Stabenow	Van Hollen	Whitehouse
Udall	Warren	Wyden

The nomination was confirmed.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

Mitch McConnell, Orrin G. Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Thom Tillis, Chuck Grassley, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Steve Daines, Tom Cotton, Roger F. Wicker.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Tennessee (Mr. ALEXANDER).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted ''yea.''

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

The yeas and nays resulted—yeas 89, nays 10, as follows:

[Rollcall Vote No. 153 Ex.]

YEAS—89

Baldwin	Feinstein	Moran
Barrasso	Fischer	Murkowski
Bennet	Flake	Murphy
Blumenthal	Franken	Murray
Blunt	Gardner	Nelson
Boozman	Graham	Paul
Brown	Grassley	Perdue
Burr	Hassan	Peters
Cantwell	Hatch	Portman
Capito	Heinrich	Reed
Cardin	Heitkamp	Risch
Carper	Hirono	Roberts
Casey	Hoeven	Rounds
Cassidy	Inhofe	Rubio
Cochran	Isakson	Sasse
Collins	Johnson	Schatz
Coons	Kaine	Schumer
Corker	Kennedy	Scott
Cornyn	King	Shaheen
Cotton	Klobuchar	Shelby
Crapo	Lankford	Stabenow
Cruz	Leahy	Strange
Daines	Lee	Sullivan
Donnelly	Manchin	Tester
Duckworth	McCain	Thune
Durbin	McCaskill	Tillis
Enzi	McConnell	Toomey
Ernst	Menendez	Udall
Van Hollen	Warner	Wicker
Warren	Whitehouse	Young

NAYS—10

Booker	Heller	Warren
Cortez Masto	Markey	Wyden
Gillibrand	Merkley	
Harris	Sanders	

NOT VOTING—1

Alexander

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 10.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to speak as in morning business for as much time as I may consume.

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

NORTH KOREA

Mr. INHOFE. Mr. President, as we begin the markup—that is what we are going to be starting on right away. We have already had an initial meeting with the Senate Armed Services Committee on the National Defense Authorization Act. I want to express my deep concern over the continued malign behavior by the overtly hostile nation of North Korea.

I often talk to people, and they shake their heads in disbelief about a country that is run by a mentally deranged individual who is rapidly developing the capability of hitting the mainland United States with a missile. I think it is important that we immediately get to our Defense authorization bill, so we can start addressing this and many other problems that we have.

It is important to us in the Senate to communicate to the American people the incredibly grave situation we are facing right now in North Korea. The Kim Jong Un regime has expressed a desire to destroy the United States of America. Normally that wouldn't be a concern because he wouldn't have the credibility, but right now we are seeing progress being made in their technology and their ability to actually hit major areas.

In April, North Korea's official newspaper relayed the threat of a preemptive strike to ''completely and immediately wipe out not only U.S. imperialists' invasion forces in South Korea and its surrounding areas but the U.S. mainland and reduce them to ashes.''

That is a threat—a threat that has come directly from the leader of North Korea. This is the most recent in a long line of threats by that individual.

In addition, North Korean leaders constantly threaten our friends and allies in South Korea and Japan. These threats are not just hollow words any longer. North Korea's capabilities are rapidly improving to meet their long-stated intent.

We thought that Kim Jong Il was bad, but in 6 years, his son Kim Jong Un has conducted as many as 75 ballistic missile tests. In comparison, over a 17-year period, his father conducted about 30. In other words, he has done over twice as many in a fraction of the time.

Additionally, Kim Jong Un has sped up North Korea's nuclear program since taking power in 2011. North Korea's nuclear technology is advancing at an alarming rate. For example, the bomb North Korea tested in its most recent test last September was 10 times more powerful than what the regime could have produced in 2006—10 times more.

At the same time, North Korea has actively worked on miniaturizing nuclear weapons so that they can deliver by way of a ballistic missile. Earlier this year, analysts detected activity at a North Korean nuclear test site, indicating another nuclear test may be imminent.

Intelligence and military experts have repeatedly argued that it is prudent to assume that North Korea has successfully miniaturized their nuclear weapons. That means the only technology they need to conduct a nuclear strike on the U.S. mainland—that is us; that is right here—would be a functional intercontinental ballistic missile, or ICBM.

In January, Kim Jong Un said North Korea is in the ''final stage in preparations.''

Let's make sure we understand what we are talking about. We know that their capability is getting very close to it, and they have already said that they would send something over to the mainland United States.

Unfortunately, when you talk to people in the real world, they can't believe this could be true—that one guy who is mentally deranged could be heading up a country that has the capability of blowing up an American city. Yet we know this is going on right now.

Recently, in the Armed Services Committee—and I was in attendance at that time—the Defense Intelligence Agency Director, Lt. Gen. Vincent Stewart, told the Armed Services Committee: ''If left on its current trajectory the [North Korean] regime will ultimately succeed in fielding a nuclear-armed missile capable of threatening the United States homeland.''

That is a direct quote by the guy who knows more about this than anybody else. Lieutenant General Stewart added that ''the North Korean regime is committed and is on a pathway where this capability is inevitable.''

I will say that again. Our intelligence experts assessed that, unchecked, North Korea will inevitably achieve the capability to strike the U.S. homeland with a nuclear missile.

Even without the ICBM capability, the missiles we know they already have can range U.S.—that means it can reach the United States—military personnel and other citizens in South Korea, Japan, Guam, and many other areas.

North Korea's known missile inventory now includes a missile that North Korea successfully tested for the first time on May 14. That missile represented a major breakthrough in North Korean ballistic missile technology. The reports indicate the missile traveled over 1,300 miles at an altitude and successfully exited and then reentered the Earth's atmosphere—a key requirement for nuclear capable ICBMs.

If fired at its maximum range, the missile could reach Guam. Though the missile itself was not an ICBM, the technological breakthrough demonstrates a significant advancement that North Korea has made in their ballistic missile capability. This is actual. This is happening. This is today. This is reality.

Another significant advancement that occurs to me is the solid-fueled, road-mobile missiles the regime is developing. Kim Jong Un has successfully tested two such missiles already this year—one in February and another last month on May 21.

Solid-fueled missiles mounted on mobile launch vehicles can be prepared ahead of time. They can build up an inventory and come back and use that inventory whenever they desire to do so.

What can we do? It is clear that North Korea does not respond to international pressure. All of these ballistic missile tests violate multiple U.N. resolutions. Yet North Korea carries them out, despite sanctions and international condemnation. The normal type of negotiation doesn't work with those guys. Furthermore, conventional wisdom has led us to believe that China—North Korea's main trade partner in that region—holds significant sway over the regime. That conventional wisdom has been called into question recently. I commend the Trump administration for recognizing this and for working with China on this issue, but we can't assume that China will be able to help us close the deal in a diplomatic way.

Therefore, it is incumbent upon us to take all appropriate steps to defend ourselves from this threat that exists today. We have to keep in mind that as we formulate this year's National Defense Authorization Act—that is what I am talking about now—we have to do it. For 53 consecutive years, we have passed the Defense authorization bill, and right now there is some doubt as to whether we will get enough cooperation from those in this Chamber to make that happen again.

I remember 4 years ago, when I was ranking member on the Senate Armed Services Committee, we didn't get this done until the latter part of December. If you wait around until the latter part of December and it passes midyear, we will have our soldiers over there not getting what they need to be getting in the way of hazard pay and other things. It would be an absolute disaster. Right now, they are watching us. Our kids are over there watching us now to see what we will do with the most important bill we pass every year.

We are going to get started. I applaud the President for the fiscal year 2018 budget request that calls for increases to defense spending and aims to fill critical readiness gaps. Right now, in Congress, we need to build on that even further.

First, we need to bolster our national ballistic defense capabilities to address the threats we face from North Korea. That is a no-brainer. We all understand that. Since 2006, the Missile Defense Agency budget has fallen 23 percent when adjusted for inflation. While we have taken positive steps in recent years, we need to ensure our last-resort defenses are airtight.

We should heed the recommendations of defense experts like Gen. Lori Robinson, commander of the U.S. Northern Command, who testified in April before our committee. I am quoting her now, Lori Robinson: ''As adversaries continue to pursue credible and advanced capabilities, we, too, must evolve our missile defense capabilities to outpace increasingly complex threats.'' I think that is a recognition by her—the one who probably knows more about it than anyone else—that we are not keeping pace right now.

Simultaneously, we have to boost our military. Our forces are smaller than the days of the hollow force. I chaired a committee not too long ago that had the Vices of all four services. They all came in. The conclusion was—even though some of them were not old enough to remember, as I remember, the 1980s at the end of the Carter administration, but they made the statement that we are in a situation now that we have never been in before and that we are, in fact, a hollow force, just as hollow as we were back in 1989 after the Carter administration.

We really owe our brave service men and women better. We owe them an obligation. It is our obligation to let them know what we are doing. Our forces are smaller than the days of the hollow force in the 1980s. Our equipment is aging, and our base infrastructure requires critical maintenance and upgrades. We went through 8 years of the Obama administration. We paid our price in not really giving our brave young warriors the equipment they needed. Through this year's NDAA, we ought to prioritize across the board end-strength increases and additional investments in maintenance to fill gaps in existing formations and to get our existing equipment back to par. The first thing that happens when you are on a starvation diet is you let your maintenance and modernization go. We have done that.

I hear people say defense spending is out of control. The truth is, defense spending, as a proportion of total government spending, has steadily decreased since World War II. How many people are aware that in 1964, we spent 52 percent of our total resources on defending America? Today, it is 15 percent. No one seems to care about it because they don't know about it. Nonetheless, that is where we are today.

