided a large voice in the Legislature that was needed—a balancing voice."

Good words to end the speech by.

Thank you, Smitty.

Mr. WHITEHOUSE. Mr. President, in the article, he is quoted as saying: "The thing that I learned time after time, story after story, is that people standing up does make a difference. It does change policy."

Good words to end the speech by.

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

The PRESIDING OFFICER. The clerk will call the roll.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeds to call the roll.

Mr. BOOKER. 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. BOOKER. Mr. President, I am really proud to stand here, having represented New Jersey now a little bit over 3 years in the U.S. Senate. I have to say that I have developed a great respect for the passion and the persistence and the courage of people on both sides of the aisle. I have a deep belief that this is a body that can do good things for the American people. We don’t always agree, and too many things are not getting done, but I have seen this body at its best. I have seen our ability to rise to the occasion, getting the way, I have made friendships and found respect for people and my colleagues across the aisle, as well as fellow Democrats.

I have witnessed occasions where Members of both parties have put principle before party of their own. I have witnessed a willingness to actually embrace personal political risk to stand up for what they believe is right and honorable and in the best interest of our country. Given this, this is a day in which I rise with painful disappointment. Frankly, I feel a deep sense of astonishment and even a sense of crisis. Thus, I feel a deepened determination to fight with everything I have against the entrenched thinking of my colleagues that I believe will harm our country as a whole but particularly the most vulnerable people in our country.

This is about the Republican push, really the race—what I believe is a race—to repeal the Affordable Care Act without putting forth any legislation, any proposal, any plan on how they intend to replace it. This is fundamentally dangerous, and it will hurt millions of Americans. I have heard over the past month people rightfully saying: Well, this is how the Affordable Care Act was implemented.

I understand the frustrations that have resulted from that, and people think this was jammed through along party lines more often than not using similar legislative tactics. The truth is, that is simply not the case. The Affordable Care Act went through a long and arduous process and received input from doctors, nurses, patient groups, medical specialists, medical professionals of all types.

The Affordable Care Act started with listening sessions, then hearings, then came the advice and counsel of policy experts, businesses, market experts, insurance companies, health nonprofits, hospitals—literally thousands and thousands of people over thousands of hours, often through public discourse, putting forth ideas that actually shaped and changed legislation. I wasn’t in the body then. I was a mayor in Newark, NJ, but I know this occupied months of debate.

Years later, Republicans are seeking to undo this work with a kind of plan to move forward. They are saying that there is a plan, but there is no plan. There is no plan.

Let’s be clear. The overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance. We saw this in the Affordable Care Act, things that they want to maintain, things they believe make a real difference. Those are things I have heard Republicans praise and even say again they want to protect. These things are making a lifesaving difference for millions of our neighbors.

Let’s be clear, the overwhelmingly majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance. This is a pre-existing condition. Let’s be clear, the overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance. We saw this in the Affordable Care Act. This is the Affordable Care Act, things that they want to maintain, things they believe make a real difference. Those are things I have heard Republicans praise and even say again they want to protect. These things are making a lifesaving difference for millions of our neighbors. Let’s be clear, the overwhelming majority of Americans believe that we should not give the power back to insurance companies to deny people health insurance.
We also believe that requiring health plans cover preventive services is a profoundly important thing to do for individuals in this country, but it act- ually saves Americans money by pushing people to do preventive care—mammograms, birth control, and mental health care. Americans spend less for health care when they have insurance, and they are more likely to get preventive care. It is quite a profound thing in terms of savings and the overall cost of health care. These are logical things that the majority of Americans believe in, such as closing the prescription drug coverage gap, which too many seniors on Medicare and people with disabilities have had to face, known as that doughnut hole. We believe in prohibiting insurance companies from charging women more money simply because of their gender. The overwhelming majority of Americans believe in requiring the insurance companies to spend more on patient care and less on administrative costs, and the insurance companies shouldn’t be allowed to gouge the American people while making massive profits at the same time.

There is so much that people believe in and want to have preserved, and these are tremendous things for America. There are bank account savings; there are lifesaving policies, all of which are popular with Democrats, Republicans, and Independents. They are popular with people on both sides of the aisle in this body.

Some Republicans have said that what they are doing will not threaten these accomplishments, but this couldn’t be further from the truth. The way they are going about this puts the health care system in a perilous position. The health care system is complicated in nuance, and to think you can repeal something without replacing it right away shows a lack of understanding of what is going to happen and what the consequences will be.

