pool. That could mean bankruptcy and denial of needed medicines and care.

Take, for example, an unnamed constituent from Florida's panhandle who wrote me. I got this today.

I have chronic and persistent illnesses that would be debilitating without affordable and comprehensive care. I have chronic back pain from degenerative disc disease in every part of my spine. I have had innumerable procedures to help manage the pain, including epidural and targeted nerve block injections at multiple levels.

This unnamed individual, a constituent of mine, continues:

I am now planning to get radio frequency ablation of the nerves. Using pre-ACA rules—

Before the existing law—

I would have hit my lifetime limit at least 1 year ago and been unable to continue getting pain-managing treatment. I often feel like I am a burden to my wife who is one of the most understanding and supportive people I know.

He concludes:

If the AHCA passes and our insurance and total health costs go up significantly, the burden I feel I am right now will become a reality. Please, I deserve more than to suffer from uncontrollable pain. And my wife deserves more than to have to care for me in that condition.

The existing law is not perfect, but it has given millions of people, including those with preexisting conditions like juvenile diabetes, access to healthcare they otherwise would not receive. This healthcare bill that passed the House that is the model for apparently something—for taking it out of that—if they are ever going to get an agreement between the two Houses, that Republican healthcare bill will take us back to the days when it was nearly impossible for people with a preexisting condition to get health insurance coverage. People with asthma could be forced to pay more than $4,000 more because of that preexisting condition. People with rheumatoid arthritis could be forced to pay up to $26,000, and people who are pregnant could pay more and more and more.

Let me tell you about another constituent from Volusia County who shared how the repeal of this would affect her.

She writes:

My husband, a 50-year-old leukemia survivor, would lose his ability to obtain comprehensive health insurance due to the lack of protections for people with preexisting conditions.

My daughter, who has asthma and rheumatoid arthritis, would lose her ability to obtain comprehensive health insurance due to the lack of protections for people with pre-existing conditions. Our family, all hard working, tax paying Americans, will once again be subjected to annual and lifetime limits which could easily bankrupt us.

My daughter, who is a young woman just starting her career, would lose her ability to purchase affordable health insurance and receive tax subsidies that she currently receives under the Affordable Care Act.

She goes on to say that she is afraid that TrumpCare would relegate them, if you change all of that, to second class citizens.

Why am I saying this about preexisting conditions with regard to what was passed at the other end of this hallway, down at the House of Representatives? They say: No, no, preexisting conditions are not eliminated down there. But that does not tell you the whole story. The whole story is that, in the House-passed bill, it is left up to the States, and the States see that as a way of so-called lowering their premiums. If you start doing that for some and do not keep it spread over the millions and millions of people who are now under the protection of the preexisting conditions, it is going to become a select few more, and it is going to spike the cost of that insurance.

I conclude by telling you another part of what happened down there in the House. In effect, they changed Medicaid as we know it by cutting out of it over $800 billion over a 10-year period.

Donna Krajewski, from Sebastian, FL, wrote to me recently to tell me what Medicaid is for her family.

She writes:

I am writing this letter on behalf of my son . . . who has Down syndrome. . . . These blocks—

That is the technical term they are using in the House of Representatives. In other words, it is capping Medicaid to each of the States—

or caps [on Medicaid] will cause States to strip critical supports that my son needs to live, learn and work in the community.

These [Medicaid] funds have enabled him to participate in an adult supervised day program and transportation to and from the site. This program involves classes, such as daily living skills, social skills, and daily life skills. He is also able to go out once or twice a week to socialize. . . . He has become more confident and happy with his life.

We need to find ways to improve the healthcare system. We need to fix the existing law. We do not need to unwind all of the good things that we have done. We need to fix it in a bipartisan way so that, when folks come to me and ask, ''Senator, what are we going to do to fix it?'' what I will then say is that it is my responsibility to do something.

Last week, I filed a bill, with a number of other Senators, that would lower healthcare premiums for people in Florida by up to 13 percent. What it would do is help to stabilize the existing law's insurance marketplace by creating a permanent reinsurance fund that would lower the risk that insurance companies face—a risk pool, a reinsurance fund.

It is kind of like what we did back when I was the elected insurance commissioner of Florida in the aftermath of the monster hurricane—Hurricane Andrew. Insurance companies just simply could not take the risk that a category 5 would come along, hit directly on the coast, and just wipe out everything—wipe out all of the capital reserve the insurance companies had. What they did was to go to a reinsurance fund for hurricanes, which we actually created in Florida—the catastrophic reinsurance fund—so that the insurance companies could reinsure themselves against a catastrophic hurricane loss.

That is exactly what this proposal is. It would lower premiums by 13 percent and create a reinsurance fund—a permanent one—that would lower the risk to the insurance companies that are insuring people's health.

At least one Florida insurer estimates that this bill, if passed, would reduce premiums for Floridians who get their coverage from healthcare.gov by 13 percent between 2018 and 2020.

So you ask: What is a suggestion? I figured that it was my responsibility to come up with a suggestion on how to fix it. This is one of several fixes, and it is a tangible fix, and it is, in fact, filed as legislation.

What we are facing in the suggestion that I have made is not the ultimate solution to solving the healthcare system, but it is one small step in the right direction to making health insurance available and affordable for the people who need it the most.

How are we going to fix it?

You are not going to do it by running around in the dead of night, secretly putting together a plan that is only going to be a partisan plan. If you are going to fix the healthcare system, you are going to have to do it together, in a bipartisan way, building consensus. That is what I urge the Senate to do instead of what we are seeing happen behind closed doors.

Let's get together. Let's work together to make healthcare more affordable for people and stop all of this stuff behind the closed doors. The American people deserve better.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 5 p.m.

Thereupon, the Senate, at 4:25 p.m., recessed until 5 p.m. and reassembled when called to order by the Presiding Officer (Mr. JOHNSON).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, it is hard to argue that ObamaCare is not a failing law. Seven years after it became law, its laundry list of problems continues to grow: higher premiums, higher deductibles, customers losing healthcare plans, patients losing doctors, fewer choices, failed co-ops, unraveling exchanges. And, unfortunately, without action, that list will only get longer and the consequences will only become more severe. Republicans know that. Democrats know that. Unfortunately, many Americans know it firsthand.

The American people deserve better, and they rightly expect us to act. That

is why choosing to watch from the sidelines as ObamaCare fails is not an option.

To say that ObamaCare has created significant problems for the American people is an understatement. That is why Senate Republicans are working to fix the mess created by ObamaCare to provide real solutions to this failed law. We want to save the millions of hard-working families who are trapped by ObamaCare's taxes and mandates.

Average annual individual market premiums have increased by $2,928—an increase of 105 percent—since 2013 in the 39 States that use healthcare.gov. And 62 percent of States using healthcare.gov, including my home State of South Dakota, saw premiums double between 2013 and 2017. We will help stabilize these collapsing insurance markets that have left millions of Americans with little or no options.

Today, one in three counties has only one insurer on its ObamaCare exchange. According to CMS, 47 counties nationwide are projected to have no insurers, which means Americans in these counties could be without coverage on the exchanges for 2018. As many as 1,200 counties—nearly 40 percent of counties nationwide—could have only one issuer in 2018. It is hard to argue that you have a market, that you have competition, when you have one option. That is 40 percent of the counties in America in 2018.