In the recent years, despite waging multiple wars and facing unparalleled global threats, our spending has decreased to about 15 percent of our total spending. The Chief of Staff of the Army, General Milley, said it best when it comes to funding our military. This is really significant now when people are talking about spending too much. He said:

> The only thing more expensive than deterrence, is actually fighting a war. And the only thing more expensive than fighting a war, is fighting one and losing one . . . We're expensive. We recognize that. But the bottom line is, it's an investment that is worth every nickel.

So we have to immediately make up for the damage done by the years of the dangerous defense cuts and recognize what the government is really supposed to be doing. I refer to that old document nobody reads anymore called the Constitution. You read that, and it tells us what we are supposed to be doing here; No. 1, defending America; No. 2, they called it post roads back then but infrastructure. That is what we are actually supposed to be doing.

The good news is, under the leadership of President Trump, we have already started that process working. The appropriations bill last month stopped the decline in Army strength. Instead of the planned 460,000 Active soldiers, we now have 475,000. We added 1,000 marines, a few hundred airmen. In total, we currently have 24,000 more servicemembers than we would have had under the previous administration.

More good news is that we have exceptional patriots like the airmen at Tinker, Vance, and Altus Air Force Bases and those who are protecting the skies with F–16s out of my city of Tulsa. Soldiers like those in Fort Sill and in Oklahoma's 45th Infantry Brigade, who are right now in Ukraine training our allies there.

People don't know that the policy we are following under this new administration is, we are using our resources to help others train themselves. In the case of Ukraine—what happened in Ukraine should never have happened. Ukraine had this great parliamentary election. I happened to be there at the time, about 4 years ago. For the first time in 96 years, Ukraine doesn't have one Communist in its Parliament. They did that because they love us. They love the West. Consequently, when Putin came in right after that—this is back during the Obama administration—he started killing the Ukrainians, who were seeking their freedom—our best friends over there—and our administration refused to let us even send defensive weapons over there.

We are correcting that. In fact, the bill we are talking about right now, the Defense authorization bill, is one where we are going to be addressing that problem.

I am optimistic we will rise to the occasion and meet the challenge presented by the agnostic North Korean regime and confident President Trump has taken the appropriate steps to address this threat diplomatically. We, in Congress, need to follow his lead to ensure that our men and women in uniform have the resources required to answer the call quickly and effectively. We don't have the luxury of time. Just think of the statement I read a minute ago, where Gen. Vincent Stewart told the Armed Services Committee a week ago: ''If left on its current trajectory the regime will ultimately succeed in fielding a nuclear-armed missile capable of threatening the United States homeland.''

While we have a lot of problems right now on this floor—and we are trying to address these problems—the No. 1 problem is what is happening to our military and the absolute necessity of getting a defense authorization passed very rapidly. We are starting today.

CARBON TAX

Mr. President, let me just mention one more thing because I think I do have a little bit more time. Earlier this year, several major oil and gas companies announced their support for a carbon tax plan. This is kind of interesting because we have been fighting this battle for a long period of time. You have to keep in mind there are some very large corporations that would inure to benefit from a carbon tax.

The plan they are backing is one put forth by the Climate Leadership Council. This group's plan is labeled as a conservative climate solution that would tax greenhouse gas emissions and return money to the taxpayers as a climate dividend.

It ain't going to happen, folks. You pass a tax, and it is going to cost everyone—at least everyone who uses energy. I don't know of anyone right now in America who doesn't. The heart of the plan is to make energy from fossil fuels more expensive.

One of the things I do every week, I go back to my State of Oklahoma where there are logical people. I talk to them about things you don't hear in Washington; things, for example, back there in the Obama administration. It was in Chaddick, OK. A farmer came up to me and said: Explain this to me, Senator. If right now we have a President who is trying to do away with fossil fuels—that is coal, oil and gas—and he also wants to do away with nuclear, and while we are dependent—in order to run this machine called America, for 89 percent of the energy we use, we are dependent upon fossil fuels and nuclear, and if he is successful, how do you run the machine called America? The answer is, you can't. This fight has been going on for a long period of time. If you drive a car, you use electricity, or heat your home, you will see higher prices at the pump or if you pass one of these carbon taxes. While these are the obvious increases, higher energy costs would be felt across the economy as it becomes more expensive for all industries to operate and transport their wares, raising food prices and the price of consumer goods. In return for paying these higher prices, you get a check or what someone would call free money, but this money isn't really free. The higher costs of energy, food, and goods are paid by the consumer. That is by everyone in America, no exceptions, and then returned to the consumer. Why can't they just avoid the transition and just keep their money in the first place? Well, they can. That is the answer.

Furthermore, if every American gets the same amount of money as this money calls for, is that really equitable? A family who lives in a small apartment, who walks or takes the subway to work or to school and doesn't own a car in New York City would get the same amount of money as the independent long-haul trucker or a farmer in rural Oklahoma who spends a lot of time in his truck and running his tractor and using more energy to run his farm and his home. As unreasonable as it sounds, this is a reality. There are those out there.

The conservative climate solution sounds more like a redistribution from our rural citizens to more urban populations. Usually, we are talking about taxing the rich to pay to the poor. This is something new.

Furthermore, I always find it interesting that the Warren Buffetts of the world want more taxes. They feel comfortable enough in their wealth to ask for more of their money to be taken, knowing that raising taxes is a nonstarter for many of us in Congress. As I pointed out to him, and will point out to the companies that have joined the Climate Leadership Council, you are free to write your check, if you want to do it anyway. If you are so wrapped up in this idea, then you need either to go—or if, for some other reason, you want to pay money to the Treasury, they are open for business and would be glad to take your money. If you feel that strongly, why wait for legislation that would be a nonstarter? If you are a citizen and want to pay for your carbon footprint, the Treasury would be very glad to accept that.

Let's face it. I am not going to support a new tax—what could very well end up a tax, maybe even the largest tax we would have in this country that does not accomplish anything.

Let's keep in mind, if there is somebody out there who it inures to their corporate benefit, or otherwise, to increase their taxes, let them go ahead and send their check to the Treasury. They will be glad to get it.

BILLINGSLEA NOMINATION

Mr. President, I ask unanimous consent that the motion to reconsider with respect to the Billingslea nomination be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

Mr. INHOFE. I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

HEALTHCARE LEGISLATION

Mr. BLUMENTAL. Mr. President, I am here to share the words, the stories, the fears, and some of the faces of people in Connecticut who will be impacted by the bill that was released this morning—the so-called discussion draft, if that is the right term for it. We learned this morning, I think, why that discussion draft has been shrouded in secrecy. The reason is very simply that my Republican colleagues are ashamed and embarrassed about it, and rightly, because it is not only mean, as the House bill was, but it is meaner. It is cruel and costly.

It will be cruel and costly to the people of Connecticut, in human suffering and illness and disease, and it will be costly in failing to prevent and treat disease before it becomes more expensive. That is one of the lessons of public health policy today: Treat earlier; prevent before diseases or illnesses or conditions become even more costly. It is not only a way to save lives; it is a way to save money.

The voices and faces of Connecticut have been heard nowhere in this process because of its secrecy, because it has denied anyone in America, in fact, the opportunity to be heard, to comment, to make their views known. Speed and secrecy have been the watchwords, and they are a toxic recipe, and they should mean this discussion draft is dead on delivery today.

My constituents have actually come in overwhelming numbers to an emergency field hearing on healthcare that I began in Hartford earlier this week, Monday morning at 9 a.m. They came for 2 hours. There were many more than we expected on very short notice, and they were there to make sure their voices and faces were heard and seen. That is what I did earlier in the week when I entered their testimony into the RECORD of the Senate. I was proud to do so.

We are continuing that emergency field hearing, in fact, tomorrow at 1:30 in New Haven at the Aldermanic Chambers, which have even greater capacity. We are expecting many more, judging by the response to the email blast and invitations that we have sent, because people care about healthcare.

They should care because it is the difference between life and death, and this bill will be the difference between life and death for so many people in Connecticut. It will be death. Even though that statement may sound like hyperbole or exaggeration, the public health experts, the docs, and the hospitals that deliver healthcare in Connecticut and around the country know that it is true, and so do the people of Connecticut and our country.

My colleagues have failed to hear those faces and voices because they have refused to have hearings, markups, committee meetings, and robust full debate on the floor of this Chamber, as is the practice and should be in other pieces of legislation. Why is it not for one of historic and unprecedented importance for the future of our Nation?

Instead, they have met behind closed doors, a group of men who, maybe, coincidently, produced a bill that defunds Planned Parenthood and, in effect, furthers a war on women's health—an assault on women's healthcare that will deny mammograms, screenings, preventive care—and on primary care for men, as well as women, in this country.

It will gut Medicare and Medicaid. It will rob millions of people of the healthcare they now have through Medicaid. It will mean higher costs and less care for America and especially for our seniors, who will be among the most victimized by these cuts.

For anyone who cares about opioid addiction and abuse—and everyone in this Chamber, by an overwhelming majority, during the last session voted for the 21st Century Cures Act and then for the Comprehensive Addiction and Recovery Act, bipartisan, but it was nowhere nearly enough funded—this bill means, in fact, less funding than the House measure would have provided, from $65 billion increased funding for opioid addiction and abuse treatment to $2 billion.

When my colleagues characterize this bill as heartless, they underestimate its impact on people who suffer from the disease—it is a disease, not a moral failing—of addiction and abuse.

Yesterday the voices and faces that I elicited on the floor of the Senate were three people who have struggled with substance use disorder and encountered different endings—Justice, Sean, and Frank. We lost Sean just a few weeks ago. Frank could not come to the hearing we conducted on Monday because he is recovering, as well, and the heartbreak of Sean's loss so affected him.

But Maria Skinner described their struggle to recover from that substance use disorder. Justice will likely never recover from the injuries she sustained when she overdosed. Although Frank is doing well, I am pleased to say he has access to Medicaid and the essential treatment services that he needs only because Medicaid exists in the present form. Denying him that kind of service and treatment means that he may be consigned to the risk that doomed Justice and Sean. The coldheartedness of the House bill was hard to match, but on Medicaid the Senate version has outdone even that coldheartedness—cutting the program even more drastically and costing our Nation, not just healthcare but also jobs.

