

care. Real healthcare reform is needed in this country. Reforms are needed to lower the costs without lowering the standards. Regrettably, what the Democrats are proposing lowers the standards and raises the costs—the exact opposite of what is so vitally important for all of us.

These are the issues that Republicans are working on right now: empowering you to buy coverage that works for you, lowering the cost of your prescription drugs, protecting you when you have a preexisting condition, and eliminating surprise medical bills. But with the Democrats' one-size-fits-all care, you would lose the insurance you get through work, and you would lose Medicare Advantage if you are a senior who is one of the 20 million people who gets their insurance through that program.

They call it Medicare Advantage because there are advantages for seniors who are on it. It coordinates care. There is preventive care. Those are the advantages.

You will likely lose the doctor-patient relationship that you have depended on for years and lose the freedom to make your own medical decisions.

I say it is time to reject this one-size-fits-all scheme that would make all of us pay more and wait longer for worse care. Instead, let's work together to give patients the care they need from a doctor they choose, and do it at lower costs.

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.

The PRESIDING OFFICER. The Senator from Pennsylvania.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. CASEY. I ask unanimous consent to speak as in morning business.

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

MEDICAID

Mr. CASEY. Madam President, we are on the floor, and I will be joined by colleagues to talk about the program we know as Medicaid—a program that I think we are beginning to appreciate more, especially in the last couple of years—and the impact it has on the American people.

Unfortunately, the debates on healthcare have resulted in Medicaid becoming a target. Too often, both in the Senate and in the other body—the other body, the House—the Medicaid Program has been the subject of attempts to do at least one of three things, if not all three.

One is attempts to decimate the program by way of funding cuts over the next 10 years. We know the President's budget has proposed cutting Medicaid by \$1.5 trillion over 10 years—that is

with a “t”—roughly, \$150 billion each and every year for 10 years. That is a bad idea, and we are going to fight that with all we have.

Other attempts to slash Medicaid have been perpetuated over time, either to cut it over 10 years or to cut it in a particular year.

The third thing we have seen is sabotage efforts by the administration when it comes to the exchanges resulting from the Affordable Care Act but also attempts to sabotage the Medicaid Program itself. I will develop that in a moment in terms of the attempts by the administration.

Medicaid is a program that, I think, tells us who we are as a nation. We are a great nation for a number of reasons. We all know we have the strongest military and the strongest economy. When we are at our best, we are an example to the world. We are also the greatest country in the world because of the way we attempt—don't always do the right thing and don't always do as much as we should—but because of our attempts to take care of folks who need help and to give opportunity to folks who might need a door to be opened or an opportunity to be presented to them.

Medicaid is one of those examples of American greatness when we get it right. Medicaid is the program that we know is responsible for making sure seniors can get into nursing homes. Absent Medicaid, millions of seniors wouldn't be able to have the benefit of skilled care in a nursing home. Something on the order of 60 percent of seniors have an opportunity to get skilled care because of Medicaid. Absent Medicaid, it is highly likely they wouldn't be able to get that care, especially when you consider the cost of care to just one family. It would cost tens and tens of thousands of dollars.

Medicaid is the program that takes care of a huge share of the Nation's children, and a subset of that, of course, is children with disabilities. We are told, just in Pennsylvania alone—the most recent number I have seen—54 percent of children with disabilities have their healthcare provided to them by Medicaid. Thank goodness that is the case, and we have to make sure that continues.

Just consider the birth of a child. We know, whether it is Pennsylvania or the Nation, the number exceeds 40 percent. Forty percent of all the births in the country—more than 40 percent, I should say—are paid for by the Medicaid Program. So the Medicaid Program affects the family in so many different ways: the family, when it comes to a birth, in very high numbers across the country; the family, when it comes to providing healthcare for children and to give children the opportunity not just to have coverage and insurance but to have early screening, early diagnosis, and testing—the kind of preventive care, in a sense, that we hope anyone would receive but especially a young child.