We will improve the affordability of healthcare by eliminating the ObamaCare taxes and mandates that are causing premiums to increase the most. These taxes and mandates have cost the American economy $1 trillion—a cost that was ultimately incurred by patients in the form of higher costs and larger tax bills. Reversing these taxes will provide millions of American families and businesses with much needed tax relief.

We will also preserve access to care for individuals with preexisting conditions. There has been a lot of debate and misinformation, I might add, about this issue over the past few months. In the Senate, we will ensure that individuals with preexisting conditions continue to have access to the care they depend upon.

We will also safeguard Medicaid by giving States more flexibility, while ensuring that those who rely on this program will not have the rug pulled out from under them. States should have the flexibility to design and operate Medicaid programs in a fiscally responsible way and not be stymied by the Federal Government.

Making these critical reforms to Medicaid will empower States with the tools they need to implement healthcare programs that best meet their residents' needs.

We must also ensure that those Americans who already rely on this program will not be left in the lurch. Republicans recognize our responsibility to make sure that Medicaid continues to provide quality care for these vulnerable citizens. We will balance the needs of the individuals who have Medicaid coverage, while ensuring sustainability of the Medicaid Program.

Finally, we will free the American people from the onerous ObamaCare mandates that, in some cases, forced them to purchase insurance they don't want or can't afford. These mandates have resulted in burdensome taxes that have been levied against most small businesses and the American people. The Republican healthcare plan will revoke these burdensome mandates and put the American people—not Washington—back in charge of their healthcare. This will be a huge leap in the right direction for hard-working families and small businesses.

Reforming America's healthcare system isn't easy, but that doesn't mean we shouldn't try. We have spent years—literally years—debating this issue, and we have had lots of ideas along the way. Now it is time to take action.

The core principles of the Republican healthcare plan are as follows: helping to stabilize collapsing insurance markets; improving the affordability of health insurance; preserving access to care for those with preexisting conditions; safeguarding Medicaid for those who need it the most; and freeing the American people from onerous ObamaCare mandates.

Without meaningful action, ObamaCare's problems aren't going anywhere. Without action, the individual market will continue to collapse, and more and more Americans will be without insurance options. Without action, Americans will continue to experience rising healthcare costs because of the law's costly taxes and mandates. Without action, States will continue to be hamstrung by Medicaid's bureaucracy, and we will not be able to put this critical program on a more sustainable path for the folks who need it the most. Without action, the ''Washington knows best'' approach to healthcare will live on.

We cannot let that happen, which is why we plan to deliver patient-centered healthcare reforms that lower costs and increase access to care for the American people.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. TESTER. 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. TESTER. Mr. President, we are about to embark on something that is pretty amazing to me. Next week, I am told, we are going to take up the Senate healthcare bill that is going to be the first cousin of the House bill. There are a lot of things that are referred to as putting lipstick on a pig, but this is truly putting lipstick on a pig, where we are going to take healthcare away from millions of Americans.

We might make it a little better by extending some Medicare or Medicaid monies, but in the end that will go away. We will potentially set up some high-risk pools for people with preexisting conditions. I will tell you, from my time in the State legislature when we dealt with high-risk pools, that gives access to healthcare for the rich folks.

In essence, what we are going to do next week, because some folks in this body forgot to read the Affordable Care Act when it came up, is we are going to repeal it and we are going to replace it with a piece of garbage.

Today I rise on behalf of the 48 rural and frontier hospitals in Montana—48 rural and frontier hospitals that are the backbone of our State.

I rise for the 77,000 hard-working Montanans who now have healthcare because of Medicaid expansion, and the 41,000 jobs of our State of 1 million people sustained by our healthcare industry today.

I rise on behalf of every Montanan who deserves to know what is going on in Washington, DC. What is going on back there? Are you guys really talking about jerking my healthcare away from me? Are you guys actually talking about taking something up that is really not going to do much for the 30 million Americans getting pounded by high premiums and high deductibles? Are you doing this to give the top one-tenth of 1 percent of the Americans in this country a tax break?

Right now, the Senate majority in this body is playing Russian roulette with people's lives. A handful of Washington politicians are crafting a secret healthcare bill in a smoke-filled room, probably a little whiskey is involved, a few steaks. They are crafting a bill that will impact every man, woman, and child in this country.

I heard earlier today, they said these meetings were open. It would be nice to know where they are. I would love to go in and give my two bits on what rural America feels about how we need to move forward with healthcare in this country. This is a problem that is not going away unless we address it in a commonsense way.

So they are crafting this bill in secret. We don't know what is in it, but we have indication it is going to be very similar—a first cousin—to the American Health Care Act passed in the House so we should be deeply concerned. This is irresponsible legislation that jeopardizes healthcare for over 250,000 Montanans, denying coverage to over 150,000 Montanans who have a preexisting condition like cancer, heart disease, even high blood pressure, and, quite frankly, would put many of our rural hospitals at risk—at risk of closure; at the very best, changing the methods by which they deliver healthcare to these rural communities, by the way, that are hanging on by

their fingernails. This House bill is creating uncertainty in Montana, it is creating uncertainty across this Nation, it will fundamentally change our lives forever, and I do not believe it will be for the better.

My office has received over 3,600 pieces of correspondence related to the American Health Care Act. Many Montanans are terrified of the implications of this horrible bill. As elected officials, we are obligated to answer the tough questions, defend our positions, and advocate for our constituents. That is not what is happening here. As a result, the Senate, through their secret meetings and through a potential rushed-through healthcare bill next week—and I see no reason why it will not be—we are not doing right by our constituents.

The process and this bill are a disservice to folks like Julie Williams from smalltown Montana—Shepherd, MT. Julie was diagnosed with multiple sclerosis, MS, in 2011, 5 months before the Supreme Court was set to make their decision on the Affordable Care Act. She spent those 5 months terrified that she was in for a constant fight with insurance companies over coverage, but the Supreme Court upheld the ACA, and Julie has insurance and doesn't have to worry about being denied coverage if she moves, changes jobs, or—God forbid—becomes unemployed because she now has a preexisting condition. Julie also doesn't have to worry about insurance companies cutting off her treatments because she happens to hit a lifetime cap, which is a very real concern for a healthy young woman with a disease like MS. She didn't have to worry—she didn't have to worry until now. If a bill like the American Health Care Act passes, Julie could be charged more because of her disease. She is unable to afford that coverage. The plan may not pay for the healthcare services she needs.

This legislation is also a disservice to a lady with the same last name, no relation, Jennifer Williams, of East Glacier, MT, one of the most beautiful parts of the world. Thanks to the preventive care provisions in the current healthcare system, Jennifer and her husband have been able to catch a few conditions early and avoid bigger problems in the future. That is going away.