When we say Medicaid, let's be very clear whom we are talking about, and let me introduce three of the people who are affected.

With me in this photograph are Evan, Amelie, and Amanda. They live with their mom in Ansonia, CT. Following their father's death 6 years ago, the entire family went on Medicaid so they could continue receiving the coverage they need and deserve and the healthcare they need and deserve.

Their mom reached out to my office to speak at the hearing that I am having tomorrow. She wrote to me:

> I am very frightened that federal funding for state Medicaid programs will receive tremendous cuts with this potential repeal. I hope to advocate to all those in positions of power that will listen so they can see a face to this problem.

The face to this problem is before us in this Chamber. It is children and families that will see Medicaid decimated for them if the Affordable Care Act is repealed, as would be done by this so-called discussion draft from our Republican colleagues.

Today Evan, Amelie, and Amanda's mom is just learning how tremendous these cuts will be, and today she will fear even more for her children's health and well-being, because when we talk about cuts to Medicaid, we aren't talking about a line item on a budget. We aren't talking about a simple number or a statistic. We are talking about literally millions of children like Evan, Amelie, and Amanda, who have parents fearing what will happen if their reliance on Medicaid is betrayed ruthlessly, senselessly, and recklessly and if their dependence on this vital program for the basic healthcare they need is stripped away.

This bill would also jeopardize affordable access to people with preexisting conditions. At my hearing, a woman named Michelle Virshup told her story of how the Affordable Care Act was there for her to provide coverage as well as services when she was diagnosed with an autoimmune disease in her early twenties. Now, 3 years later, she is doing a lot better and is actually an attorney fighting to remove barriers to healthcare for others in her community. She will suffer under this bill because her access to essential services will be weakened. She will be stripped of coverage that is actually affordable. She will be effectively cut from healthcare once and for all.

When telling me about her illness, Michelle said:

> The Affordable Care Act allowed me to see it through and the Affordable Care Act protects me now. Though my health is good, my experience is a preexisting condition that will follow me for the rest of my life.

That is the thing about a preexisting condition. It follows people for the rest of their lives. It is preexisting before they have insurance coverage, and so it is preexisting forever. This bill, in enabling States to eviscerate the safeguards against abuse of preexisting conditions, means their healthcare will be in jeopardy and their lives will be at risk and the abuses that I fought when I was attorney general—time after time, year after year—will come back again.

Among the most meaningful of the work I did as attorney general was to fight person by person when insurance companies said: No, we will not cover that preexisting condition. Their excuse proved to be a ruse, a charade, because they could abuse preexisting conditions, and they will do it again if this bill passes.

This bill's depravity unfortunately goes even further. It actually defunds Planned Parenthood, our Nation's largest women's healthcare provider, while eviscerating protections that guarantee women have access to maternal care throughout their pregnancy. It not only stops and undermines effective family planning, but it then denies effective healthcare when women become pregnant. So it is a kind of catch-22.

This action is cruelly ironic, turning women away from basic birth control services and then threatening their access to maternity care when they unavoidably become pregnant. It is really and simply devastatingly bad public policy, a foolish proposal that attacks women's healthcare and defunds Planned Parenthood, which is an overwhelmingly popular healthcare provider. The objective is to score cheap political points on the far right.

Tomorrow in Connecticut, when I hold another hearing—and we may have another afterward—many of my colleagues may wonder why. They may well be scared of having that kind of hearing, where they have to listen to the voices and see the faces of the people who will suffer under this bill. They certainly have been too scared to have that kind of hearing in the U.S. Senate.

I will hear from the people this bill will hurt. I will hear from people whose lives will be put at risk as a result of this heartless, cruel, and costly measure. I will be inspired by these people, and I will fight as long and as hard as possible to be sure that this bill never becomes law.

Listening to our constituents is really the way democracy is supposed to work. We are proud of talking about democracy. We are approaching the Fourth of July. What better way to celebrate our democracy than to listen in this Chamber, in these halls, to the people who have expertise and experience that we need instead of the secrecy and speed that we are seeing now.

I am proud that we are having these hearings in Connecticut. I urge my colleagues to do the same. They are emergency hearings because we face the historic and unprecedented exigencies of a proposed bill that will rip away guarantees of effective insurance coverage that Americans need and deserve.

Healthcare is a right. Eventually we will have single-payer in this country. But for now, let's build on the Affordable Care Act, let's make it better, let's cure its defects, and let's work together across the aisle. We can do that if we have that resolve.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise today to join my colleagues to speak out and ask for a normal process, for hearings, and for debates.

The Presiding Officer and I have talked about this issue. I know the Presiding Officer has many good ideas to contribute, and I am hopeful that we can start over with a bill that would consist of a number of changes in our existing healthcare system. That is what I think we need to do, instead of this repeal bill that came to us without hearings. It is just not the right way to do this.

I have already gotten reactions from my State. Just to use some quotes from an article in the Minneapolis StarTribune that was just posted—we have our health plans saying that what matters is Medicaid, and they are the leaders in our healthcare community, calling this bill disappointing because of the continued insistence on significantly cutting Medicaid, the federally paid health insurance program for those who are the most vulnerable.

They have said things—the big story has been, What is it going to do to Medicaid? But, in fact, what our experts in our State are saying—our health plans—is that this is really more of the same from what we have seen in the House bill, but over a different time period. There is an argument that in the end, it involves even deeper cuts.

The Minnesota Hospital Association came out and has already, in just the last few hours, said that the last of the guaranteed benefits discourages preventive care and that this proposal ''creates a lot of chaos.''

One of the heads of one of our major hospitals said:

> They are shortening up the money. But they're not giving us the ability to manage the care.

I have long advocated for changes to the Affordable Care Act—significant changes. I think seniors should be given the ability to harness their marketing power and negotiate for lower prices under Medicare for prescription drugs. They are currently prohibited from doing that. I think that is wrong. I said that when the Affordable Care Act passed.

I think there are many good things we could do to help with the exchanges and with small business rates, including doing something federally on reinsurance. My State legislature, which is a Republican State legislature, joined with our Democratic Governor and worked out an agreement on insurance. We are currently awaiting word from the administration on a waiver, but we think that is a good idea, and there are things we can do to bring that out nationally. I don't see that happening with this bill.

In the end, what matters to me is how this bill affects individual people in my State. Laura from North St. Paul wrote to me about her concerns about the very similar House bill. Laura recently retired, but she will not be eligible for Medicare until next year. She has a daughter with several chronic health conditions. She is concerned that if these proposals get passed, she will end up paying far more for her health insurance, and her daughter might lose her coverage altogether.

Take Mike from Grand Marais—that is in the far corner of Minnesota, right up at the tip. He has been self-employed his whole life and is now approaching retirement. He told me that just as he is about to retire, he will not be able to afford health insurance because of the way this proposal works. Like the House bill, it would increase premiums for older Minnesotans.

A woman from Andover, MN, wrote to me that she is worried about this slam dunk attempt to check off a box on a to-do list, when, in fact, she is squarely in the middle of that box. She asked me to put a face on the type of person who is affected by rushing through this checklist, and that would be her 28-year-old son. She said that Medicaid coverage has been a lifesaver for her son because it helps him afford the treatment he needs to strive for an independent, productive life.

I have heard from so many people from all of the corners of my State, from the old, the young, the middle-aged. I have heard from many people from the rural parts of my State about the House bill, which, of course, is very similar to the Senate bill that has been proposed here. They were especially worried about the billions in cuts to Medicaid, which is the lead part of the concern from the Minnesota Council of Health Plans.

The Senate proposal, as I mentioned, would make even deeper cuts over the long term to Medicaid. Medicaid covers more than 1.2 million Minnesotans, including more than one-fifth of the people in the rural part of our State—20 percent of our rural population. This funding is vital to the ability of our rural hospitals and healthcare providers in those parts of our State to stay open and serve their patients. Many people who work in rural hospitals and who are served by rural hospitals have deep concerns.

Even after seeing the Senate proposal for just these few hours, it is clear that this healthcare legislation would have massive life-changing implications for families all over the country.

We know the President of the United States is not known for mincing words, but we also know he used very direct language when he talked about the House bill. The reports are that he called it mean, and there has been no denial that he said that. He didn't need a poll or focus group. He didn't need to know every detail of the bill. But when you hear that millions and millions of people could lose their health insurance, the wealthiest would get tax cuts, and then the people who need help the most would be forced to pay more, you can see why that would be a good word to describe a bill like this—''mean.'' What we don't want to have come out of the Senate is the ''son of mean'' or ''mean 2.''

Most of us agree that we must make changes to the Affordable Care Act, as I said at the beginning of my remarks. I would love to see those changes to prescription drug prices, not only with the Medicare negotiation I just mentioned, getting rid of that prohibition that stops 41 million seniors from negotiating for lower prices for prescription drugs by passing the bill that I have led for years to allow for that negotiation, but I would like to see more competition in two other ways. One is bringing in safe drugs from other countries like Canada. Senator MCCAIN and I have a bill that would allow that to happen.

The second is allowing for more generic competition and making it easier to have generic competition—again, not in the House or the Senate bill. Senator GRASSLEY and I have a bill that would stop ''pay for delay.'' That is where companies pay generics to keep their products off the market. The nonpartisan Congressional Budget Office has assessed that we would not only save billions of dollars for the government but also for taxpayers if this passed. I would like to have that bill come up for a vote, maybe in the form of an amendment, because I believe it would pass.

We could make improvements in the exchanges with the idea of reinsurance. There are many ways we could come together to make sensible changes to the Affordable Care Act. We can never have a bill that big without making some changes, and I think the time has come.