What the Republicans are doing now is quite contrary to what the Democrats did before the ACA passed in 2010. Republicans are not putting forth a proposal. They are not speaking to the people on both sides of the aisle in this body. They are not listening to doctors or conservative think tanks or nonprofit leaders, and for what? They are a President for 4 years, a Congress for 2. What is the rush to put forth a plan and just repeal? Will they listen to these experts? What about the president of America’s leading cancer group, the American Cancer Society? Will they listen to them? They urge Congress to “consider the future of the Affordable Care Act. It is critically important that cancer patients, survivors and those at risk of the disease don’t face any gap in coverage of prevention or treatment. . . . Delaying enactment of a replacement for 2 or 3 years could lead to the collapse of the individual health market with long-term consequences.”

This organization is respected by people on both sides of the aisle and is not a mere partisan group. They are calling out the truth; that it is a reckless Republican move to repeal without replacing. Will Republicans listen to the American Diabetes Association? Folks with diabetes are Independents, Republicans, and Democrats, and this is an organization respected by people on both sides of the aisle. They say:

The Association strongly opposes going back to a time when . . . treatment for pre-existing conditions like diabetes could be excluded from coverage; when people could find their insurance coverage was no longer available just when they needed it most.

What is the Republican plan to address these concerns and to pay for the replacement? Will they listen to private businesspeople? They, too, join in the chorus of Americans urging that Republicans not endanger the lives and livelihoods of millions.

The Main Street Alliance. We all have main streets in our States and communities. These small businesses from across the country urges lawmakers to consider the devastating effect a repeal without

If you do not do that, you will be responsible for pain, suffering, chaotic markets, and for many Americans’ health care problems. There are many people who don’t understand this. They listen to the political rhetoric, and they think: Hey, you might be that one outlier. There are those who say you can’t be sure enough, if you are a Member of this body, in fact, this concept of repealing and maybe figuring out a replacement down the road might sound good. But if you are one illness away from bankruptcy, and remember the challenges of having a child with a preexisting condition, if you know that one injury, one unexpected fall could place your family in peril but for the insurance you have, if you are one of the 20 million Americans who used to be uninsured and now you have insurance, you know how perilous this moment is. You know that you can’t afford the recklessness of any politician—a Republican move that equates to jumping off a cliff and then packing your parachute on the way down.

Repealing without replacing is simply irresponsible, it is dangerous, and it is threatening to our country’s well-being. The elderly—will suffer.

This is a moment where we need Republican leaders to tell the truth and say: We want to improve our health care system. We may not believe in it, but you do. You do believe in it! We will not do it down, unless we do the responsible thing and put forth a replacement.

Right now, what we have is political rhetoric that is not just rhetoric. It is perilous. It is dangerous. It is threatening to our Nation. This will inflict immediate catastrophe upon families, causing millions to lose their health insurance, and it will unleash chaos with market uncertainty and cost spikes.

There is no defense for what is being done. I don’t understand it. There is no logic here whatsoever. Elections were won. You now have the floor and the ability to put forth your great vision for health care in America, but doing it backward and repealing something and not offering up a plan is truly putting politics before people. This is a move of grand political theater that comes with profound public consequences affecting millions.

As a Democratic Senator, some people will say that this is just political rhetoric, but these are not just partisan words. This is the truth and don’t take my word for it. Look at the words of other more thoughtful—other very thoughtful people. Democrats and Republicans, businesspeople and nonprofit leaders, conservative think tanks and nonprofit groups, speaking with a chorus to the point I am making. Experts across sectors, across industries, and across the country are taking a stance. What I mean is, for the American people without a replacement. People from all across sectors of our country are saying what the Republicans are doing is reckless, and the consequences are dire.

Take the American Medical Association, the preeminent association of physicians. Mind you, this is an organization that opposed the enactment of the Affordable Care Act. They have clearly stated that “before any action is taken, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policies to new proposals so they can make informed decisions.”

The American Medical Association isn’t a political organization. They are thoughtful people whose fundamental concern is the doctors in this Nation and the health care of the people. Another respected organization representing American hospitals made it clear. The American Hospital Association warned that Republican action of repealing without a plan would result in an “unprecedented health care crisis.”