Medicaid, of course, goes from, to use Senator Hubert Humphrey's line, “the dawn of life to the twilight of life”—from children all the way through to older Americans and folks in between there who might have a disability. Probably every Member of the Senate has received a letter from a family who has a loved one with a disability, especially a child, expressing how Medicaid is important to them.

We all know these debates are critically important to what happens to Medicaid. If we allow the majority in the Senate, and if we allow the administration to have its way, we would have substantial cuts to Medicaid—maybe not a trillion and a half, as the administration has proposed, but substantial cuts that would hurt the American family.

I wanted to highlight some of the ways I mentioned earlier that the administration has tried to sabotage Medicaid. That is my view of it. Here are some examples: Starting in January of 2018, the administration undertook an effort to allow States, for the first time, to take away Medicaid coverage from people who are not working or who are not engaged in work-related activities for a specific number of hours each month. In Arkansas, for example—this was the first State to implement this new policy by the administration—over 18,000 Medicaid beneficiaries lost coverage in 2018 due to the new requirements. Almost one in four people were subject to the new rules.

While a Federal district court recently struck down restrictive waivers in both Arkansas and Kentucky, the Centers for Medicare and Medicaid Services, the so-called CMS, continues to approve these policies in additional States.

So that is one attempt to knock people off Medicaid in the calendar year 2018—18,000.

Another attempt was in the State of Utah. HHS, Health and Human Services, a Federal agency, has also approved an unprecedented authority for States to deny coverage for people who otherwise would be eligible for Medicaid. This authority undermines Medicaid's guarantee of healthcare coverage to low-income people who meet the eligibility criteria set by Congress.

Earlier this year, Health and Human Services approved a proposal to allow the State of Utah to cap enrollment based solely on State funding decisions. So, in other words, once the number of enrollees reaches the State's funding cap, other eligible people would be shut out of coverage. An arbitrary enrollment cap limits enrollment on a first-come, first-serve basis and would treat similarly situated people very differently, depending on when they apply for coverage, effectively holding low-income people's healthcare coverage hostage—hostage to State lawmakers' annual budget decisions on how many people should get coverage. So this is another way to limit Medicaid coverage.

Now, Health and Human Services is reportedly working on a block grant guidance for States that could give States the latitude to cut coverage of services or provide payments in ways not allowed under Federal law.

So here are just a couple of examples of what the administration is doing that I would argue is sabotage: cutting Medicaid by providing waivers that have not been provided before to the States. I don't think coverage of Medicaid should be determined by a purely budgetary decision at the State level. States have to balance their budget. They have constraints. The Federal Government should ensure that anyone who is eligible for Medicaid should receive it. There are those who say: Well, if you go down that path, the Federal Government will not be able to afford it.

I have heard words used on this floor and other places around the Capitol that the cost of Medicaid is "unsustainable." That is the word that is used over and over—unsustainable.

I wonder if the same people, the same Members of Congress, use the word "unsustainable" for corporate tax cuts that went into effect starting in late 2017, where there was a corporate tax reduction voted on in the Senate where that reduction went from a 35-percent rate down to a 21-percent rate. The original idea was to go from 35 to 20, and it ended up at 21. So that is a 14-point reduction in the corporate tax rate. We were told, if we did that, if we all agreed to do that—I did not agree with it—but if we were to agree to do that and the bill went through and became law, which it did, that somehow wages would be increased for workers across the board. In fact, the White House, at that time, promised that wages would go up \$4,000 per worker—\$4,000. I haven't had a steady stream of workers coming to my office saying they got a \$4,000 wage increase because of the December 2017 tax bill. In fact, they are telling me the opposite. Many of them are paying more than they were before that tax bill.

I make that point and relate it to Medicaid very simply because the same folks who talked about and have advocated for and even voted repeatedly to cut Medicaid are the same folks who often supported a corporate tax cut that cost over a trillion dollars and was not paid for. Then the same people say: Oh, my goodness. We have a trillion-plus hole in the budget so we have to go and cut Medicaid or Medicare. So what results now is a little more than a year later—a year and a half later, after the tax bill passed, what do we have? We have the administration coming forward saying: We have to cut Medicaid by a trillion and a half over the next 10 years and Medicare by over \$845 billion over the next 10 years. That is the tradeoff: cut Medicaid and Medicare, in essence, to pay for a corporate tax cut.