Instead, we see a bill that was drafted behind closed doors. Yes, Democratic Senators were not a part of that; that is it the way it is. But I don't think those doors should be closed to the American people.

Last week I attended the men's baseball game between Democrats and Republicans. It was an amazing event with over 25,000 people. At the end, when the Democratic team won, they took their trophy and gave it to the Republican team, and they asked them to put it in Representative SCALISE's office. We should take the spirit that we saw at that congressional baseball game. We should take that spirit, and we should bring it into this Chamber, and we should start working on a bill together—not this bill. We should start working on a bill that makes some major changes to the Affordable Care Act. We have ideas on both sides, and that is what I think we should do.

With that, I yield the floor.

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, I enjoyed listening to the comments of my friend, the Senator from Minnesota, and I would just say a couple of things.

One is that if 10 or so Democrats would have the courage to work with us, we could pass a true bipartisan healthcare bill, but the message we received from Democratic Leader SCHUMER and others is that they don't want to get involved in the process. So it is a little hard to take seriously the statement that if we would just be willing to work with them, we could get this done, because we have asked, and they have refused.

But it is not too late. If we could get a bipartisan group of Senators to actually improve the status quo, which is a disaster under ObamaCare, then I think we could make progress. But that is not what I hear.

I hear Senators criticizing the House bill. I guess that is because they haven't read the Senate bill, and we have said all along that we want to improve on what the House did. I think the draft bill, which is just that—it is a draft; it is a work in progress—does represent in many instances an improvement over the House bill.

I look forward to working with a coalition of the willing, whoever that might be. I hear some happy talk, but I don't see many people willing to cross over and actually work with us, roll up their sleeves, and do the hard work to actually pass a bipartisan bill.

I just have to say, I hear the criticism about cutting Medicaid. Well, the fact is, under the draft bill that was filed today, the essential safety net for low-income Americans is preserved. We actually will end up spending more money next year than this year and more money the following year because what we do is add a consumer price index increase.

As the Presiding Officer knows, being a practicing physician, this is a complex issue, but the fact is, it is absolutely critical to reforming Medicaid and making it work better. In addition to spending more money each year, which is not a cut in most of America—maybe it is in Washington, DC—as we all know, Medicaid is an open-ended entitlement, so if you qualify based on your income, then you get access to Medicaid. Medicaid continues to drive the budgets—not only the Federal Government but also the State government—and crowd out other priorities that are also important, such as law enforcement and education.

What we have decided we must do is to put Medicaid on a sustainable path by spending more money each year on low-income Americans. We still have some more work to do. But the idea that just because—compared to an uncapped entitlement with no limits on spending—we end up spending a set amount, as we spent this year or will spend next year and add more each year based on the cost-of-living index, that somehow is a cut, is just ludicrous. That is certainly not my understanding of what a cut is; it is a reduction in the rate of growth. So if you call that a cut, that assumes we are going to spend all of that uncapped amount of money, and we can't sustain the program if we do that.

This is one of the three major entitlement programs—Medicaid, Medicare, and Social Security. I think it is our obligation, our duty, as we are saving the millions of people who are being hurt by the status quo and ObamaCare, to act responsibly to make sure this safety net program is available for low-income people going forward. We all should agree on that—that it is important and that we ought to put it on a sustainable, responsible fiscal path.

So this was kind of an interesting experience here this morning. We roll out the discussion draft of the ObamaCare repeal-and-replace bill, we put it on the internet, we make sure everybody has access to it, and we ask for their input, their advice, and their suggestions, and we are starting to get suggestions. We welcome suggestions that people have to this initial discussion draft. But you have to start somewhere, and this is where we are going to start. Then we will have a process next week whereby any Senator who has an amendment to the bill has an absolute right to file that amendment and get a vote on it. I can't imagine a more transparent and open process than putting it on the internet, inviting people to comment and discuss, and then having an open amendment process following debate and then vote. That is what we are supposed to do—vote.

So I think today represents a big step forward in saving those Americans who are being punished by health insurance choices that limit their right to choose a product at a price they can afford that suits their family's needs.

We know what the promises were, and I guess I just have to repeat them again. President Obama said: If you like your policy, you can keep your policy. If you like your doctor, you can keep your doctor. An average family of four will see a $2,500 decrease in their insurance premiums.

What we have seen is a $3,000 increase in insurance premiums for the average family of four—not a decrease of $2,500, an increase of $3,000. And people who buy their health coverage on the insurance exchanges in the individual market have experienced a 105-percent increase in their premiums. Now, I don't know about you, but there are not many things that come out of my paycheck on which I can sustain over a period of just a few years an increase like that of 105 percent. Imagine if you had a 105-percent increase in your rent payments for your apartment or your mortgage payments for your house or your car payments or anything else. That is harmful and damaging to hard-working Americans, and it really is a breach of faith with them, when they were told when ObamaCare passed that they would actually save $2,500.

This discussion draft that was released today and put on the internet and is available to anybody who wants access to it is a product of years of debate on this floor and discussions among not just Republicans but the entire Senate and our constituents as well. We made our ideas public, and we sought feedback.

The Senate Finance Committee alone, on which the distinguished Presiding Officer and I serve, has had no fewer than 36 hearings on ObamaCare since 2011, ranging from the high cost of ObamaCare to transparency in the Medicaid system.

Just this year, there have been dozens of meetings throughout our conference. We would love to include Democrats, but they have chosen not to participate. Since May 4 alone, 18 of our conference lunches have been entirely dedicated to healthcare. There is a practical reason for that too—because without Democrats participating in the process, we have 52 Republicans in order to get 51 votes to pass a bill. That means everybody is essential to a successful outcome in repealing and replacing ObamaCare.

So no one has been excluded. Everybody's ideas have been solicited. That doesn't even count individual meetings we have had with Senators and constituents.

Even after receiving this discussion draft, some of my colleagues across the aisle continue to refuse to enter into debate because they say it is not a final bill. Well, that is the point. We didn't present this as a fait accompli; we presented this as a place to start. And they don't even want to start. All they want to do is criticize. But they don't want to criticize an actual bill; they want to criticize the House bill, because they haven't even read the 142-page Senate bill. This is called a discussion draft for a reason: We are opening up a conversation and a discussion with the American people.

But we know Senate Democrats have chosen not to help to clean up the mess left by ObamaCare. I don't really understand how they can turn a blind eye or a deaf ear to their constituents. I am confident, with all of the people who are writing and calling me in Texas, that they have to have people in their States who are calling them and saying: My premiums are skyrocketing. My deductible is so high that I effectively don't have access to insurance.

By the way, the insurance companies are pulling out of my State as fast as they can because they are hemorrhaging money.

I don't know why they are not motivated to work with us, but apparently that is the decision they have made.

Unfortunately, I think it goes back to this: When President Obama visited Capitol Hill the last time, in January of 2017, he had one message to Senate Democrats; that is, don't work with Republicans on healthcare. The President of the United States said don't work with Republicans on healthcare. This flew in the face of three consecutive elections since ObamaCare had passed where the voters had clearly

demonstrated their dissatisfaction with how ObamaCare actually worked. That shouldn't have been a surprise to anybody.

I remember being here on Christmas Eve 2009 when Democrats passed ObamaCare with only Democrat votes at 7:30 in the morning. No Republicans voted for the bill; only Democrats voted for the bill. Since that time, they have gone from 60 Democratic Senators down to 48. They went from the majority in the House to the minority in the House. They went from holding the White House to Republicans now holding the White House. To me, the message isn't all that confusing, nor is it subtle. It is clear to me that the American people have rejected the failed promises of ObamaCare and have, frankly, punished our Democratic colleagues for passing it in the way they did and as a result of the failure to keep the promises that were made when it was sold.

I have heard these concerns from my constituents in Texas for the last 7 years. I have read their letters and their emails, sharing some of their stories here on the Senate floor.

This law has been expensive—about $1 trillion in new taxes. People wonder why the economy hasn't grown during the Obama administration and since the great recession of 2008. One reason is because of the huge tax burden and because of the regulatory burdens it imposed on small businesses, which are the primary engine of job growth in the country, and ObamaCare has been part of the reason for that.

To my mind, this discussion draft does five things.

First, our legislation zeroes in on the unstable individual market.

Under ObamaCare, insurance markets across the country have languished under high costs and taxes, and the result has been that 70 percent of counties nationwide have fewer than two insurers to choose from. Less competition means higher prices because companies don't have to compete for the sale of a policy. In my State, one-third of Texas counties have only one insurance option. That is not exactly a choice; that is a monopoly.

Our legislation will help the collapsing insurance markets that have left millions of people with no options by creating a stabilization fund that will balance premium costs and address the lack of coverage that so many across the country have been experiencing.

I don't care what our critics say, we are not pulling the rug out from anyone. We will continue Federal assistance for healthcare markets through 2021 to make the transition smooth, much unlike our experience with ObamaCare. Ultimately, if we want to encourage a market to lower costs while providing better quality care, we have to get the government out of the way.

The only thing I hear from our Senate Democrats is that they want more government involvement in your healthcare. That seems to be their default position. Well, we know from the failed experiment of ObamaCare that it doesn't work, at least insofar as the promises that were made when it was sold. So why would they default to a position of more government as opposed to more freedom to let you choose instead of government choosing for you and to punish you with a penalty if you don't buy the product that government orders you to buy?

Our second goal is making healthcare coverage more affordable.

Under ObamaCare, taxes and mandates cost the American economy $1 trillion—I mentioned that a moment ago—which, as our constituents felt firsthand, was ultimately paid by patients through higher healthcare cost.

Our friends across the aisle think we can raise taxes by $1 trillion and it won't have any impact on the consumer. Well, that is just ridiculous. We all know that those expenses get passed on to the consumer and that they get passed on in the form of higher healthcare costs. So when you tax prescriptions, for example, well, it is going to cost more. When you tax health insurance plans, which ObamaCare did, premiums are going to go up. And guess what. Taxing medical devices increases the cost of those devices and leads to job losses because they leave the United States, and they make those lifesaving medical products offshore in order to avoid the medical device taxes.