Unfortunately, their premiums are rising. Congress needs to address that problem head on. I couldn't agree more. This bill that passed from the House doesn't do that. It will send folks like Julie and 250,000 Montanans on Medicaid out into the cold, no access to affordable care, jack up the cost of healthcare for folks with health insurance, and jack up the cost of healthcare for folks in their fifties and sixties. We can and should be working together to lower those costs for folks like Jennifer, Julie, and other Montana families. Instead, we are here scoring political points—or trying to—upending all the good things in the ACA and the current healthcare system. Instead, we should be working together in Congress. The Senate should be working together—not in some back room but right here on the floor—to lower premiums, copays, and deductibles, while increasing access to lifesaving medical care.

Look, we have said it before, we will say it again: The Affordable Care Act isn't perfect, but it has a lot of good things. Let's fix the things wrong with it and keep the progress we have made, but instead, we hear in Washington, particularly the Republican majority, is creating chaos in the marketplace and driving costs up. This chaos is putting our rural hospitals and community health centers at risk. That is not just the statement. That is a statement of fact.

Every day, folks in rural communities rely on their local hospitals, clinics, everything from basic checkup to emergency treatments. Thanks to Medicaid expansion, in Montana, these hospitals and community health centers have seen a reduction in charity care, and they have been able to keep their doors open, but the American Health Care Act puts those funds at risk and puts these frontier medical centers on the chopping block. These medical professionals are sworn by oath to provide healthcare for folks. If Medicaid expansion goes away, the hospital will be forced to absorb those costs.

Over the last 10 months, I have held over a dozen listening sessions, eyeball-to-eyeball listening sessions with Montanans. We are going to be holding some more. The sessions have been over health. I have heard one thing loud and clear from people: If Medicaid expansion goes away, these rural frontier hospitals will have to fundamentally change how they deliver healthcare or they may be forced to shut down altogether. These hospitals operate on razor-thin margins, and they cannot afford to see these funds disappear.

Take my hometown, Big Sandy, MT. Back in 1910, my grandfather came out, took a look around, saw grass as tall as the belly on a horse, and said: ''This is where we are going to homestead.'' He went back and got my grandmother. The farm that Sharla and I farm today was started, patented back in 1915. They worked together with their neighbors, the homesteaders of that area. They built barns, they built businesses, but it took them 50 years to build a hospital. In the mid-1960s, a hospital was finally built in Big Sandy, MT—50 years of people working together to get that hospital built.

I am going to tell you, if we don't do smart things in this body, if we take steps backward and not very many—and this bill I have seen from the House is horrible, and I don't think the bill in the Senate is going to be much better because it is a low bar. Hospitals like the hospital in Big Sandy will go away. I am going to tell you something, when that hospital goes away, Big Sandy goes away. Rural America goes away.

Big Sandy is just an example of hundreds of small towns in Montana and throughout this country that depend upon rural hospitals for healthcare. Without hospitals, Montana frontier communities will be forced to drive 100 miles to deliver a baby or take an expensive ambulance ride after an accident. People are not going to be able to afford or they are not going to choose to live there because of a lack of healthcare. They are not going to take that risk. They are going to move out of those small towns, and they are going to move to places where they have healthcare. In some cases, families who have lived in those house and on that property for generations will be forced to move. These hospitals just don't keep patients alive, they keep communities alive. The House bill would kill those rural hospitals and would be the death of rural America.

That is not the only uncertainty facing rural America. In Montana, insurance companies filed their proposed rates with the insurance commissioner last year, but these insurers are left without vital information for their proposals. They don't know if this administration will continue the cost-saving reduction payments that help make healthcare more affordable. Insurers have said if these payments go away, consumers will face double-digit rate increases. Montanans deserve to know from their elected officials what kind of impact this action has on premiums, and yet the insurance commissioners are leaving consumers and Montanans in the dark.

Transparency builds a more effective government. Hiding important information from the public is unacceptable at any level of elected official. We live in a country where citizens can hold their government accountable, and the American people make good decisions when they have good information, but right now, a select few in this body are shielding the American public from what is really going on. We hear about a bill that is going to impact one-sixth of the economy, we hear about a piece of legislation that will rip healthcare away from 23 million Americans, we hear about a bill that will take us back to the days when Montanans couldn't afford to get sick, but we haven't seen it.

Families across Montana are sitting at the kitchen table wondering if their healthcare coverage is going to go away. Folks are walking out of the doctors' offices with newfound conditions and wondering: Will I be able to get treatment if something similar to the American Healthcare Act is passed by the Senate? Children are being born prematurely, with asthma and cerebral palsy, and parents are left fearing their son or daughter will never be able to afford insurance.

These families deserve more from Congress. At a bare minimum, they deserve hearings. They deserve a panel of

experts discussing how we can lower premiums, reduce healthcare costs, and put transparency into prescription drugs. They deserve smart action, not political action. They deserve a Congress that will work together to improve the lives of all Americans, not one that works behind closed doors to draft secret legislation that will send shock waves through homes across this country.

Our Founders expected more from this body. Quite frankly, I expected more from this body before I got here. Montanans expect their U.S. Senate to work for them.

I am going to leave you with one story. I was in Butte, MT, at one of my listening sessions. A gentleman was sitting at the table. He was probably 45 years old. He said: You know, I have two kids and I can't work. I have had diabetes since I was a teenager. I have had some issues with mental health for a good portion of my adult life.

He said: I haven't been able to work, haven't been able to support my family, and then the Affordable Care Act came along, and the State of Montana was wise enough to pass Medicaid expansion. I was able to go to a doctor. I was able to get my diabetes handled because of Medicaid expansion. I was able to see a psychologist and get my mental health issues under control, and I was able to go back to work. I was able to support my family.

He said: And now you guys in Washington, DC, want to take all that away from me.

I will tell you, I will fight like hell to make sure that never happens. And if the majority leader wants to try to ram this down the people's throats, I will spend the rest of my life telling them why and who did what to them.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I come to the floor, like many of my colleagues, shocked at the Republican majority's brazen, secretive effort to hijack the legislative process and pass a bill that would hurt millions of Americans.

I have served in public office for more than four decades, and never once in my 45 years as a mayor, a State legislator, a Congressman, or a Senator has it been so hard to understand the motivations of an opposing party. What kind of problems are Republicans trying to solve with legislation that raises premiums, reduces coverage, decimates Medicaid, and increases costs for everyone? Certainly not any of the concerns I have heard in New Jersey. Never has someone come up to me at the local diner to say that their premiums are too low or that Medicaid covers too many children or that cancer patients don't pay enough out of pocket.

There is only one place in America where these bad ideas have any traction, and that is behind closed doors in Washington, where 13 Republican men are working on a secret bill to take healthcare away from millions of people and raise costs on millions and millions more. They want no transparency, no bipartisan input, no hearings.

Those are the same Republicans who in 2009 and 2010 accused Democrats of ramming healthcare reform through Congress too quickly. In fact, it was the majority leader who said at the time: ''This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors without input from anyone.'' Even the Vice President—a Congressman at the time—said it is ''wrong for legislation that'll affect 100 percent of the American people to be negotiated behind closed doors.'' Mind you, all of these complaints came during what was a far more open, transparent process.