Remember, every point they reduce that corporate tax cut—when they

went from 35 to 34, the cost of that is \$100 billion over 10 years. Then, when it went from 34 to 33, another \$100 billion is implicated in that cut, and you can see the reduction. For every point of the corporate tax cut, it will cost the Nation, over 10 years, \$100 billion.

So when folks start talking about the cost of Medicaid being unsustainable, I just think that is a camouflage for what they really want to do, which is to cut Medicaid and reduce those who are eligible.

I am going to try, with everything I have, to prevent them from doing that because last time I checked, Medicaid was a program about us. It is an "us" program, not a program for someone over there—someone who is distant from us. Medicaid, as we found out most recently in the debates about healthcare, is a program about us, about who we are. It is about babies being born. It is about kids with disabilities. It is about children who live in families who are very low income. The families are thereby eligible for Medicaid, and that child not only has coverage but has the kind of early preventive healthcare we would hope every child has.

And Medicaid is also about the members of our family who are senior citizens trying to get skilled care.

So we are going to have a long discussion today, at least for the better part of an hour, about Medicaid, and I am grateful that colleagues of mine are willing to come to the floor and talk about this critically important program and what is at stake for our families.

Mr. BROWN. I want to join my friend Senator CASEY today to talk about the importance of Medicaid. I want to echo his comments and Senator WYDEN's comments, particularly given the attacks from the White House and State legislatures and, frankly, too many in this body.

I am still incredulous when I think about what happened in this body and has happened many times. In my State, 900,000 people have insurance because of the Affordable Care Act. The expansion of Medicaid meant hundreds of thousands of families can rest easier knowing they will have health insurance when they need it.

I have sat in this body a number of times and watched my colleagues—mostly on that said of the aisle, well-dressed, well-paid, health insurance paid for by taxpayers—who are willing to cast a vote to take insurance away from hundreds of thousands in their States. Again, these are elected officials who have taken an oath of office, who have insurance paid for by taxpayers, and they are willing to take insurance away from others.

I will illustrate with one story. Fourteen people in Ohio die every day from an overdose—more than any State in the country. I know it is a serious problem in Montana and a serious problem all over the country but more in Ohio than most places. Our State

legislature wants to make it harder for Ohioans to get that care and so does President Trump. President Trump continues to try to take insurance away.

These aren't people sitting at home. Most of these people under Medicaid expansion were workers making \$10, \$12, and \$15 an hour, working every bit as hard as Senators do, but they don't have jobs that provide insurance so they depended on the expansion of Medicaid. These are people working hard.

This President wants to take their insurance from them. Senator MCCONNELL, down the hall, wants to take their insurance from them. They cast votes. This isn't hyperbole or me making this up.

Let me tell you a story real quick. One of the best treatment centers in Ohio is called Talbert House. I was at Talbert House one day in Cincinnati. I sat with a man and his daughter. He turned to me, put his hand on his daughter's arm, and said: Without Medicaid, my daughter would be dead. How dare Members of this body—elected officials who are supposed to represent the public interest—take away insurance from people like his daughter. Every day I just can't believe it.

Mr. CASEY. Mr. President, I will at this time yield the floor to my distinguished colleague from the State of Washington, Senator MURRAY. We are honored by her presence here on the floor. I will come back a little later.

The PRESIDING OFFICER (Mr. CRAMER). The Senator from Washington.

Mrs. MURRAY. Mr. President, I want to thank my colleague for starting this really important discussion that all of us should be very well aware of, and I appreciate his leadership.

People across this country have been absolutely clear. They want us to fight for families who are struggling with high healthcare costs and help to make sure that everyone in our country can get quality affordable care. But while Democrats have been coming forward with solutions and calling on Republicans to come to the table to address the healthcare sabotage they have helped President Trump accomplish, instead, they have been repeatedly on the other side, refusing to fight the fire and having only just shown real interest in fanning the flames.