Are Republicans listening to doctors and hospitals or are they rushing forth, willing to risk a crisis for our country and for what? They are a President for 4 years, a Congress for 2. What is the rush to put forth a plan and just repeal? Will they listen to these experts? What about the president of America’s leading cancer group, the American Cancer Society? Will they listen to them? They urge Congress to “consider the future of the Affordable Care Act. It is critically important that cancer patients, survivors and those at risk of the disease don’t face any gap in coverage of prevention or treatment. . . . Delaying enactment of a replacement for 2 or 3 years could lead to the collapse of the individual health market with long-term consequences.”

This organization is respected by people on both sides of the aisle and is not a mere partisan group. They are calling out the truth; that it is a reckless Republican move to repeal without replacing. Will Republicans listen to the American Diabetes Association? Folks with diabetes are Independents, Republicans, and Democrats, and this is an organization respected by people on both sides of the aisle. They say:

The Association strongly opposes going back to a time when . . . treatment for pre-existing conditions like diabetes could be excluded from coverage; when people could find their insurance coverage was no longer available just when they needed it most.

What is the Republican plan to address these concerns and to pay for the replacement? Will they listen to private businesspeople? They, too, join in the chorus of Americans urging that Republicans not endanger the lives and livelihoods of millions.
The senior assistant legislative clerk proceeded to call the roll.

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

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

Mrs. FISCHER. Madam President, I rise today to offer my warmest wishes and best regards to my legislative director, Stephen Higgins, as he begins the next chapter of his truly remarkable professional career. It is a career that is characterized by unshakable dedication to the common good and supreme attention to detail. These qualities make Stephen Higgins a true professional. His service is a labor of love for our country and this institution in particular.

Stephen has worked in the Senate longer than all but nine of its current Members, serving this Chamber for 23 years. Stephen still remembers his first day on payroll: March 21, 1994. He began with Senator William Cohen of Maine as a counsel on the Juvenile Justice Subcommittee of the Judiciary Committee. The group then expanded to include other Senators and a growing staff that would become a decades-long mission: to advance crime victims’ rights.

A year later, Stephen joined the office of Senator Jon Kyl of Arizona, where he would distinguish himself as a committed, talented lawyer over the next 18 years, serving as chief counsel in Senator Kyl’s personal office and for 14 years as chief counsel on his Judiciary Committee staff. During that time, Stephen played the lead role, supporting the bipartisan crime victims’ rights constitutional amendment. The end result: After 8 years of hard work, a landmark statute was passed by a vote of 96 to 1. This is one of Stephen’s proudest accomplishments. We did something significant to help humanize America’s criminal justice system. This work reflects his sincere beliefs about that system. “The criminal justice system is about seeking the truth,” he said. “The truth matters.”

For Stephen Higgins, the truth has always mattered. He is a man of high character and great personal integrity. These attributes made him exceptionally well-suited for work in another critical realm of the Senate: judicial nominations. “Judges hold people’s lives in their hands,” Stephen said. “Their decisions have life-altering consequences.”

Most recently, Stephen played a key role in the nomination of Omaha attorney Bob Rossiter to serve as U.S. district court judge for the District of Nebraska, and last year, the Senate confirmed Judge Rossiter unanimously. This was a beautiful capstone to Stephen’s Senate career.

He leaves the Senate now for a new position: managing director of the

replace would have on small busi-

nesses:

Small business owners depend on healthy and vibrant communities to keep us profit-

able in the engines of economic growth. . . .

Changes in our health care system are needed, but not in the form of cuts to cri-
tical programs or through taking away our health coverage.

There are some Senators who are speaking out. It is not the entire Re-
publican caucus. There are some Republicans who are saying exactly what I am saying. Yet we are still rushing toward a vote, even with Republican Senators having the courage to stand up. Just yesterday Republican Senator RAND PAUL of Ken-
tucky, before voting to proceed to this measure, said: “It is imperative that Republicans do a replacement simulta-
taneous to a repeal.” I respect my Repub-
lican colleague for saying what is com-
mon sense and speaking up against the reckless actions being taken by the Re-
publican Party as a whole, and some fellow Republican Senators have joined him in similar statements, including LAMAR ALEXANDER, the chair of the Health, Education, Labor, and Pen-
sions Committee. The Republican from Tennessee, before voting to proceed, noted in an interview in November 2016 that when it comes to the ACA, “what we need to focus on first”—Senator ALEXANDER said—“is what would we replace it with and

how would we do that? ...”—Senator ALEXANDER said—“is what would we replace it with and what are the steps that it would take to do that?”