These taxes and mandates have crippled our economy, and my colleagues on the other side of the aisle recognize that as well. That is why our healthcare plan will improve affordability by addressing ObamaCare's taxes, which have hurt American families directly by making their healthcare less affordable. This framework provides a long-term State innovation fund that encourages States to assist high-cost and low-income individuals, making healthcare more affordable.

We are also encouraging tax credits to help defray the cost of purchasing insurance, adjusted for age, geographical location, and income, so that those who need financial assistance get the help they need.

Health savings accounts will also be expanded under our draft, giving Americans the choice of buying a hospitalization plan which covers major medical costs—not if they choose not to buy a comprehensive health insurance policy but, rather, to save money in a health savings account to be used for healthcare if they need it, and if they don't need it, they can use it for their savings. We give them that option, which they don't currently have under ObamaCare.

The third principle is something our Democratic colleagues can certainly agree with us on, I assume, unless their reflexive action is to disagree with us on everything regardless of the facts, which sometimes seems to be the case, and that is, we should protect those with preexisting conditions. No American should worry about their ability to be covered when they move from job to job.

Our draft legislation also allows children to stay on their parents' policies through age 26.

There are no changes to healthcare for veterans, for Medicare, or changes to Social Security.

Our fourth point of action is safeguarding Medicaid, which I addressed a little earlier, by giving States more flexibility. As we know, Medicaid is paid for by both a State and a Federal share, but the Federal Government sets the conditions by which that money can be spent on healthcare in the State as part of a low-income safety net. Bureaucrats in Washington, DC, shouldn't decide how Medicaid is applied in Texas. I don't know what rationale exists there. Why should the Federal Government tell a State how to spend its own money under Medicaid?

I believe States know how to handle this best because they are closest to the problem and they can design healthcare programs that meet the needs of those States. I dare say, the healthcare needs in Texas are much different from States like Vermont, Idaho, or other States—smaller States, certainly, with a more homogenous population. We have a very diverse State. We have a large number of noncitizens in my State. So why not send the money to the States and give them the flexibility to design programs to deal with the needs of their people? That is why our draft allows States to choose between a block grant and a per capita support for the Medicaid population starting in 2020.

We have done our dead-level best to make sure our draft doesn't leave anyone out, to ensure that the most vulnerable have protection—including children with medically complex disabilities.

Perhaps most importantly is the fundamental goal of this legislation to free the American family from ObamaCare mandates that have hit them where it hurts the most. We are giving Americans back their freedom of choice when it comes to healthcare, which has so long been denied them under the command-and-control regime of ObamaCare.

Our healthcare plan empowers families to make their own choices. It repeals the individual mandate which punishes you if you don't buy the government-approved policy and the employer mandate that has resulted from people going from full-time work to part-time work because employers have sought to avoid that penalty. Finally, no longer will folks be forced to buy plans they don't need at a price they can't afford.

I believe this is the framework for better care. But we are going to continue to discuss this plan and talk to anybody who is willing to talk to us

and work with us. If there is a way the bill can be strengthened, I am open to it. But the status quo isn't working, and our Democratic colleagues know it.

This morning, I likened it as happening upon a terrible accident on the highway. We know people have been injured, and we have two choices: We can either stop and render aid—which is what we are trying to do for people hurt by the failures of ObamaCare—or you can drive right on by.

Unfortunately, our Democratic colleagues have simply chosen to look the other way and drive on by. But before them is a real solution, one that has a chance to change the lives of millions of Americans for the better. So we hope they will reconsider and join us.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KAINE. 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. KAINE. Mr. President, I rise today to talk about the healthcare bill that is currently pending before us. Now that I have had a chance to look at it a little bit, I can see why there has been a lot of secrecy surrounding this process.

Before talking about how I think this bill would hurt Virginians, let me talk about the process itself and how flawed I think it is. But the good news is that it is a process that can be fixed.

This morning, when the bill was first described on the floor, I was interested when my friend the senior Senator from Texas, the majority whip, said we were doing it this way, through a budget reconciliation process, because Democrats didn't want to work together. I took offense at that comment.

As the Presiding Officer knows, I am a member with him on the committee. I was just added to the committee in January. I have been in the Senate for 4 years. I have had great committees, but this is the committee I always wanted to be on because, as a former mayor and Governor, the two biggest line items in the budget I have had to deal with have been education and health. So, finally, I am on the committee I most want to be on.

I believe this session of the Senate started on January 3. That was my first day on the committee. I have a letter I wrote on January 5. I had been a committee member for 2 days, and I wrote a letter to my chairman, whom I hold in the highest regard, Senator ALEXANDER; the Senate majority leader, Senator MCCONNELL; and the chairman of the Finance Committee, Senator HATCH, which has jurisdiction over Medicaid and Medicare issues. I wrote a letter on January 5, and I got 13 Democrats, including me, to sign this letter.

The gist of the letter is this: We would like to work with you. We would like to work with you to find solutions that would improve our healthcare system, whether that be within the Affordable Care Act or, more broadly, Medicare, Medicaid, and Medicare Part D. We want to work together.

That was on January 5, 2 days after I had been added to the committee. As a member of the committee, I have been given no opportunity—not one—to work on this bill.

The committee we serve on works productively. We work productively on pharmaceutical issues. We work productively on educational issues. In the committee the Presiding Officer and I serve on, we have passed legislation through our committee and sent it to the floor. Some of the legislation we have sent has already gone off the floor to the House. This is a committee that has a great bipartisan track record, and I am convinced that bipartisan track record is going to continue. But there has been one topic which has been taboo, and that has been to allow meaningful bipartisan discussion about this healthcare bill.

When the House bill passed—now a number of weeks ago—it was our expectation that we would have hearings in the HELP Committee and in the Finance Committee about the bill. We haven't. The Democrats on the HELP Committee got a little riled up one day. We were having a hearing about something else, and a lot of us said: Wait a minute. We are not talking about the biggest topic in domestic politics in the country right now, which is this House health bill. We should be doing that in this committee. If we are not doing it in this committee, we are really not doing it.

Why does it matter to have hearings in the committee? It is the committee hearing process where you put witnesses at a table and ask them questions. We would have patients, we would have hospitals, we would have doctors, we would have nurses, and we would have pharmaceutical companies and insurance companies, and we would ask them: What is good and what is bad about this bill? What is good and what is bad, and what needs to be fixed about healthcare in this country? That is what you do in hearings, but we haven't had one hearing, and the Finance Committee hasn't had one hearing either.

We haven't had hearings in the committee on the House bill. We have had no willingness to hold hearings on the Senate substitute that was revealed today. The effort to draft the bill was closed-door. The notion that Democrats wouldn't participate—we weren't invited to the meetings. We didn't know where they were. We didn't know when they were. We had no chance to participate. Now we are being told that this bill described this morning—and we thought we were reading it online—no, that is a discussion draft, not the bill itself. So I don't know whether the bill is going to be different, or is it the same? The notion is to rush it to the floor and then essentially to close off debate with a very meager amendment process.

The Presiding Officer knows this, but I just want to explain for the public. By not having committee hearings where you can talk to witnesses and hear from the public and then discuss and propose amendments, this is what it will be on the floor: 20 hours of debate about the most important topic in anybody's life—their health. Twenty hours and then you finish the debate.

Then, the majority leader indicates there is an unlimited amendment process, but the amendment process under budget reconciliation is as follows: An amendment will be considered, and there will be 1 minute of debate allowed for each side—1 minute.

We are talking about healthcare. We are talking about life and death. I have a number of bills I filed that I want to offer as amendments, but for us to truly debate it and for the American public to truly understand it, 1 minute is ridiculous. But that is apparently going to be the rule for us next week.

I think it is an outrage for a body that is known as the greatest deliberative body in the world to take up such an important topic and be told that it is in such a constrained way. So I just want to object to the characterization of the process this morning, that Democrats refuse to work together. I have evidence to the contrary. Within 48 hours of being put on this committee, I asked for an opportunity to participate in this debate. I think I am entitled to respect as an elected Member of this body and a member of the HELP Committee to be engaged on matters dealing with healthcare. But thus far, I have not had this opportunity, and that is so out of character for the HELP Committee, I might add.

I am going to be discussing this bill tomorrow with stakeholders in Richmond, where I live. Let me tell you what I see that really troubles me about the Senate bill. I think this bill hurts Virginians—especially seniors, children, people with disabilities, and working families—and it hurts them all to deliver giant tax breaks, largely to the wealthiest Americans. It also shifts costs from the Federal budget to the States, and as a former Governor, that worries me.

This bill would slash traditional Medicaid, which is a program that more than 1 million Virginians rely on. It is really important to point out that, when you are cutting Medicaid by potentially more than $1.3 trillion over 10 years, that is what the House bill cut out in Medicaid—the House bill plus President Trump's proposed budget, $1.3 trillion in cuts to Medicaid—and this bill could cut Medicaid even deeper by our reading of it.

You have to ask yourself, you cut Medicaid by that much—who are Medicaid recipients? In Virginia, nearly 60

percent of Medicaid recipients are children. Kids who are in public schools receiving special education, many of their services are paid for by Medicaid. A youngster undergoing a cancer operation at Children's Hospital of King's Daughters in Norfolk, a lot of that is being paid for by Medicaid.

A kid who has autism and is getting a couple of hours of autism-related services to help them be successful in school is paid by Medicaid. A child in a dangerous household who might have to get institutionalized—not because the child is doing something wrong but because there aren't parents in the household who are helping the household stay together, they are in danger of being institutionalized—Medicaid can send services a few hours a week into the household to stabilize the family so the child doesn't have to be institutionalized, and that is being paid by Medicaid.