There are so many glaring examples about how President Trump has worked to sabotage families' healthcare. We are here today to focus on just one—the tireless efforts to undermine Medicaid.

It is a program that helps people across the country get affordable, quality healthcare. State after State has now worked to expand Medicaid in recent years, and time after time, we have all seen the benefits of those efforts. Data shows us that Medicaid has helped reduce racial disparities in healthcare. It has helped us increase

access to treatment for opioid use disorder. It is a critical need as our country confronts a nationwide epidemic. It has helped to improve maternal and infant health, another area where we desperately need to make progress.

Medicaid expansion has helped tens of millions of people get quality, affordable healthcare. That is exactly why States that expanded Medicaid have seen their uninsured rates drop more than those that did not.

Yet some Republicans have tried every trick in the book to try to undermine that progress. Back when Republicans were first calling for their harmful TrumpCare plan, they made clear that they wanted to put Medicaid on the chopping block in a very big way—not only rolling back Medicaid expansion but proposing deep cuts for moms and kids and people with disabilities and seniors who need those long-term services and support. Even after people across the country spoke up and pushed back and defeated that backward proposal, Republicans have still tried to take away care from millions of families across the country who rely on Medicaid.

President Trump has called for enormous cuts to Medicaid in his budget proposals. He has pushed for burdensome paperwork requirements that serve no real purpose except to put up barriers that make it harder for people to get the care they need and easier for him to take their care away.

Here in Congress, Republican leadership made clear that their preferred way to pay for the expensive tax breaks they gave to corporations and the wealthy was to cut programs like Medicaid that gave healthcare to those who struggle and are in need.

Even as President Trump and Republicans fight against the wishes of people across the country for these backward proposals, they are fighting to dismantle Medicaid in court as well.

If President Trump gets his way in his blatantly partisan lawsuits, not only will protections for people with preexisting conditions be struck down, not only will young adults be dropped from parents' plans, not only will essential health benefits that ensure coverage and that include prescription drug coverage and maternity care and more go away, not only will lifetime annual caps on coverage return—even for people who are insured through their employer, by the way—but if President Trump has his way in court, Medicaid expansion also will be struck down and tens of millions of families in this country will have the care that they rely on today taken away.

That is wrong, and Democrats are not going to stand for it. We are going to be here to defend patients' care and look to expand coverage and improve quality for families.

I am really proud that my home State of Washington is leading the way. In my home State, instead of taking Medicaid away from people, we are taking on even more challenges

through the program. Our State is showing how Medicaid can help to provide people with long-term care benefits in their home, and how it can help address employment challenges and housing needs and other social determinants of health that improve the health of our entire communities.

In short, we are showing how Medicaid can do more, while many Republicans here in the Nation's Capital are trying to get it so it does less.

Enough is enough. It is time for Republicans to stop sabotaging our families' care, stop trying to take coverage away from families and make it more expensive and out of reach, stop trying to undermine Medicaid and the lives of the millions of people who rely on it and start working with Democrats to fight for patients and for families.

If Republicans want to keep sitting by and cheering on the harmful healthcare sabotage proposals, they are going to keep seeing families and patients and Democrats standing up to hold them accountable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President I want to thank my colleague from the State of Washington for outlining the challenges presented now to Medicaid in terms of efforts by Republicans, which I have described with three words: decimate, slash, and sabotage. I think all three are an accurate description of what they have tried to do.

But I am also grateful that Senator MURRAY was highlighting some of the great benefits of the program in her initial remarks on the floor.

We just had a report yesterday from a great organization called Protect Our Care. I will not read the entire report, but I was struck by a few findings that they summarized in that report, quoting from various studies about the impact of Medicaid. Here are just a few. A number of these findings relate to Medicaid expansion, which was the expansion of Medicaid that became law when the Affordable Care Act was passed back in 2010, but it is only now, years after Medicaid expansion has gone into effect, that the impact is being felt in a very positive way.