Republican Senator SUSAN COLLINS of Maine shared in an interview last month that she was “concerned about the speed in which this is occurring” and expressed concern over what would happen to her constituents in Maine who had signed up for insurance through the ACA, saying: “You just can’t drop insurance for 84,000 people in my State.”

I not only talk about Republicans in this chamber. I am conscious that we think tanks focused on our country that are speaking out now as well. The American Enterprise Institute said in a 2015 report that “ repealing the law without a plausible plan for replacing it would be a mistake.”

So here we have it from all over the country, people across the political spectrum, experts, market analysts, in-
surance executives, doctors, nurses, hospital leaders, patient groups; these people in our country who are beyond politics and even beyond their opinions.

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

Mr. President, I yield the floor.

The PRESIDING OFFICER. The

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

Mr. President, I yield the floor.
Human Ecology Institute at the Catholic University of America. This is an interdisciplinary research institute that will apply the rich intellectual tradition of the Catholic Church to contemporary problems in our society. As Stephen says, he will be the "New Senator. The Church institution I love more than the Catholic Church."

The document says:

"Unprecedented steps to elevate the voices of Native peoples."

Nothing could be further from the truth in this situation. Perhaps if we replace the word "elevate" with the word "exploit," that sentence might apply to the situation in Bears Ears.

Now, there is no denying that many Native American people supported President Obama's designation of the Bears Ears National Monument. But the inconvenient truth too often ignored by their staunch preservationists is that virtually all of this tribal support came from Native Americans residing outside of Utah, not inside Utah, and certainly not within San Juan County where this 1.35 million-acre designation occurred.

In fact, the most prominent Native American group that advocated for a national monument in Utah is actually an alliance called the Bears Ears Inter-Tribal Coalition, which is made up of several tribal leaders and its members reside outside of the State of Utah.

Yet, national monument advocates routinely invoke the Inter-Tribal Coalition as the authoritative mouthpiece of all Native Americans in the Southwestern United States.

So how did a coalition of Native American tribes from Colorado, Arizona, and New Mexico rise to such a position of prominence in a debate over a national monument in a remote corner of Utah? The answer can be found in the cozy relationships between well-funded environmental advocacy groups, powerful outdoor retail companies, and tribal organizations.

Recent investigative reporting by the Deseret News shows how radical wealthy environmental organizations, supported by the outdoor recreational industry, channeled millions of dollars to the Bears Ears Inter-Tribal Coalition—only after they realized that "hitching [their] success" to the Navajo Nation was the only way they could achieve their longstanding goal of creating a national monument in Southeastern Utah.

The ability of uber-rich environmentalists to essentially buy a national monument in Bears Ears explains why the people of San Juan County—including the Navajo residents, whose lives and livelihoods are intricately linked to the Bears Ears buttes, and most of its members reside outside of the State of Utah.

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Executive action can also be undone the same way. Such is the impermanence of Executive power in our constitutional republic, where major policy changes require broad consensus, forged through legislative compromise, to ensure the checks and balances. 

In a recent Wall Street Journal article, two prominent constitutional scholars, Todd Gaziano and John Yoo, explain this point as it relates specifically to President Obama’s use of the Antiquities Act to designate the Bears Ears National Monument. The Antiquities Act of 1906, as they explain, does not create an irreversible monument. When a President uses it, its use is not necessarily indelible.

Gaziano and Yoo write: 

After studying the President’s legal authority (under the Antiquities Act), we conclude that he can rescind monument designations [...].

I have also recently cosponsored Senator MURKOWSKI’s bill, the Improved National Monument Designation Process Act, which would require all future Presidents to obtain congressional and State approval prior to designating a national monument. I have done these things and I will do more, because I believe the preponderance of evidence proves that President Obama abused his powers—the powers granted to him under the Antiquities Act—in designating the Bears Ears National Monument.

This isn’t just my opinion. It is the opinion of most of my fellow Utahns, including those patriots who assembled on the county courthouse steps in the rural town of Monticello on December 29.