When you cut Medicaid, that is whom you are affecting; 60 percent are children, 15 to 20 percent are people with disabilities. That is who is on Medicaid in Virginia; 10 to 15 percent are parents and grandparents in nursing homes and pregnant women. That is who is on Medicaid in Virginia.

The Medicaid cuts in this bill are even steeper, even more significant than the cuts in the House bill. The bill would continue to allow something that I think is very challenging and that was a carryover from the House bill and may even be worse, which is the ability to charge older adults in the 55- to 64-year-old age range as much as five times higher than younger enrollees in the marketplace.

When most people are in the 55- to 64-year-old range, they are not necessarily at the peak of their earnings. Their earnings are often starting to come down a little bit. If you let their rates rise that dramatically, you are really hurting people who can't easily go back and reenter the marketplace and the workforce at the same level they could have when they were younger.

This is a bill that will hurt 22,000 Virginians who rely on Planned Parenthood for lifesaving healthcare. That is how many women in Virginia use Planned Parenthood as their primary doctor, as their primary physician—22,000, and this bill would hurt it.

This bill would weaken health benefits by reducing the essential health benefits contained in the Affordable Care Act, and that affects pregnancy, that affects mental health, that affects opioid treatment programs, and it would force States to make very difficult budget choices.

If you cut Medicaid by that much, you are going to make Governors and mayors decide: Wow. OK. Whom do I cut? Do I cut the kids? Do I cut the disabled? Do I cut the elderly? Do I cut all three or do I raise taxes? You are just pushing this off on the shoulders of States.

There is good news. I want to finish with good news. I always try to finish or find some good news. There is good news. We can do this right. We don't have to do this wrong. It is actually really simple. When the Senate bill is truly ready, and it is not just a discussion draft but a real bill and it is put on the floor, all we have to do is refer the bill to the two committees—the Finance Committee and the HELP Committee.

Let the committees hear from the public, from providers, patients, doctors and nurses, and hospitals. Let members of the committee—Republicans and Democrats—ask questions. Let us propose amendments. Let us improve it.

This doesn't have to be a complete up-or-down. Why can't we have a meaningful discussion and ask questions and propose amendments in a deliberative way and improve the bill? It is not as if the Democratic minority can just roll over you. We are the minority in this body, and we are the minority on both the HELP and Finance Committees. Unless I can put an amendment on the table and convince some Republicans it is a good idea, my amendment is going to be voted down. If I can't convince somebody around the table this is a good idea, I will take it, and my amendment will be voted down. At least, let's have a meaningful discussion about the most important expenditure anybody ever makes in their life and the largest sector of the American economy.

What would be wrong, what could be wrong in letting the HELP Committee take a look at the healthcare bill? What would be wrong, what could be wrong with letting the Finance Committee take a look at a bill that affects Medicaid and Medicare, which is in their jurisdiction?

What would be wrong, what could be wrong with allowing public witnesses to come to these committees and testify what they like and what they don't like? I may learn some things about the bill that I like after listening to some witnesses. What would be wrong, what could be wrong with allowing this to happen in this great deliberative body?

I guarantee it would improve the outcome. It would improve the product. More minds looking at this and debating and in dialogue will improve it, if what we want is an improved healthcare system. Maybe that is not what we want. Maybe doing our best job is not what we want. Maybe what we want is the ability to put something through only with votes from one party and with the other party completely shut out of it.

What I think we should want is to do the best job for the most people when it comes to the most important thing in their lives, their health.

I will conclude and say that we can get this right. We can take advantage of the work product of the Republicans, who have been working on this draft by putting it in the HELP and Finance Committees and allowing the body to treat it as any other piece of legislation and improve it before we are forced to vote for it in a rush vote on the floor.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. SCHATZ. 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. SCHATZ. Mr. President, there are two things Americans need to know about this Republican healthcare plan. The first is that it is going to make insurance more expensive, and the second is that it is going to make it harder to get healthcare in the first place. That is the bottom line of this bill: higher costs for less care—and all for a tax cut for the rich. That is what we are doing.

We are taking about $800 billion worth of revenue, eviscerating it, eliminating it. Those tax revenues were basically tax increases passed under the Affordable Care Act. They were tax increases on the wealthiest among us. What we are doing is getting rid of all those tax increases in order to cut Medicaid. That is what this bill does. That is not what Americans had in mind when they said on a bipartisan basis, on a majority basis—when they asked Congress to fix healthcare. When you read the fine print, you see that it gets worse every moment, and you realize how bad this plan is.

The Senate version did something extraordinary: It actually moved to the right. And that is a real legislative achievement. Look at Medicaid. This is a program that helps one out of every five Americans, two out of every five children in the United States. It helps one out of every two families who have a newborn baby. And it covers three out of every four long-term nursing home residents.

This program literally saves lives—nursing home patients; people struggling with opioid addiction; people who are working two jobs but still don't make enough to cover their own healthcare insurance—but with this bill, Medicaid as we know it will be destroyed, all so that people at the top of the food chain can pay less in taxes.

This bill actually has a certain symmetry to it. There are at least $800 billion worth of cuts to Medicaid—probably more but at least $800 billion—and it just so happens that there are also around $800 billion worth of tax cuts for the wealthy. So insurance executives will be OK. Don't worry about them. What we should worry about is women who need Medicaid for maternal health services. We should worry about seniors and people with disabilities.

Activists for disability rights are appropriately freaked out about this bill. People in wheelchairs protested outside of a Senate office earlier today,

and some of them said that they would literally die if this bill passes. It was an intense protest. And we hope everybody is OK, but it is intense because these are intense issues.

These are personal issues. These are healthcare issues. People are worried—not about some abstract public policy or political debate; they are worried about their own lives. And they are not wrong. Because of Medicaid, people now have access to physical therapy and immunizations. They can see a counselor for mental health problems and opioid addiction. They can afford the medication they need instead of relying on free samples from clinics. Medicaid has changed everything for them.

This is not just good for patients, it is also good for taxpayers. By giving preventive care, we save money. And if TrumpCare becomes law, those services will go away, thanks to $800 billion in cuts.

This bill also lets insurance companies opt out of covering essential health benefits. I want to be very clear about this. This is a term of art. It is a piece of jargon. I am going to go slowly here and not assume that if you are not in politics, you would understand what an essential health benefit is.

Basically, if you are getting a healthcare plan, there are 10 things that, under Federal law, a healthcare plan has to cover. It just makes sense. I will list them. They are ambulatory patient services; emergency services, so ER visits; hospitalization—if you have to stay overnight in the hospital, it has to be covered in your healthcare plan; maternity and newborn care; mental health and substance abuse services, including behavioral health treatment; prescription drugs; rehab; laboratory services; preventive wellness and wellness services; chronic disease management; and pediatric services.

So I want you to imagine a world where you can get an insurance plan—a so-called insurance plan—but under the law, they can tell you: By the way, we don't cover hospitalization. By the way, we have this great insurance plan, but if you need any prescription drugs, those are out-of-pocket—not a copay; you have to pay all of it. By the way, we will give you an insurance plan, but if you have mental illness, you are on your own. By the way, if you get pregnant, we don't cover that.

It is a healthcare plan, which is why we have a statute, a Federal law, that says ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse services, prescription drugs, rehab, lab services, preventive and wellness services, and pediatric services have to be covered. Otherwise, it is not insurance. Every one of these benefits is covered full stop under the current law, but what the proposal does is it eviscerates essential health benefits.

I don't know what the CBO is going to say, because they got rid of the individual mandate, and it is going to be unclear. There is a real possibility that there will actually be an increase in the number of people who are covered, but that coverage is going to be nonsense. Can you imagine having a health insurance plan that doesn't cover maternity care? Can you imagine—especially nowadays, when half the time when you go to the doctor, they give you a prescription—so you go to the doctor, and they say you need this, and you say OK, and then you have to pay out-of-pocket? What is the point of insurance if none of the things you need are covered by the insurance? That is what this bill does.

I am also worried about the distractions in this bill. It defunds Planned Parenthood and doesn't provide nearly enough for opioid addiction programs. I want to be clear about what I mean by ''distraction.'' It is my supposition—I don't know for sure that these things were intentionally either omitted from the bill or put in the bill to allow some of my Republican colleagues to get well legislatively. What do I mean by that? Opioid treatment was tens of billions of dollars in the House version. They brought it down to less than $1 billion. That puts somebody on this side of the aisle in a position to say: Even though I am for $800 billion of Medicaid cuts, which will eviscerate opioid treatment across the country, I am going to introduce an amendment and we are going to increase opioid treatment. Once we get a ''yes'' vote, well, you know, I was really concerned, but with my amendment, we have more money for opioid treatment.

Don't fall for that trick. It is a trick. The way to fund opioid treatment is to fund opioid treatment. Medicaid is both the best way to do it clinically and the best way to do it fiscally. So I am afraid they intentionally left that out so somebody can go in and be the hero on the other side, while not actually solving the problem—likewise with Planned Parenthood. The way you fund opioid treatment is through Medicaid.

We had 13 men working in secret without input from any women or Democrats or experts or advocates.

Part of the thing about healthcare, as the President says, is nobody knew it was so complicated. But you really need hearings. You really need to understand how all of the parts of a system interact with each other. Let me give an example. You cut Medicaid, and somebody who is Medicaid-eligible but also a veteran—you don't know for sure whether, if Medicaid services are not available, they are going to go back into the VA system and cost the VA system more money. If you cut preventive treatment, you don't know if you are going to end up having to pay on the back end with more ER services. So the reason you have hearings is you have to have some rather technical expertise in the room to say: Hey, if you do this, this might happen. If do you that, this might happen. If you do this, we are not quite sure what might happen.