I sit on the Senate Finance Committee. I remember the process quite well. I remember our chairman at the time, Senator Baucus, bending over backward to get Republican input. We held 53 meetings—hearings, roundtables, briefings, and negotiations—on healthcare reform. Afterward, we held the longest Finance Committee markup in over 20 years—a markup that led to the adoption of nearly a dozen Republican amendments, on top of the two dozen amendments we accepted before the markup began.

Democrats also made huge bipartisan overtures on the Health, Education, Labor, and Pensions Committee. They, too, held a transparent process and adopted over 160 Republican amendments—160 Republican amendments.

Then and only then did we bring the bill to the floor of the Senate, and when we did, we spent 25 consecutive days in session debating the bill on the Senate floor in front of the American people.

In short, Democrats spent months making compromise after compromise in the hopes of getting Republicans on board, only to learn that they never had any intention of working with us at all. They never cared about expanding access to care or reducing prescription drug costs for seniors or making insurance affordable. They didn't work with us then, and they certainly are not working with us now.

Behind closed doors, 13 Republican men are debating just how many millions of Americans will lose their coverage under this bill. Is it 23 million? Is it 20 million? Is it 16 million? Behind closed doors, they are discussing just how high the age tax should be on middle-aged workers. Is it $8,000 a year or $10,000 a year or $12,000 a year?

Behind closed doors, they are picking and choosing which consumer protections to gut. Should they bring back lifetime limits on coverage, which is a real problem if you have a serious disease? Before, there were lifetime limits. So you had coverage, and then all of a sudden, you hit that ceiling. If you had challenges, for example, with cancer, and you expended all of your coverage, you still had an illness that needed to be treated. Now you were one illness away from bankruptcy.

Would you let patients with preexisting conditions sink or swim in high-risk pools, allowing insurers to once again charge women more than men simply because they are women? Same age, same bracket, same geography.

It is easy to see why Republicans want to keep this bill out of the public eye. If it is anything like the House version passed earlier this year, it is going to be a terrible, mean-spirited bill—a bill that the Congressional Budget Office said would take insurance away from 23 million people. It would raise premiums by 20 percent a year and price middle-aged consumers out of the market. It is a bill that, according to reports, even President Trump said is too mean. I have to tell you something. If a bill is too mean for President Trump, it is certainly too mean for New Jersey.

Today, I understand that a comment was attributed to the President. He was meeting with a group of business leaders. He says he wants a health bill with heart—with heart. I can tell you, it is not this bill because the House bill—and, from what I am hearing, behind closed doors, the potential Senate bill—is a heartless bill.

I am not the only one with that view. I was glad that most of my New Jersey colleagues in the House of Representatives rejected this bill in a bipartisan way. Indeed, every House Democrat and nearly every House Republican in our delegation understood why this bill would devastate New Jersey.

This bill will price thousands of New Jerseyans out of the private health insurance market, especially those nearing retirement age. According to the Kaiser Family Foundation, premiums for a 60-year-old worker who earns $20,000 a year in Monmouth County will see their premiums increase by 900 percent—900 percent. That is an increase of nearly $9,000.

Every day, New Jerseyans are reaching out to tell me what is at stake in this debate and what this secretive effort will mean for their health and their financial security. Take Dr. Howard Fredrics, a 54-year-old constituent from Park Ridge who emailed to say:

> Without subsidies provided under the ACA, my 51-year-old wife and I would have no insurance. . . . We could not afford premiums in excess of $1100 a month. . . . Without these subsidies, millions will go uninsured and many of these people, myself included, will die.

Of course, my Republican colleagues like to say their plan will give Americans more choice. We don't know what the plan is, but they keep saying—at least the House plan—we are going to give Americans more choice. But if all the choices are unaffordable, what good are they? What good is it to have ''more choices'' if you can't afford any of the choices?

If they provide significantly less coverage, what good is it to say I have insurance when the moment I get sick, I don't have the coverage for it? So I have been paying for a policy that doesn't really help me at the moment I need it.

They also say their plan will give States more choice on how to run Medicaid. When you cut Medicaid by $800 billion, you leave States no choice but to scale back the health services they provide. That is not choice. That is not choice.

Leaving nursing home patients out in the cold, ending respite care for children with disabilities, denying low-income children a fair shot of the American dream—that is not choice.

New Jersey alone will face $30 billion in cuts to Medicaid over the next decade—cuts that will not only leave thousands of families uninsured but, according to the Milken Institute, will cost New Jerseyans more than 41,000 jobs. It is no wonder Senate Republicans are terrified of having to defend this bill. It is a terrible, mean bill, and they don't have the guts to tell the American people what is in it, even though they want to pass it next week. If only they had the courage that so many New Jerseyans have shown me in recent weeks as I have toured our State—hard-working Americans who have been willing to share their personal healthcare stories.

It is not easy to share a serious illness you have with everybody in the world, but so compelled are they and so courageous, I would add, that they do. People like Irma Rivera, a constituent I recently met in Jersey City, told me about her battle with uterine cancer nearly a decade ago. She was fortunate to survive, but without the Affordable Care Act, she would be blacklisted by health insurance companies for the rest of her life, simply because she is a survivor of that cancer. Today Irma is covered and receiving world-class care.

I also met with Samantha Williams, a young mother in Burlington City. She told me about her son's brush with a life-threatening asthma attack. They were uninsured so they avoided going to the emergency room, as so many people do. The illness gets worse and worse, more consequential to your life, more consequential to the cost, but eventually his breathing got so bad, she had no choice. The doctor said if they had waited any longer, her son might have never made it. She credits Medicaid with saving his life.

I also want to know how my Republican colleagues can reconcile their concern with the opioid epidemic with their plan to end the Medicaid expansion that is saving so many lives. Just yesterday, I received an email from Irene in Oakhurst, NJ. She writes:

> My daughter is a recovering drug addict on the Medicaid program which pays for mental health care and services. . . . She's part of the opioid epidemic that has taken the lives of so many young people like her. She's been drug free for almost a year. Taking money from this program would be disastrous not only for her but for so many people who cannot afford any other healthcare.

So I listen to those compelling stories. They are courageous to tell their stories to the whole world—very personal stories. Yet there isn't the courage here to come forth with a bill and let's debate it open, in public. This bill leaves millions of low-income Americans who depend on Medicaid expansion with no options at all. And for what? To give insurance health executives, real estate moguls, and hedge fund managers a massive tax cut they don't need. If there was ever such a thing as class warfare, this is it.

In my home State of New Jersey, 250 millionaires are slated to get a collective tax cut of $14 million. You heard it right—250 millionaires get a tax cut, while over half a million New Jerseyans lose their healthcare coverage. That is a pretty awesome thought—an incredible thought. It is totally mean-spirited. It is certainly without heart. Many of them are people who work in some of the toughest jobs, but they don't get healthcare benefits at the job where they work, from dishwashers and cashiers and home health aides, just to mention a few. These were my neighbors growing up in the tenement in Union City—people who worked tirelessly to give their children a better life and so often put their own health on the back burner.

Many of us thought the cruel legislation Republicans passed through the House would be dead on arrival in the Senate. Instead, an incredibly unpopular bill has a new lease on life. Why? Because padding the pockets of the health insurance industry, capping Medicaid spending, and cutting taxes for millionaires have been at the top of Republican wish lists for years.