These are the people who were ignored by the Obama administration. These are the people who were cut out of the decisionmaking process that produced this particular national monument designation. These are the voices that were stifled by the wealthy, out-of-State, well-connected environmental groups that spent millions of dollars to lock up our land for their exclusive use.

So it is fitting to let one of them—one of the residents of San Juan County—have the last word today. I think Suzy Johnson put it best when she said:

Mr. Obama, you have failed the grassroots native. A true leader listens and finds common ground. The fight for our land is not over. Your name will blow away in the wind.

I yield the floor.

The PRESIDING OFFICER: Mr. Sasse. The Senator from Maryland.

MR. VAN HOLLEN. Mr. President, I ask that the time I use be charged against the resolution.

The PRESIDING OFFICER: The Senator is recognized.

Mr. VAN HOLLEN. Mr. President, this is the first time I have risen to speak on this Senate floor. I want to start by thanking my fellow Marylanders for their support of me over the years and for joining me in this great United States Senate. I want to thank my colleague Mr. CARDIN, the senior Senator from Maryland, for joining us. I thank the new Senator from California, Ms. HARRIS, for her support. I want to thank my fellow Marylanders that I look forward to working every day for their benefit and for the benefit of our Nation. I want to say to my new colleagues in the Senate—Republicans and Democrats alike—I look forward to working with all of you in the years to come for the good of our Nation.

I understand it is somewhat unusual for a new Member to speak so soon on the Senate floor, but what we are witnessing today in the Senate is not business as usual. It is extraordinary times.

Holding a Senate floor debate on the Bears Ears National Monument. I have asked the future Trump administration to do precisely that.

When a President uses it, its use is not automatic to President Obama’s use of the Antiquities Act of 1906, as they explain, does not create an irreversible monument. When a President uses it, its use is not necessarily indelible.

In other words, starting on January 20, President-Elect Trump can use his executive powers to rescind President Obama’s designation of the Bears Ears National Monument. I have asked the future Trump administration to do precisely that.

There is the case of Diane Bonciorni, who now lives in Hyattsville, MD. She previously had open-heart surgery. When her Cobra expired, it was only because of the Affordable Care Act that she was able to get coverage and not be denied coverage because she has a preexisting condition. Days after she was on the Affordable Care Act, a cardiologist told her one of her heart valves was failing and she would need another surgery immediately, and she has told us that she “would have died” had she not had that coverage.

In addition to Diane and Carlos and the other 22 million Americans who would have been denied coverage before the Affordable Care Act, there are an additional 7 million Americans on the health care exchanges today who are projected to totally lose that coverage if Republicans pull the plug on the Affordable Care Act. That is over 30 million Americans who will lose access to affordable care directly.

There is no doubt that in those health care exchanges, we have seen increases in premiums and some of the copays, and we need to do something about it, which is why I and many of my colleagues have put forward ideas to address the increases we are seeing in the health care exchanges in terms of costs. We put those ideas on the
table, and we would welcome our Republican colleagues to join us to improve the Affordable Care Act. You don’t fix a health care system, you don’t fix those problems by blowing up the entire Affordable Care Act. That is not a solution. I also want to focus for a moment on the tens of millions of Americans who are not included in that 30 million who benefit directly from the Affordable Care Act but who are benefiting right now from Obamacare. They may not realize it now, but mark my word they are going to face very unpleasant and unexpected consequences if the Affordable Care Act is ripped apart.

First, let us take a look at the overwhelming number of Americans who get their health care not on the health care exchanges but through their private employer—most Members of this body, most Americans. The premiums in those plans have actually risen much more slowly since the Affordable Care Act was enacted than before. The overwhelming number of Americans who are on those plans have benefited dramatically from the reduction of costs. Why did that happen? Because all those who had previously denied access to health care who are in the ObamaCare exchanges, they used to show up in the hospital as their primary care provider or, since they weren’t getting any care at all because they couldn’t afford the bill, they were showing up at those hospitals when there was an emergency, when cost was most extensive. We don’t deny people care in an emergency, and then they get the bill and they can’t pay the bill. That is why so many people were going bankrupt in America before the Affordable Care Act. But somebody pays. Who pays? Well, everybody else in the system pays. Everybody else who has private insurance through their employer pays or pays the uncompensated care that hospitals would otherwise have to carry. In the end, people’s premiums were going up really fast, but by providing the health care system through ObamaCare for those exchanges, however imperfect, it has helped those other tens of millions of Americans. Let us look at Medicare beneficiaries, millions of seniors. Watch out. Their costs are going to rise in three and maybe four ways right away.