But the idea that 13 men with very little expertise in healthcare policy—they are not unintelligent, they are not unqualified to be public policy makers, but the whole thing about being in the Senate is that, for the most part, we are supposed to be, as they say—Jack or Jane—Jack of all trades, master of none. We are supposed to be pretty good at receiving information, kind of distilling it, asking the right kinds of questions, listening to our constituents, and then crystallizing all of that into a bill.

The problem with this process is they did about one-third of that. They talked to each other, and they talked to Republican lobbyists, but they didn't talk to the people back home. They didn't talk to people who run community health centers. They didn't talk to mental health advocates.

We have people who come from Hawaii and across the country who advocate for every specific disease treatment and disease research. These people usually are touched personally by their issues. They come in, and most of us receive them and talk to them and think about how to get them more funding or more reimbursements through NIH or CDC or the Department of Defense or wherever we can find resources for them.

That is the process of being in a legislative context if you are not personally an expert on healthcare policy. If you do it in the dark of night, if you do it literally without any women, if you do it literally without any people from the other party, you are going to get a bad product. They knew they were going to get a bad product, but they made a judgment. They made a judgment.

They decided that the longer this bill sees the light of day, the lower the chances it has of passing, and I think they are right. I mean, if this thing is subjected to real sunshine, it will just wither. That is just a fact. This is why they didn't have any hearings in the House, this is why they are not only not having any hearings in the Senate, but they are going to allow for I think it is 20 hours of debate under this silly vote-arama procedure.

What they will do is, I think, yield back a lot of their time. What does that mean? That means 20 hours will become 10 hours because they don't want to defend their bill.

They are absolutely happy to trash the Affordable Care Act and say it has a series of problems and all the rest of it. You know what, the Affordable Care Act has a series of problems. No doubt about it. I will tell you it is way better than this. I will also tell you it is way better than the situation we had before the act was passed.

The No. 1 cause of bankruptcy in the United States was getting sick. Think about that. Before this act, people

would not be just afraid for themselves when they got sick, when something catastrophic happened to them, either a chronic disease or something that imperiled their lives or an accident, but you would have dual anxieties, right? You wondered whether you were going to be OK, but you also wondered whether you were going to be able to make it financially.

So we are sort of beyond that, and now we have a law that has been on the books that does need fixing. I know the Presiding Officer and the Senator from Missouri, who is waiting to speak, would be pleased—really would be pleased to participate in a bipartisan process.

I think about the chairman of the Health, Education, Labor, and Pensions Committee, one of the best statesmen in the U.S. Senate, LAMAR ALEXANDER, a Republican with whom I disagree on a lot, but he and PATTY MURRAY did a bill on public education that got—I don't know—84 votes or something. Liberal PATTY MURRAY and conservative LAMAR ALEXANDER did a deal. ORRIN HATCH, President pro tempore of the Senate, is someone who worked with my predecessor, who worked with Teddy Kennedy, who did bills and did deals.

So I understand we are kind of in this squabble about whether there is good faith or there was good faith. Our view of this is you went into the reconciliation process before even, in any serious way, pursuing bipartisan legislation. You decided you wanted 51 votes, not 60 votes, and that was sort of poisonous fruit from the tree. Fine. That is our view. Your view is that you serially tried to reach out to us, and we have rebuffed your overtures. I have my view; the Republicans have their view.

Right now, you are about to walk one-sixth of the American economy off a cliff, and you are also about to harm tens of millions of individuals in all of our home States—not Republicans or Democrats or Greens or Independents or Libertarians or people who don't vote or whoever it may be, but people are going to really be hurt by this bill. People are really going to be hurt by this bill.

Forgetting the politics, I think we have an opportunity to avert the harm. If this bill does come crashing down, then I think we have an opportunity to work together on healthcare. I, for one, pledge that if we are in a position to sit down on a bipartisan basis and come up with improvements to the existing statute, I will be the first person to say yes to that kind of process. It is not too late. All we need are three Republicans to say: Let's slow down. Let's have a hearing. Let's work with Democrats. Let's do this the right way.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, since the current healthcare bill—the bill usually called ObamaCare—passed, every year Missouri families have had to worry about whether their healthcare plans would be canceled, whether their options and access would be taken away, whether they could have the same doctors next year that they have this year, whether they could go to the same hospital next year that they could go to this year, whether their premiums would be going up, but if they were worried about whether their premiums were going to be going up, that was a worry that everybody else in every State had because premiums went up everywhere.

In fact, this situation has gotten so bad that in one-third of America's counties today, only one company in one-third of the counties today will even offer insurance. So the options are to buy from one company or to pay the penalty because your only choice is that one company. That one company gets to file a rate that the State regulator gets to agree to, if the one company is going to stay. In fact, I think this week the State of Iowa that has only one company providing individual insurance for the whole State, that one company said they would stay again next year, and then they filed an increase of over 40 percent on those policies for next year.

In Missouri, where I live, 25 counties will not have a provider next year, and it could be higher than that. One company has already said they will not be there next year. Twenty-five of the counties they sold policies in only had one company providing policies. We now know that at least 40 percent of all Missouri counties will not have—I mean, 40 percent of all U.S. counties will not have anybody even willing to offer these plans. This is a significant problem, and it just didn't occur when this President was sworn in or this Congress took over.

Premiums in your State, Mr. President, have gone up 123 percent since 2013. In my State, in Missouri, they have gone up 145 percent; in Alabama, 223 percent; in Alaska, 203 percent; in Oklahoma, 201 percent since this plan went into effect, and that was just 2013. This is not 30 years ago. This is 4 years ago.

The average increase for American individuals and families for getting policies under ObamaCare is 105 percent. Now, remember, this was the plan that was supposed to ensure that your costs would go down per family at least $2,500. The ''at least $2,500 number'' was close to right, but what was close to right about it is that your plan probably increased at least $2,500 if you had that kind of plan. The status quo just simply will not work.

The draft legislation, as it stands right now, preserves access to care for people with preexisting conditions, it strengthens the future of Medicaid, it does not change Medicare in any way, and it gives people more health insurance choices than they otherwise have as States exercise their options under the law. It allows people to stay on their family insurance until they are 26. That, along with preexisting condition coverage, is usually seen as the two most popular things in the law as it stands now. They would still be in the law.

Now, Members of both parties—and the reason I say ''as it stands today'' is Members of both parties will have an opportunity to amend this bill. In fact, we will have a vote probably the night before we take the final vote on the bill, where every Member can make amendment after amendment after amendment on this bill. There will be plenty of chances to change this bill on a topic that the Members of the Senate probably know more about, and, by the way, because it is such a big Federal obligation and responsibility, should know more about than virtually anything else we deal with in a level of specificity that is higher than anything else we deal with.

Believe me, anybody who wants to read that bill—and I will, you will, and others will, some will not—anybody who wants to read that bill will have plenty of time to read it and plenty of opportunity to amend it, but it will be amended, so we need to be sure we understand the final product might not be exactly what we have before us today.

I am going to carefully look at the final legislation. I am going to carefully look at how this addresses problems of Missourians. I think one thing that is absolutely clear is that Missouri families need a more reliable and affordable healthcare system. This bill is an important first step in that direction. The status quo cannot continue to be the status quo.

By the way, there were plenty of opportunities over the last 7 years to make the kind of incremental changes that all of our friends on the other side said they would love to make, and they were in charge.

We had a bill over here that Senator COLLINS, I believe, was the principal sponsor of that said: Well, let's change that 30 hour requirement; that if you work 30 hours, you have to have insurance to 40 hours. Now, that is not a very big change, but it is a very big change if you have a 28-hour-a-week job, and the reason that you have that 28-hour-a-week job is the law told your employer, if you hire somebody for 30 hours, you have to provide health insurance for that person.

Now, the employers by the way—nobody is better in America today than employers to provide health insurance and there is no better place to get your health insurance than at work, but we have almost forgotten the tragedy of the workplace where because of ObamaCare so many people worked two part-time jobs because the law said you don't have to pay health insurance if they work less than 30 hours.

Well, we tried to figure out a way to get more people to work at a full-time job, not a very big change. Our friends on the other side were in control for year after year after year after that

bill was introduced. Nobody stepped up and said: Let's do that. Let's make that change. Let's get more people in full-time jobs.

These insurance markets were collapsing. I don't think there was any proposal on the other side to do anything about it. One of the difficulties we find ourselves in now is we are trying to save a critically important system—the American healthcare system—while that system is collapsing around us. That means it is not going to look as good as it would have looked if we could have gone back 7 years and done the things you and I wanted to do when we were House Members—giving more people more chances to buy more policies, having more transparency, being sure, if you didn't pay taxes on insurance you got at work, you also didn't pay taxes on money you spent for insurance if you had to buy it as an individual. There were lots of things that could have been done that were proposed. We can still go back and do that. This is clearly a first step.

The Secretary of Health and Human Services has over 1,400 places where that person's two predecessors defined what the law was supposed to mean. So earlier this week, Secretary Tom Price said he was going to look and his staff was going to look at every one of those 1,400-plus places and figure out if there is a way to define the law better so it doesn't have the impact on family economies or family access to healthcare that it currently has. That is an important step too.

This first step matters as well. I say to the Presiding Officer, nobody has been a more vigorous advocate of this debate than you have. We have an opportunity to continue this debate over the next several days. I look forward to it, and it will be interesting to try to remove the fact from the fiction when we talk about all the things that supposedly could have happened up until now. The fact is, they didn't happen.

I yield the floor.

I suggest the absence of a quorum

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. UDALL. Thank you, Mr. President, and thank you for the recognition.

All across my home State of New Mexico, thousands of hard-working people owe their healthcare and in some cases their lives to the Affordable Care Act. Since early January, I have received over 10,000 letters, emails, and calls from New Mexicans pleading with me to help save their access to healthcare. Over 96 percent of my constituents who have contacted me about healthcare oppose TrumpCare.

Let me say that again because I think it is a very important number. Over 96 percent of New Mexicans who have contacted me about healthcare over the past 6 months are opposed to TrumpCare, and they are opposed to the effort to repeal the Affordable Care Act.