The notion that the GOP can pass this secret bill with no debate is insulting to our democracy, and the idea that they can dismantle this historic law without hurting millions of people is just not true because, make no mistake, when you take $800 billion out of Medicaid, everyone feels the pain. When you add 23 million people to the ranks of the uninsured, everyone feels the pain. When you send more people back to the emergency room as their way of getting healthcare, saddle consumers with higher out-of-pocket costs, and end protections against insurance company abuses for patients, everyone feels the pain.

What really boggles my mind—what I just can't understand is, there is no shortage of problems in our healthcare system—real problems that need real solutions. Ask anyone, and I mean anyone, about our healthcare system. I will guarantee you will get an earful about what is wrong with it. You will hear from parents about deductibles that are too high, from workers about how hard it is to find in-network doctors, from seniors about generic drugs that suddenly cost thousands of dollars, police officers about the opioid crisis tearing apart our communities, and hospital staff concerned about the nursing shortage, business owners, like the group I met from Cumberland County, NJ, yesterday who want Congress to work in a bipartisan way to lower employees' healthcare costs.

Imagine, just for a moment, how thrilled Americans would be if Republicans actually had a bill that solved some of their problems instead of bringing back old ones. Imagine how excited my Republican colleagues would be to show off a bill that improved, instead of endangered, people's lives, but my Republican friends are not excited to show off this bill because when you are excited to show a bill—when you have a great product, you want the whole world to know about it. When you have a terrible product, you don't want anyone to know about it, and they don't want to defend it because they know it is indefensible.

For 7 years, my Republican colleagues put politics over policy. For 7 years, they demonized ObamaCare, with no substance behind their rhetoric. Now their poll-tested platitudes have caught up with them, and they know it. That is why they let 13 Senators, who represent less than one-quarter of the country, meet behind closed doors, and that is why their hope is to keep this bill a secret until the very last minute.

So today I have come to the floor with a message for my Republican colleagues: If you want to have a debate about how to improve our healthcare system and about how to help more families get covered and about how to lower costs more and create a healthy, more productive nation, these are issues Democrats have been ready to have that debate on. I have said it in the Senate Finance Committee. We did remarkable things under the Affordable Care Act, but there is still room for improvement. We are ready to have that debate because Democrats know that while the Affordable Care Act was a historic law—a law that stopped insurance companies from dropping your coverage if you got sick, that covered 90 percent of Americans for the first time in our history, that required healthcare plans to cover essential health benefits like visits with specialists, prenatal care, mental health and addiction treatment, hospital stays, and more—despite all of the positive steps forward, in spite of all the good the Affordable Care Act did, Democrats have never stopped believing we could even make it better.

Before we can make our health system better, we must stop Republicans from making it worse. We cannot go back to a time when healthcare was a privilege granted only to those who could afford it, when it was always, I think, a right afforded to all Americans. The only way we can go forward is by working together with bipartisan input, with open debate, with full transparency on an issue that affects virtually every American, in full view

of the American people we were elected to serve. They deserve no less, but they are getting a lot less by the majority as it relates to this bill—behind closed doors, in secret, that even the President of the United States says is mean. The only thing I can agree with President Trump on is we need a bill with heart, and from what I have seen and heard so far, this is pretty heartless.

I yield the floor.

The PRESIDING OFFICER (Mr. RUBIO). The assistant Democratic leader.

Mr. DURBIN. Mr. President, let me thank my colleague from New Jersey for his excellent remarks on the Affordable Care Act and its future and really spotlight the point he made. He and I have been around legislatures for a long time, both at the local level, State level, and here in Washington. If you have something you are really proud of—a bill—you can't wait to roll it out. We have a place for a press conference about every 15 feet in the corridors around here. We have a press corps that fills the Gallery when they all show up, and they are anxious to hear our story. If you have something you are proud of—and each of has had that legislation—you put it in a press release and do the social media and the whole number.

If you are unfortunate to be in the position to bring a bill to the floor you are not very proud of—you don't know how you can explain it back home—you keep it secret. You do it behind closed doors.

What the Senator has said is exactly the truth—and we know it, as our colleagues on the other side know it. They have, for the past several weeks, since the House passed their bill, been meeting behind closed doors. So 13 male Senators—why they couldn't invite the women Republicans in the Senate—it is their decision—I can't understand. They have not produced one thing for public consumption—nothing. Yet, Senator MCCONNELL, the Republican leader, tells us: Well, you have 10 days. We are going to pass the new healthcare system for the United States of America in 10 days, and pretty soon we are going to show you what we are going to propose.

It tells you the whole story. There is something in there that is painful, that hurts them politically, and that they can't really explain. After all these years—''Repeal ObamaCare, repeal ObamaCare,'' they can't come up with an alternative they can sell to the American people.

I thank the Senator for pointing out his experience, and the experience he is finding in New Jersey. I am finding the same thing back in Illinois.

I thank my colleague from New Jersey for his statement.

This last Saturday, I was invited to debate a Republican House Member from my hometown of Springfield, IL, on his vote in favor of TrumpCare—if you want to call it that—the Republican healthcare plan in the House. We were invited by the Ministerial Alliance of Springfield, the African-American ministers. I accepted the invitation on a Saturday afternoon, and he did as well.

He put conditions on it. No. 1, no media coverage. This is not open to the public. Really? We are going to debate a healthcare system change for America that is going to affect millions of people, and we will not talk about it in public? But that was his ground rule. And then in the midst of it, he thought someone was taping him while it was going on and stopped full sentence and said: I don't want this taped. Well, here is a bill he voted for to change the healthcare system for the people he represents, including the folks in that room, and he didn't want to be on the record or public about that discussion. That tells me a lot as well.

It isn't just a secret bill we haven't seen, it is a lot of Republican House Members who voted for it—and they were all Republicans—passed by, I believe, two or three votes, and now they don't want to talk about it. Well, there is a message there.

Here is what I have concluded after looking at this in a lot of different ways. Where you stand on healthcare in America depends on where you start on the question: Do you believe every American has a right to affordable, quality healthcare? If the answer is, no, that is for people who are lucky or rich or have the right job, then you can reach the same conclusion they did in the House when they passed the Republican measure because, you see, their bill removed health insurance coverage from 23 million Americans, instead of expanding the percentage of Americans with health insurance coverage, which we set out to do with the Affordable Care Act. The Republicans have reversed field. They are taking away health insurance from more people than the Affordable Care Act gave.

Is that a press release from the Democratic National Committee I just quoted? No. It was the Congressional Budget Office—a bipartisan group here, an agency in Washington that analyzes our legislation and gives us their analysis. They looked at the Republican bill and said it will cost 23 million people in America their health insurance.

If you started with the position that healthcare is a right, you would stop at that point and say: Well, this bill clearly doesn't work because it takes away healthcare coverage instead of creating healthcare coverage.

Where you start is where you stand.

The second question is this: If you believe the highest priority of this effort is to cut taxes on wealthy people, then, of course, you would vote for what they passed in the House—$700 billion in tax cuts. Now, that tax cut came right out of the healthcare system of America. That is the tax revenue that is used to expand Medicaid insurance coverage to those who are lower income workers. That is the money that is used to help subsidize the premium payments of middle-income workers who can't afford the monthly premium.