First of all, their Part B premiums that every senior on Medicare pays are going to go up. Why is that? Because as part of the Affordable Care Act, we got rid of some of the overpayments, the excessive subsidies that were being paid to certain providers, including some of the managed care providers who were paid, on average, 115 percent more than fee for service. We said that makes no sense. That is a waste of Medicare beneficiaries’ money. So we reformed the managed care system money. We also save the Medicare beneficiaries money in their premiums because those premiums are set partly to the overall cost of Medicare. If you reduce the cost of Medicare in a smart way, you reduce those premiums. That is why seniors have seen such slow increases in their Part B premiums since the enactment of the Affordable Care Act. Those will go right back up.

Second, seniors on Medicare no longer have to pay for preventive health screenings, cancer screenings, diabetes screenings, other kinds of preventive care because we want to encourage them to identify the problems early and solve them for their own health care purposes but also because it saves money in the system. You get rid of the Affordable Care Act, those seniors are going to be paying premium copays for those preventive health services.

Prescription drug costs. Seniors—and there are millions and millions of them who face high prescription drug costs—are benefiting today from the fact that we are in the process of closing the prescription drug doughnut hole. We had an absolute crisis in this country where so many seniors were faced with the difficult choices of getting the medications they needed to live day to day or the roof over their head. That is why we are closing the prescription drug doughnut hole. You get rid of the Affordable Care Act, all those seniors who, on average, have saved thousands of dollars with the Affordable Care Act are going to see their costs go up.

Finally, if you enact the plan that has been put forward by the Speaker of the House, PAUL RYAN, and by the person who President-Elect Trump has nominated to be his Secretary of Health and Human Services, Tom Price—I encourage every American to look at their plan because they want to voucherize Medicare, and they want to save the Medicare system money by raising the risks and the risks on every Medicare beneficiary. That is the result of that plan.

The Affordable Care Act benefits 30 million people directly, and we need to make sure we don’t put them in harm’s way, but it also benefits all these other people in the system, the people on the employer-provided health plans who have seen historically low premium increases and seniors on Medicare.

Rural hospitals will be particularly hard hit by repealing the Affordable Care Act. So the proposed Republican action is going to hit those 30 million Americans, including my neighbors in Silver Spring. It is also going to hit those other tens of millions of Americans who right now may not realize the extent to which they are benefiting from the Affordable Care Act. Yet our Republican colleagues have not put forward a single plan to help either the 30 million or all the other Americans who are benefiting from the Affordable Care Act. We need to generate chaos throughout the health care system. That is counter to what the President-elect has said he wants. Here is what Donald Trump said on "60 Minutes": Everybody’s got to be covered. Everybody.

I am going to take care of everybody.

Well, it is really important that the majority in the Senate and the House talk to the President-elect because they aren’t not on the scene when it comes to that commitment. When the President-elect was asked about finding a way to keep the ObamaCare rules that prevent discrimination based on preexisting conditions, he said, “I like them very much.” When we were asked about the provision that allows children to stay on their parents’ insurance plans until they are 26 years old, he said, “We’re going to very much try to keep that.”

Here is the dirty little secret. Many people—Republicans and Democrats in this Chamber—know there are only a very few ways you can design a health care system that meets those conditions. One way, which many Democrats have historically supported and then decide to idea of Medicare for all. The other way is the ObamaCare model. It was not always known as the ObamaCare model. The foundation for ObamaCare actually had its roots in the conservative Heritage Foundation think tank reports. It was an idea long promoted by Republicans, including many Republican Senators, some of them still here today. It is an idea rooted in the concept of personal responsibility, the idea that every American has the right to do their part and help pay for their health insurance, otherwise, if they don’t pay, they are going to force other people to pay when they go seek that care in the emergency room or wherever it may be. In order for that idea to work, the idea that was put forward by the Heritage Foundation, the idea in ObamaCare, everyone needs to have coverage because it would not make a lot of sense for us to be paying out all the time if we were able to wait until we got sick and then pay. That is the idea of having everyone in the pool have insurance. The idea is, you don’t want to use it, but you buy that protection. If other people don’t buy the protection, then the rest of the folks feel like they are being taken advantage of, which is why everyone has to be in the pool, which is why it was an idea that came out of the Heritage Foundation.

