

is best for them at a price they can afford. Competition actually benefits consumers by providing a better product at a cheaper cost. That is what market-driven competition is all about.

To me, the choice is pretty simple. We either get rid of this failed law and replace it with real reform or ObamaCare will continue to collapse, and millions more people will continue to be harmed.

Now, this is something former President Clinton said, you will remember, during the campaign, which proved to be a little bit of an embarrassing comment when he said that ObamaCare was the “craziest thing in the world.” This was the former President of the United States, a Democrat, who was the husband of the Democratic nominee for President in the 2016 election. He called ObamaCare the “craziest thing in the world” because he knew well that no matter who won the election, whether it was Hillary Clinton or President Trump, that we would be talking about how to protect the American people from this failing system known as ObamaCare.

Yet our Democratic friends are apparently resigned to continue to let the American people suffer rather than try to do what is right and help make things better.

The work we are left to do is hard, but it is no excuse for not trying. ObamaCare is hurting our country, and we have a chance to make it better and to right the path. I remain hopeful and optimistic because doing nothing is not an option.

Let me just conclude with this observation: What we are trying to accomplish with the Better Care Act encompasses four things.

First, we are trying to stabilize the current insurance market to make sure there are actually insurance policies available for people to buy rather than to see them flee the marketplace.

Second, we are trying to make sure we do everything we can to bring insurance premiums down—in other words, to make it more affordable—by eliminating some of the mandates that make it unaffordable right now.

The third thing we are trying to do is to protect people with preexisting conditions. The Better Care Act or the BCRA as it is known—the Better Care Reconciliation Act—maintains the status quo when it comes to protecting people against preexisting conditions. We do not want anybody who has lost his coverage to be denied coverage because of a preexisting condition when he tries to buy insurance from another insurance company. That is what happens when you change your job. That is what happens when insurance companies decide to leave the marketplace. They simply cannot afford to continue to write policies so you have to change policies, like this young lady—the nurse whom I mentioned—had to do on a couple of occasions.

The fourth thing we are trying to do is to stabilize one of the most impor-

tant safety net programs in our country, which is Medicaid. There are three basic entitlement programs—Medicare, Medicaid, and Social Security. We are doing everything we can to stabilize Medicaid because we believe it is important for low-income citizens to have access to healthcare through Medicaid if they cannot afford it through private insurance.

I want to just address some of the misinformation and, I think, outright falsehoods we have heard from some people about what the Better Care Reconciliation Act does to Medicaid.

I keep hearing people say this cuts Medicaid. It reduces the rate of growth of Medicaid, which is true. We basically put Medicaid on a budget, and we grow it year, after year, after year, as I will mention in a moment, but nowhere other than in Washington, DC, would anybody consider this a cut.

For example, in 2017, we will spend \$393 billion on Medicaid. Now, because this is a State-Federal cost share, in my State, it is either the No. 1 or No. 2 most expensive item in our spending under our State budget each year. It crowds out a lot of other things because it is so expensive. Yet it is uncontrolled, so, in 2017, we will see \$393 billion spent.

At the end of the budget window—10 years, reflected by 2026—the Federal Government will have spent, under the Budget Control Act, \$464 billion. That is a \$71 billion difference between 2017 and 2026. In no other alternate universe that I am aware of would this be considered a cut. This is an increase in Medicaid.

Now, we can have discussions—and we should and we are having discussions—as to: Is this an adequate rate of growth of Medicaid to meet the growing population and to make sure people are taken care of?

Nothing we do in this bill drops anybody from Medicaid, and the suggestion that it does is simply, I would suggest, not accurate, nor is it a cut. We can have discussions about what the proper rate of growth is, and we are having those discussions, but it is a fact, reflected by the Congressional Budget Office—which is the official scorekeeper in Congress—that, in 2017, we will spend \$393 billion, and under the Better Care Reconciliation Act, we will spend \$464 billion, which is a difference of \$71 billion over that 10 years.

I know we will have a lot more to talk about as we continue to debate this bill. My hope is that we will have a bill that we will be able to send to the Congressional Budget Office, which will take a couple of weeks to score—that is a requirement—before we can actually bring it to the floor. I hope that at some point in the not-too-distant future, we will be able to bring a bill to the floor and have a real debate and have an amendment process that will allow everybody and anybody in the Senate to offer amendments in order to change or modify the bill.

In the end, I believe we have to decide because doing nothing is not an

option. Doing nothing means consigning the people who are being hurt by ObamaCare today to continue to be hurt and to be priced out of healthcare entirely. To my mind, that is not a responsible thing for us to do.

That is why I support the Better Care Reconciliation Act. It is not a perfect bill, but it is the next step in helping us turn our current healthcare disaster around. At some point, I hope our Democratic friends will join with us, as they have done under the two bills I mentioned earlier, for this is one of the most important things we will do in the Congress. If you think about what touches people's lives in such a personal way, it is hard to think of anything that does that more than healthcare.

Right now, we are hearing a lot of scare stories and inaccuracies about what this bill does. There is plenty of room for debate and differences of opinion based on the facts, but as the saying goes, you are entitled to your own opinion, but you are not entitled to your own facts. Facts are facts, and based on the facts, we ought to argue our policy differences and then vote.

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. MCCONNELL. 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.

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#### LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I ask unanimous consent to proceed to legislative session.

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

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#### ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, it be in order to move to proceed to executive session to consider the nomination of Executive Calendar No. 104, William Hagerty to be Ambassador to Japan.

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

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#### EXECUTIVE SESSION

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#### EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 104, William Hagerty to be Ambassador to Japan.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.