But they believed—the Republicans who voted in the House—that there is a higher priority than helping those people to have health insurance, and that is cutting the tax burden of the wealthiest people in America. So if you start with that premise—that you have to cut taxes by $700 billion regardless of what happens—this is what you end up with, the measure that came over from the House of Representatives. I don't know what the Senate Republicans will come up with in response to that, but clearly it must be parallel or close to what the House of Representatives did.

Let's take a close look at this measure and take a look at the history that brought us to this moment. As I mentioned, we still don't have the text of the Republican secret bill to repeal the Affordable Care Act. Six years and counting, they can't produce a replacement. It looks like we are going to vote on this in a few days. By congressional standards, this is a high crime and misdemeanor. To think that we are going to consider a bill within 10 days affecting every American, affecting one-sixth of the American economy—a bill that will say to some people: You are going to lose your health insurance, and to others: We are going to offer you a health insurance policy that really isn't worth the paper it is written on, and we haven't seen the bill.

Well, what is the history of this? Is this the way the Republicans always operate? Not really. In December 2009, Republican Senator MCCONNELL, their leader, said, when we were debating the Affordable Care Act: ''This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors without input from anyone in an effort to jam it past, not only the Senate, but the American people.'' That was Senator MCCONNELL about the Affordable Care Act when it was being proposed by President Obama.

Well, what is the fact? During the passage of the Affordable Care Act, the Senate held over 50 bipartisan hearings on the bill. How many bipartisan hearings have we held on the new Republican healthcare proposal? None, not one.

At that time, 6 years ago, we had a week-long markup in the Finance Committee and a month-long markup in the HELP Committee. The Senate spent—and I remember this well—25 consecutive days in session on the floor of the Senate debating this bill. It is the second longest consecutive period of time ever spent on a bill in the Senate.

We considered on the floor of the Senate hundreds of amendments. You know, we ended up adopting 150 Republican amendments to the Affordable Care Act. Not a single one of them would vote for it, but we took their proposals to make it better seriously and adopted 150 changes.

How much of a chance will we have to amend the Senate Republican bill that may come before us as soon as this week? It remains to be seen. It could be what we call a vote-arama around here, which is a corruption of what this grand institution really established as a standard of operation for generations and centuries. The vote-arama lets you vote on an amendment offered to the bill, with 2 minutes of debate.

You are changing the healthcare system and you have 1 minute on each side to debate your amendment? Is that a serious undertaking with something that is that consequential for so many Americans? No one has seen this secret bill—not Democrats, not many Republican Senators.

I asked Secretary of Health and Human Services Tom Price last week in a hearing: Have you seen the bill? You are the one that is going to have to implement it.

He said: No, I haven't seen it either .

This weekend the Presiding Officer, Senator RUBIO, a Republican from Florida, said:

> The Senate is not a place where you can just cook up something behind closed doors and rush it for a vote on the floor.

Mr. President, I couldn't agree more.

Senator RON JOHNSON, a Republican from Wisconsin, said:

> I want to make sure the American people, I want to make sure the members of Congress have enough time to evaluate it. I want to have enough time to really take a look at what we're voting on.

That was Republican Senator RON JOHNSON of Wisconsin.

Senator BOB CORKER, a Republican Senator from Tennessee, said:

> I've said from Day 1 and I'll say it again: The process is better if you do it in public. Obviously, that's not the route that is being taken.

I didn't pull these quotes from months and years ago. They are from the weekend. The comments were made over the weekend by Republican Members about their very own leadership and the process they are following in preparing to change America's healthcare system.

Let's talk about some numbers. Let's start with zero. How many hearings have we had on the Senate bill to repeal the Affordable Care Act? Zero. How many markups have we had? Zero. How much time has the Secretary of Health and Human Services, the man responsible for implementing this bill, spent on it to review it? Zero. How much Democratic input has been allowed for this secret negotiation? Zero. How many women Senators have been involved in crafting the bill? Zero. How many medical organizations or patient groups support the secret Senate bill? Zero. And most concerning of all, how much time has the public had to even read this bill? Zero.

Let's take a look at another number: 23 million. The Congressional Budget Office estimates that 23 million Americans will lose their health insurance under the House-passed repeal bill—1 million in Illinois.

I have said it before, but I will say it again—and this is a driving factor in terms of my views on the subject: If you have ever in your life been the parent of a seriously ill child and didn't have health insurance, you will never forget it as long as you live. I know. I have been there.

I was a law student, newly married, with a brand new baby girl with a really serious health issue, and I had no health insurance. My wife and I sat in the charity section at Children's Hospital waiting for them to call our name so we could take our little girl in to the latest resident, with a hundred questions and who wanted to go through them all over again. I thought to myself: DURBIN, how did you ever reach this point where you don't have health insurance?

I fixated on health insurance from that point forward. From the time I got out of law school, for years afterwards while my daughter was growing up, I not only had health insurance, but I sometimes had two health insurance policies. I was so worried about having coverage if I ever really needed it.

So we want to take health insurance away from 23 million Americans? Do you want it to be your family, your son, your daughter? I sure wouldn't.

Here is another number: 750. Lower income older Americans would see their premiums increase 750 percent under the House-passed repeal bill, from $1,700 under ACA to $14,000 under the Republican plan. Now, how can that happen? How can you see the premiums go up that fast? We built into the affordable care bill a guaranteed protection for disparity in premium payments of no more than three to one. The most expensive health insurance policy cannot be more than three times the lowest cost policy. The Republicans changed that to five to one. Well, who does that affect?

If you are between 50 and 64 years of age, you are in a category of people not yet eligible for Medicare. If you are now facing chronic illnesses that could make health insurance more expensive, you will pay the higher premiums. The higher premiums, when calculated, are dramatically higher for this group. That is why the American Association of Retired Persons has come out foursquare against the Republican TrumpCare, the Republican repeal bill. It is just unfair to those between the ages of 50 and 64.

Some 130 million, that is how many people nationwide have preexisting conditions. Almost half of the people in Illinois have a preexisting condition. Several weeks ago, I had a procedure for an atrial flutter. It worked out just fine. Now I have a preexisting condition. I am in that category. What does that mean? If you went out to buy health insurance with a preexisting condition, you are charged more, if you could buy insurance at all.

So when the Republican bill that passed the House does not guarantee, as the Affordable Care Act, that you cannot be discriminated against because of a preexisting condition, it makes millions of Americans—130 million—more vulnerable.

Is that what they wanted to achieve?

Where you stand depends on where you start. If you think everyone is entitled to health insurance, then you can't be standing for something that allows preexisting conditions to be used against you. A lot of the people whom I am talking about have employer insurance, but what about those who shop on the individual market or purchase individual insurance in the future? Under the House repeal bill, insurers would, once again, be allowed to charge people with preexisting conditions more money for insurance.

The next number is 33,000. Senator MENENDEZ referred to it. That is how many people are dying every year because of the opioid or heroin overdose—33,000, and 1,800 a year in Illinois.