In fact, I have the Heritage official report right here: Critical issues—a national health care system. This was back in 1989.

I want to read the three elements in the Republican plan.

Element No. 1, every resident in the United States must by law be enrolled in an adequate health care plan that covers major health care costs.

No. 2, for working Americans, obtaining health care protection must be a fair and affordable responsibility.

No. 3, the government’s proper role is to monitor the health market, subsidize needy individuals to allow them
to obtain sufficient services, and encourage competition.

That sounds like a description of ObamaCare. It is—which is why, of course, it was dubbed “RomneyCare” when they adopted this model for the State of Massachusetts. He adopted it based on the Republican Heritage model.

So here is the problem: Republicans can’t come up with an alternative. That is why it has not happened for 6 years. You are going to come up with an alternative, you have to go to either one of two models. One is Medicare for all. The other is the idea that every American has to be in the system and the idea based on personal responsibility, which at its start was a Republican idea. When President Obama adopted it, for many months, some Republican Senators were willing to go along, but then the politics took over. They had to have the Republicans opposing their own proposals to prove that their plan was better. So rather than repeal and replace, since there is no replace, it is repeal and run.

Here is the problem for our colleagues politically, but more importantly, the problem for all Americans and all our constituents: No one is going to be able to hide from the devastating consequences of undoing the Affordable Care Act, which is going to hurt not just the 30 million Americans who are directly benefiting through the exchanges and the Medicaid expansion, the Medicare expansion, but also all those on Medicare and the others getting health care through their private employers.

As I said at the outset, it is truly sad to see the Senate at this point and in this state, especially because of the terrible consequences it is going to have on the American people.

You know, the very first time I was ever on the desk of Senator Kennedy, as the Senate was in 1985. I was not thinking of running for office myself at that time. It was the farthest thing from my mind. I was actually working—it was in the middle of the Cold War. I was working on national security and foreign policy issues for a moderate Republican Senator from the State of Maryland.

I talked about the desks of the Senator at the outset of my remarks. Senator Mathias sat right there, one seat behind the desk of Senator Bookers is sitting right now.

Great to see you.

That is where Senator Mathias sat. The reason I happened to be sitting next to him that day is he was working with Senator Kennedy that day. Senator Kennedy was at a desk back there. I believe. It was the second from the aisle. It had been his brother Jack Kennedy’s desk in the Senate before him. Even though there were many desks between the desks of Senator Kennedy and the desk of Senator Mathias and the center aisle between them, they were able to work together for the good of the country, just as many Senators from both parties have done since. That is the way the Senate is supposed to work. That is the way the Senate was described in the Robert Caro book that Republicans and Democrats alike told him to read as new Members before we came here.

I am really glad to be here. I am excited to get to work on behalf of Marylanders and work for the good of our State and the country. I wish it could have been the Senate when the Senator was not hellbent on breaking the very traditions that have made it great, the tradition of being a deliberative body and not using right out of the gate, the very first thing, a process to short-circuit the will of the minority party. That is not what any of us were taught the Senate was about.

It is particularly troubling that the Senate is engaged in breaking that tradition in order to undermine affordable health care for millions of Americans and generate chaos in our health care system. I will fight every day to prevent that from happening.

I will also fight every day to try to live up to the Senate of the Senator, which is people trying to work together for the good of the country. It is disappointing to be here at a time when the Senate is embarking on violating that tradition in order to strip Americans of their health care. I hope we will not let that happen. I will fight every day to prevent that from happening and then work with my colleagues to try to make sure we address the real priorities and concerns of the American people.

Thank my colleagues for joining me on the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Iowa.

Mr. GRASSLEY. Mr. President, because—

Mr. CARDIN. Mr. President, may I ask my colleague to yield for just one moment?

The PRESIDING OFFICER. Will the Senator from Iowa yield?

Mr. GRASSLEY. Yes, for one moment.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Thank you. I appreciate the courtesy. I just wanted to take this time to welcome Senator VAN HOLLEN to the Senate. Senator VAN HOLLEN gave his maiden speech from the desk that was held by Senator MIKULSKI. I am sure Senator Mikulski would be very proud of what he said here on the floor and very proud of Senator VAN HOLLEN being here in the Senate. I look forward to working with him.