The TrumpCare bill is a disgrace and a disaster. It is a disgrace that Senate Republicans are trying to force an extremely unpopular bill on the country in 1 week, and they are doing this even though this bill affects one-sixth of our economy and even though it would cost hundreds of thousands of people in New Mexico and millions of Americans to lose access to healthcare, prescription drugs, drug addiction counseling, and other lifesaving services.

The Republican plan raids Medicaid, it strips away protections that prevent insurance companies from canceling your policy for getting sick, and it reduces the services your insurer has to provide. It does all this to pay for massive tax cuts for the wealthy.

This bill is a disaster because it would be devastating for older New Mexicans, families who are struggling to make ends meet, women, people with preexisting conditions, and New Mexicans in rural areas.

Our rural areas would be particularly hard hit. In some cases, it would do very severe damage to healthcare in rural areas. Hospital administrators in rural counties like Guadalupe County and Socorro County in my home State have told me that losing Medicaid reimbursements could break their budgets, and that could force the small, rural hospitals to limit services or even to close. You know, the last thing you want to have happen in a small, rural community is to have the hospital close. We all know what happens after that: The hospital closes, and then a diminution in services takes place, and it is very hard for communities to stay alive in that situation.

It is no wonder the American people don't want this bill. They don't want TrumpCare.

I suppose it is no surprise that the Republicans have kept it hidden—without letting anyone see it. I want to talk about that for a moment. That is not just a talking point for Democrats. If this bill passes and becomes law, many people will suffer, and it has been kept a total secret.

I wish I could read on the Senate floor every story I have gotten from my constituents who are concerned. If I could, I could hold the record for the longest floor speech. I have shared several in the past, but today I would like to read just one, which is from Elena from Albuquerque.

This is a picture of Elena from Albuquerque, NM. She has a very moving story that she wrote me about. In this story, I think you see the story of the Affordable Care Act and the good it does.

Elena is 31 years old.

Earlier this week, I told some of Elena's story in a speech on the Senate floor, but today I want to tell Elena's full story.

Elena graduated last year from the University of New Mexico Law School—my alma mater—and she is quite determined and motivated, as you will hear. She wrote her story in a Facebook post to friends and gave me permission to share it with the American people and with my colleagues here in the Senate. Here is her story. This is Elena's story in Elena's words:

For the past 18 months, I have been carrying around a big secret. I felt really guilty for not sharing it, yet, try as I might, I could not work up the nerve to tell you all. Lucky for me, Senator Udall has helped me to rip off the Band-Aid.

In the spring of 2016, I found out that I have a BRCA–1 mutation, which puts me at a very high risk of developing breast and ovarian cancer. Women with a BRCA–1 mutation tend to get breast and/or ovarian cancer very young, sometimes even in their 20s or 30s.

When you have a BRCA–1 mutation, you have two options: One, you can get breast screenings every six months and yearly ovarian screenings and keep your fingers crossed that nothing pops up. Or two, you can get your breasts and ovaries removed and significantly decrease the odds of getting cancer.

Needless to say, there's not really a ''right'' decision. A woman's choice just comes down to what she feels is right for her body and life.

In the past 18 months, I've gotten to check a whole lot of things off my ''absolutely not on my bucket list'' bucket list.

In April 2016, I had my first breast MRI, which revealed a lump that my doctor thought might be breast cancer. I then had my first mammogram, my first breast ultrasound, and my first breast biopsy. These tests thankfully revealed that I didn't have breast cancer. They also helped me to make the difficult decision to have a prophylactic mastectomy and significantly reduce my chances of getting breast cancer.

In August 2016, I had a prophylactic mastectomy. And in October and February of this year, I had follow-up surgeries to have my breasts reconstructed.

Since February, I've been focusing on healing, and I feel great. Obviously, this isn't the end of the road. Doctors suggest that women with a BRCA–1 mutation get their ovaries removed around age 40. And of course screening will continue to be important. But for now, I feel at peace knowing that I'm doing what I can to protect myself.

As Senator UDALL mentioned, at the time that all of this health stuff came up, I had health insurance thanks to Medicaid Expansion through the ACA/ObamaCare.

I first enrolled in Medicaid about three years ago when I was a law student at UNM School of Law. UNM had just given qualifying students the opportunity to enroll in Medicaid under the Affordable Care Act. I was a healthy 29-year-old with no preexisting conditions, and doubted I would ever use my health insurance. Little did I know, completing the Medicaid application would be one of the most important decisions I ever made.

So, a truly genuine #thanksObama to President Obama, his staff and all our elected leaders who worked to make the ACA happen and are fighting to keep it alive.

I am so grateful that I qualified for Medicaid at a time in my life when I unexpectedly needed health insurance more than I could have ever anticipated. I am so thankful the drafters of the ACA understood that allowing me to get the preventive care I needed was better for my health, and also

more financially sound. The ease with which I have received my medical coverage has allowed me to focus on my recovery.

While it has been a challenging year and a half, knowing that I could trust my health insurance made it so much easier than I'd imagined it would be.

I am so relieved that now I can focus on my future instead of figuring out how to pay off insurmountable medical debt.

I am fully recovered from my surgeries and am working on moving my life and career forward. I look forward to paying taxes (I swear, I really do) to support programs like Medicaid so that I can do my part to assist other Americans in staying healthy. If you had told me when I signed up for Medicaid that I would make such extensive use of it, I wouldn't have believed it. At times, I have felt guilty for having to utilize Medicaid at a time in my life that has proven to be so medically and financially complicated.

Friends and family have been good enough to remind me that this is what Medicaid is about: ensuring that Americans can afford to take care of their health, regardless of their financial state, when an issue strikes. The Affordable Care Act has made this a reality for more people than ever before; I am so grateful to be one of them.

I am very scared for what the future will bring for those many individuals who have received insurance thanks to the ACA. I worry that if the [Affordable Care Act] is destroyed, my preexisting condition will make it financially impossible for me and many others to get health insurance.

I worry for people who couldn't get insurance through their work and were finally able to get it through the Exchange. I worry that those who suffer from ailments that constantly affect their health won't be able to afford the care they need. I worry about the millions of Americans who are about to lose so much.

I understand that the ACA is not perfect. It needs some work, especially for people on the exchange who are paying premiums that are way too high. But the replacement plan that is being proposed is going to make it incredibly difficult for all of us to get quality, affordable coverage.

There are no words to adequately express my gratitude to all those who worked so tirelessly to make the Affordable Care Act happen. I am so hopeful that instead of destroying the ACA, our leaders will work to make it stronger so that all Americans can get the healthcare that they deserve.

Those are the words Elena posted on her Facebook page, very, very moving words. Before her surgery, Elena had an 87-percent chance of developing breast cancer, and now it is less than 10 percent, less than that of the average woman.

I commit to Elena and to every New Mexican and American that I will work to make the ACA stronger so that all Americans will get the healthcare they rightly deserve. But the Senate Republicans cannot claim the same. Their bill, drafted in secret behind closed doors, hurts people like Elena who have preexisting conditions. It hurts people in her situation who have complicated healthcare needs with high medical costs and those who benefit from Medicaid, from the Medicaid expansion.

Americans support the Medicaid Program. They understand that even if they don't need Medicaid, neighbors, friends, family may need it. And they understand that they may need it unexpectedly in the future, as Elena did.

Medicaid expansion has meant that over 265,000 New Mexicans have healthcare coverage that they didn't have before. It is a pretty remarkable thing. In 6 short years in New Mexico, after the passage of the Affordable Care Act, we had people who didn't have any healthcare, and now 265,000 have Medicaid coverage. They could be in a situation just like Elena's. Many of these are hard-working families—families living in rural New Mexico and Native American families living in New Mexico.

The Senate Republican bill, like the House Republican bill, will end Medicaid expansion in New Mexico for people like Elena.

I want everyone listening to hear: This bill cuts Medicaid overall more deeply—more deeply—than the House version. And when President Trump said that the House version was a mean bill, this is a meaner bill. They are not necessary; these cuts are meaner, and they are not necessary to repeal the Affordable Care Act. They will hurt millions of Americans.

They are also devastating to our State economies. New Mexico can't afford to pick up the tab for those cuts, so the State will be forced to cut services and reduce payments to doctors. Hospitals might close, and that would mean healthcare jobs will dry up.

Elena's story is one of millions. Every Senator has hundreds of thousands of constituents with these stories. We all need healthcare at some point in our lives.

I urge, I implore my fellow Senators across the aisle to reject the McConnell TrumpCare bill. Work with Democrats on a bipartisan basis to improve America's healthcare system so that every American has access to affordable healthcare.

Don't do this. Don't gut our healthcare system.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Executive Calendar Nos. 120 through 152 and all nominations placed on the Secretary's desk in the Air Force, Army, Marine Corps, and Navy, with the exception of COL Darius Gallegos in Calendar No. 140; that the nominations be confirmed, the motions to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

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

The nominations considered and confirmed are as follows:

IN THE ARMY

The following named officer for appointment in the United States Army Medical Corps to the grade indicated under title 10, U.S.C., sections 624 and 3064:

To be major general

Brig. Gen. Ronald J. Place

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. William C. Greene

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. William S. Dillon

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Karl O. Thomas

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Jay B. Silveria

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Samuel J. Paparo, Jr.

The following named officer for appointment in the United States Navy to the grade indicated under title 10, U.S.C., section 624:

To be rear admiral (lower half)

Capt. Gregory N. Harris

IN THE ARMY

The following name officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. John P. Lawlor, Jr.

The following named officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. Dion B. Moten

The following named officer for appointment in the Reserve of the Army to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. Bowlman T. Bowles, III

IN THE NAVY

The following named officer for appointment in the United States Navy Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral

Rear Adm. (lh) Daniel J. MacDonnell