Now, listen to this. The Republican bill dramatically cuts the Medicaid Program, the Nation's largest provider of substance abuse treatment services, and it allows insurers, once again, to refuse coverage for those needed services.

I have been here a few years, and I can remember that desk because that is where Paul Wellstone of Minnesota sat, and I remember that desk because that is where Pete Domenici of New Mexico sat. You couldn't ask for two more polar opposites politically. Paul Wellstone was a garrulous, proud liberal. Pete Domenici was a proud conservative. One was from Minnesota, and one was from New Mexico, and they came together on an issue.

Do you know what the issue was? Each of them had someone they loved in their family who suffered from a mental illness, and they said: Why in the world will health insurance companies refuse to write coverage for people with mental illness? They fought for years against the insurance companies, and they finally won.

We included, in the Affordable Care Act, the requirement that your health insurance policy cover not only physical illness but mental illness. It was a breakthrough. For the first time, we stopped treating mental illness like a curse and treated it like an illness that could be treated.

They added a section at the end that most of us didn't even notice: mental illness and substance abuse treatment. I didn't know it was there until the opioid crisis, and I started going to these rehab facilities and saying to these people there: How are you paying for this care? Some of them were under Medicaid, but those under private health insurance said: My policy covers it. It covers it because Wellstone and Domenici insisted on putting it in.

After that historic victory, you would think the Republicans would include mental illness and substance

abuse treatment as one of the basic essential services for health insurance, but they don't.

When they say we are going to write a bill that gives Americans more choice in their health insurance—oh, that sounds appealing—the choice is whether you want mental illness and substance abuse treatment or you don't.

Well, from where I am sitting, that is the kind of insurance coverage that should be basic to everyone. You never know whether that little girl that you are raising—that beautiful little girl—6 years from now is going to be struggling with an addiction. At that point, you better hope that your health insurance policy has some coverage so that you can save her life and bring her back from that addiction.

Now, 280,000 is the next number. That is how many children in Illinois depend on Medicaid for school-based health and medical services, from feeding tubes and handicapped buses to special education teachers. I made a point this last week when I was home to visit the schools in Chicago and Bloomington and hear firsthand what cuts in Medicaid meant to local school districts.

Many Senators don't realize this, but the kids with whom you are dealing who have learning disabilities and other disabilities, many of them are supported at your local schools by Medicaid dollars. The Medicaid dollars pay for the counselors, pay for the special buses, and pay for the feeding tubes for these kids to survive. So when you make a dramatic cut in Medicaid, as the Republican bill that came out of the House does, you endanger the very services and the very benefits that these special ed kids need. The school districts are mandated by law to help these kids, but if the money is cut off from Medicaid, what are they going to do?

The Republican repeal bill that every Republican Congressman in my State voted for slashes $40 billion in Medicaid funding to Illinois, including money to school districts.

Three—this is the most important single number in the next 10 days in the Senate—3. That is the number of Republican Senators needed to stop this. Surely, there are three Republican Senators who are concerned enough about this secret, behind-closed-doors process that we are witnessing when it comes to rewriting healthcare in America—at least three Republican Senators who want to take time to properly review this legislation that affects one-sixth of our economy.

Just the Senators who have publicly stated their personal concerns about this process—if the three of them would come together, we could stop this and do it the right way.

I said privately to a Republican Senator last week, after the tragedy where a Republican Congressman was shot at a baseball practice: Isn't this the moment when we ought to get together quietly—Democrats and Republicans—when we ought to sit down and write a bill we can both be proud of? I am hoping he was listening.

I am hoping that three Republican Senators, if they stand up for it, will help us achieve that goal. Surely there are three Republican Senators who are worried about the kids in their States like I am worried about the kids in mine, who do not want to make the opioid epidemic any worse, who want to make certain—underline the word ''certain''—that they are protecting the people they represent from discrimination because of preexisting conditions. Surely there are at least three Republican Senators who do not want to throw millions of Americans off of health insurance coverage. Maybe some of the Senators who represent States that have been ravaged by the opioid epidemic will step forward. There are a lot of them. It only takes three to change this.

To Republican Senators, I say: Do not do this. Do not do this secret process. Democrats are willing to work with you to improve our healthcare system. I have said before that the only perfect law that I know of was carried down a mountain on clay tablets by Senator Moses. All of the other efforts can use some work, and in this case, we are willing to work with you. Take repeal off the table, and we will put a chair up to the table.

Over the past week, I have received thousands of emails and letters from Illinoisans who are worried about what is happening in the Senate today.

Helen, from River Forest, IL, is 47 years old. She is a primary caregiver for her parents. Her mom has Alzheimer's and is in a nursing home.

Here is what Helen writes:

> Just before Thanksgiving, my dad's health deteriorated. He is now in hospice in the same nursing home. I have spent all of their savings—my mom and dad's savings—on healthcare. My mom is finally eligible for Medicaid. Without Medicaid, I would need to bring my parents to my home and quit my job to personally nurse them myself because I don't have the money myself to keep them in the nursing home and pay for private care. Please protect ObamaCare and Medicaid.

Here is Madeline from Chicago, who writes:

> My younger sister is disabled. Before the Affordable Care Act went into effect, she was just about to hit the maximum lifetime limit on her private insurance policy.

That used to be the case. You would sign up for insurance, and you would say: Oh, great coverage—no copays, no extra charges. Then you would find in the fine print that there is a limit to the coverage of $100,000. My friends, I can tell you that we are—each and every one of us—one diagnosis or one accident away from having more than $100,000 in medical bills. It happens pretty quickly. That used to be built into insurance policies. We outlawed it under the Affordable Care Act. Now, in the name of ''choice,'' the Republicans want to bring that back.

Madeline writes:

> Before the ACA went into effect and my daughter was about to hit the maximum lifetime limit on her private insurance policy, she was going to have to apply to be part of a high-risk pool, but that was going to involve a long wait, without any insurance, plus high premiums if and when she was accepted into the pool. The Affordable Care Act came just in time for my sister and for our family.

When the Republicans in the House say not to worry about people with preexisting conditions, that they have set aside $8 billion to take care of them in private risk pools, it is sad and, in a way, tragic that they would say that. That is not nearly enough money, and there is no guarantee that private risk pools that never worked before the Affordable Care Act would work in the future. It is a way to give an answer to the obvious question of why they are dropping so many people with preexisting conditions from guaranteed coverage.

The last note is from Erin of Chicago, who writes:

> I implore you to force a public hearing on the ACA repeal that the Republicans are trying to sneak through. If this bill passes, many of my friends and family will lose coverage either due to preexisting conditions or because the deductibles are too high. Additionally, my parents are self-employed and getting older. Under the proposed act, their health insurance premiums will likely increase to $14,000 a year. They cannot afford it. They just can't. They will not have coverage, will get sick, and be unable to afford care.

If the Republicans have a better idea than the Affordable Care Act, for goodness' sake, stop hiding it from the American people. Stop talking about it behind closed doors. If it is such a good idea, bring it out for the world to take a look at. There will be critics. There were certainly critics with regard to the Affordable Care Act. I remember that very well. Yet that is what this body is all about.