I want to tell the people of Maryland and the people of this Nation that what you said tonight, you heard a person who is committed to making our system work, who is committed to working with every Member of the Senate. But he will stand up for the principles and will stand up on behalf of the people of Maryland.

Again, welcome. It is wonderful to have him here in the Senate.
said the Affordable Care Act “is no longer affordable to many Americans.”

In my State of Iowa, the Affordable Care Act premium increases this year were over 40 percent for many individuals. Few people, of course, can afford that. Families that did manage to purchase Affordable Care Act insurance found that they could no longer afford to use it.

One Iowan recently called my office and told me that his premiums have increased 400 percent in 3 years. He also said that his deductible went up to—can you believe it—$14,000. Last year, one of his children had a major medical problem, and they had to pay for all of that care out of pocket—not from the insurance. The family paid $12,000 for the Affordable Care Act insurance, which did not pay for any health care. Of course, that just doesn’t make any sense whatsoever.

The problem is that the Affordable Care Act did nothing to address the underlying causes of the high cost of health care; that is, what it costs for a hospital or a doctor to purchase or maintain medical equipment, purchase medicines, carry malpractice insurance, and a lot of other costs they have.

Rather than address the actual cost to care, President Obama and his colleagues chose to bypass real health care reform for an unsustainable entitlement and bureaucratic mandates that have priced people out of the health insurance market, rather than provide those same people with affordable and quality coverage.

So we are at it now. It is time for real health care reform, not the misguided policies that we were promised 8 years ago that now have turned out to be what I describe as misguided policies. It is time to deliver to Americans what we were promised. It is time to provide accessible, affordable health care to all Americans. But my colleagues on the other side of the aisle need to work with us. They know that the Affordable Care Act is falling apart. They know it is unaffordable.

As we have heard in speeches this week, the other side is trying to distract attention from the Affordable Care Act collapse by using scare tactics, like you recently heard. It is time for the Democrats to step up, instead of doubling down. It is time for statesmanship, not gamesmanship. It is time for the Democrats to stop defending the “Affordable Care Act” and deliver Americans what was promised.

I look forward to working with my colleagues and the Trump administration to deliver affordable health care to all Americans in the tradition of the Senate, which is what hasn’t happened in 2009. It was strictly a one-party program but before the Congress to pass. That is why it has failed—because so many of the people who could have made a good bill pass in 2009 were shut out of the process because this body had 60 Democratic Members and they didn’t have to pay any attention to Republicans.

They spent maybe 8 or 9 months trying to work with the Republicans to negotiate a bipartisan deal. But before that was completed, they said: Take it or leave it. The Republican minority at that time was not going to be dictated to, and we were pushed out of the room.

Then what ended up being the Affordable Care Act was written in the big black hole of Senate Majority Leader Reid’s office, without the bipartisan input which has made so many social programs in America successful. I would name the Social Security Act. I would name civil rights legislation, Medicare legislation, and Medicaid legislation, which all had broad bipartisan support to get them passed. In the case of the Civil Rights Act, a higher proportion of Republicans voted for it than Democrats voted for it—just one example.

That is the tradition of the Senate when you have major social legislation that has been successful, and that is why the Affordable Care Act was not successful—because it was strictly a partisan approach that was used to have it become law.

I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk read as follows:

A resolution (S. Res. 8) to constitute the minority party’s membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

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

Mr. SCHUMER. Mr. President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 8) was agreed to.

TO CONSTITUTE THE MAJORITY PARTY’S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICIAL. The majority leader.

Mr. McCONNELL. Mr. President, these committee resolutions reflect the fact that Senator BLUNT will remain ranking member of the Rules Committee and Senator KLOBUCHAR will become ranking member of the Rules Committee until the inaugural ceremonies have been completed.

It is my understanding that following the inauguration, Senator SCHUMER will become chair and Senator KLOBUCHAR will become ranking member of the Rules Committee.

The PRESIDING OFFICIAL. The minority leader.

Mr. SCHUMER. Thank you, Mr. President.

We have just agreed to the committee resolution numbers on each committee. I would make just a couple of points, if I might.

Our caucus has some serious concerns about letting the Intelligence Committee and Armed Services Committee exclusively handle the issue of Russia’s interference in the election. A lot of the information relating to Russia’s interference in our election can be pulled together by the Intelligence and Armed Services Committees, the legislative actions that