The Senate is supposed to be a place where we deliberate on the important issues of our time. Is there anything more important than your health, the health of the people whom you love, and your opportunity to get basic healthcare so that you can protect them?

I implore the Republicans and those who know that this is the wrong way to go to stand up and say so. It only takes three Republican Senators to do this a much different way so as to bring credit to this institution and create a bill—create a change—that makes healthcare more affordable, more accessible, and more fair to more Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

USS ''FITZGERALD'' TRAGEDY

Mr. WICKER. Mr. President, before beginning my remarks about the requirement for a larger Navy, I do want to extend my deepest condolences to the loved ones of those who lost their lives aboard the USS *Fitzgerald* recently.

During Saturday morning's early hours, the USS *Fitzgerald*—a guided-

missile destroyer—collided with a Filipino merchant ship off the coast of Honshu, Japan. The USS *Fitzgerald* sustained significant damage, including the rapid flooding of three compartment areas, and seven sailors lost their lives. These young Americans were on board because they chose to serve their country, and they are heroes whose names will be added to the list of those who will be forever honored by our country.

Questions remain about the collision, and I am hopeful that they will be answered soon. Administrative and safety investigations into this tragedy are already underway, but we cannot change the horrific turn of events that occurred at 2 a.m. off the coast of Japan.

Our hearts go out to the loved ones who are dealing with the grief this accident has caused. We wish a quick recovery for those who were injured, and our gratitude goes to the many sailors who acted swiftly and resolutely to save lives and prevent further damage aboard.

Does the distinguished majority leader wish me to yield for some business?

Mr. MCCONNELL. If the Senator would yield so that I may do wrapup here.

Mr. WICKER. I would be delighted.

Mr. President, I yield to the distinguished majority leader.

Mr. MCCONNELL. I thank the Senator.

MORNING BUSINESS

TRIBUTE TO JOAN B. CLAYBROOK

Mr. DURBIN. Mr. President, I want to take a few moments to acknowledge my friend, Joan Claybrook. Joan is a legend. She is one of the most effective champions this Nation has ever seen—and she is still leading the charge. Last week, Joan celebrated her 80th birthday, and one thing is clear, Joan Claybrook isn't slowing down.

Like so many bright young people in Washington, Joan began her career right here in the U.S. Congress, working for Senator Walter Mondale and Representative James Mackay as a congressional fellow. In the summer of 1966, the Senate unanimously passed the National Traffic and Motor Vehicle Safety Act, the first major legislation to improve auto safety in this country. This effort was led by consumer advocate, Ralph Nader, and working right by his side was Joan Claybrook. It led to important safety standards we take for granted today: seatbelts, windshield wipers, outside mirrors, and dashboards. This landmark legislation also launched Joan's impressive career as a consumer advocate.

During the Carter administration, Joan served as the head of the National Highway Traffic Safety Administration, where she led efforts to improve vehicle safety and increased consumer access to safety information. Prior to her time with the National Highway Traffic Safety Administration, she ran Congress Watch, worked for the Public Interest Research Group, National Traffic Safety Bureau, Social Security Administration, and the U.S. Department of Health, Education, and Welfare.

In 2009, Joan retired as president of Public Citizen, after nearly three decades of service championing consumer interests and campaigning on issues from campaign finance reform, to truck safety, and business regulation. Among her many accolades at Public Citizen, Joan was able to limit the number of triple- and longer double-trailer trucks on the road, and she helped to ensure that health, safety, and environmental agencies were able to continue its important work protecting the American people, but her proudest, and perhaps most impactful, achievement was winning a 20-year battle with the auto industry to install airbags in cars. Because of Joan's work, countless lives have been saved. I want to thank her for these contributions that improved the health and safety for so many across the country.

Joan Claybrook has been honored by numerous organizations, including the Philip Hart Distinguished Consumer Service Award from the Consumer Federation of America, an Excellence in Public Service Award from the Georgetown University Law Center, and an award for Superior Achievement from the National Traffic Safety Bureau—just to name a few. In her precious spare time, Joan serves on the board of Citizens for Tax Justice and Public Justice. She also cochairs the Advocates for Highway and Auto Safety and Citizens for Reliable and Safe Highways.

It is not simply Joan Claybrook's extraordinary resume that earned her such great respect; it was her approach to the job. Joan brought humility, integrity, and fairness to every challenge she faced. Her energy, passion, and optimism are infectious, and her continued drive to ensure all Americans have the chance to lead safe and equitable lives make her an inspiration. Joan may have retired, but her commitment to those values has never wavered. She is a force of nature.

I will close with this. I strongly believe in the role of public service to create change and make a difference. Joan Claybrook's years of service reflect these values and prove that, with the right approach, change is possible. I am lucky to count Joan as a friend. It is with great pride that I ask my colleagues to join me in celebrating Joan Claybrook's 80th birthday and congratulate her on an outstanding career. I hope Joan enjoys this special day, and I wish her many more wonderful years.

50TH ANNIVERSARY OF THE VERMONT LEAGUE OF CITIES AND TOWNS

Mr. LEAHY. Mr. President, in Vermont, we believe in forging resilient communities through strong local governments and in fostering well-informed leaders to understand and respond to the many complex issues facing us today. The Vermont League of Cities and Towns, VLCT, embodies these principles and more, and I am delighted to contribute in honoring the league and its members on its 50th anniversary.

Established in 1967, the VLCT was created to help improve local governance. Local officials needed a way to help towns best serve their constituents and to connect members of their communities with their local governments. In response, a handful of municipalities formed the organization that provided these services. Beginning with VLCT's first executive director and continuing through today, this organization has consistently worked to represent the values of all Vermonters. For the first time in 1995, every city and town in Vermont had joined as members of VLCT, demonstrating how valuable this institution is for all of our communities regardless of their size.

For many years, I too have worked alongside VLCT to improve the lives of Vermonters. Whether through their efforts supporting the State's recovery from Tropical Storm Irene or improving the water quality of Vermont's rivers and streams, their dedication to Vermont's way of life and quality of life makes us all better. They provide direction and advice and support our municipalities in their timely and important but often underfunded responsibilities.

As a nonprofit, nonpartisan organization, VLCT will always be there to support us, to support Vermont communities. Our great State is made better by the involvement of organizations like the VLCT, and I wish them continued success over the next 50 years in bettering the lives of all Vermonters.

CBO COST ESTIMATE—S. 512

Mr. BARRASSO. Mr. President, in compliance with paragraph 11(a) of rule XXVI of the Standing Rules of the Senate, the Committee on Environment and Public Works has obtained from the Congressional Budget Office an estimate of the costs of S. 512, the Nuclear Energy Innovation and Modernization Act, as reported from the committee on May 25, 2017.

Mr. President, I ask unanimous consent that the cost estimate be printed in the RECORD.

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

S. 512—NUCLEAR ENERGY INNOVATION AND MODERNIZATION ACT

As reported by the Senate Committee on Environment and Public Works on May 25, 2017

SUMMARY

S. 512 would direct the Nuclear Regulatory Commission (NRC)—which licenses and regulates the use of radioactive materials at civilian facilities such as nuclear reactors—to