For just a couple of highlights here on Medicaid expansion, for example, expansion was associated with lower rates of maternal mortality. In this case, the research was done by the Georgetown University Center for Children and Families. The research also found that States that had expanded Medicaid experienced 1.6 fewer maternal deaths per 100,000 women than States that refused to expand Medicaid.

As folks might remember, the law allowed States to expand Medicaid, but a number of States had not taken advantage of that. There is a clear advantage for States that expanded on this indicator for maternal mortality.

A second finding, in addition to reducing maternal mortality, is that

Medicaid expansion has also been associated with a significant reduction in infant mortality.

A study published in the American Journal of Public Health in April of 2018 found that the decline in infant mortality was more than 50 percent greater in States that expanded Medicaid, compared to those that did not. So there is a second finding on infant mortality.

Beyond improving health surrounding childbirth, Medicaid expansion improves access to family planning. A University of Michigan study found that one-third of women enrolled in the State of Michigan's expanded Medicaid Program reported that their coverage improved access to birth control and family planning services.

Michelle Moniz, a doctor, the study's lead author, concluded that her team's findings "suggest that the expansion provided an important service for populations with a high unmet need for family planning care."

So there are just three examples and three different studies, with one validating the benefit of Medicaid expansion to reduce maternal mortality. So fewer pregnant mothers are dying, in the case of one study, because of Medicaid expansion.

The second study is talking about reducing infant mortality because of Medicaid expansion, and the third says that, because of Medicaid expansion, there is improving access to family planning.

So those are just three examples in three different studies about the benefit of Medicaid expansion.

Unfortunately—and it is important to put this on the record—when you see the Republican bills to repeal the Affordable Care Act, every one of them seems to have one thing in common: They don't simply talk about limiting Medicaid expansion. They don't just talk about cutting it back. A number of these proposals that we have debated here—and I guess we only had a vote in the Senate on one—they all have in common that they want to eliminate Medicaid expansion—not just cut it but eliminate it.

Somehow, for some reason, and I will never understand this, my Republican colleagues want to get rid of Medicaid expansion. They seem to think it was a bad thing, that it was a bad result for the American people that Medicaid expansion became law and States were able to take advantage of it, increasing the number of people covered by something on the order, at last count, of 12 million people.

Why is it a bad thing that 12 million people got healthcare? I will never be able to understand that, as long as I live. Why is it wrong, why is it bad that 12 million more people got healthcare through Medicaid expansion?

Is it also then, by extension, a bad thing to reduce maternal mortality? Is that a bad thing as well? Is that a bad result? Is it also a bad result of Medicaid expansion that we were able to

show in States that expanded Medicaid that infant mortality goes down? Is that a bad result? Is it a bad result in States that expanded Medicaid, as opposed to States that did not, that in addition to the reduction in maternal mortality and infant mortality, that there was access to family planning? Is that a bad thing as well?

I don't think many Americans would reach that conclusion. They would argue, I think, just upon the coverage question, that 12 million people or more getting healthcare is an advancement—that we are all better off when 12 million get healthcare coverage.

There seems to be a prevailing point of view here among some that if the guy next to you gets healthcare, somehow that diminishes you. That is contrary to all the evidence, contrary to all the studies about coverage. But in the case of Medicaid expansion, it is not simply that 12 million more Americans got coverage, but now there is empirical data and empirical results that tell us that maternal mortality is likely to go down and infant mortality is likely to go down. That is a good result.

That is why, when people talk about cutting Medicaid by a trillion and a half over the next 10 years, or eliminating Medicaid expansion, they have some explaining to do.

Now, maybe if they have a study showing that in States that did not expand Medicaid they have a strategy to get infant mortality numbers down and maternal mortality numbers down, let's hear the competing argument. I haven't heard that, though. I am still waiting for it.

Here is another good result of Medicaid expansion. It has also proven to be a potent tool for reducing—this is according to the Protect Our Care report from yesterday. Again, I am still quoting from it. Medicaid expansion has proven to be a potent tool for reducing racial disparities in healthcare. Black babies are twice as likely, according to this report, as White babies to be born at low birth weight, and are 1.5 times as likely to be born prematurely.

One study published in the *Journal of the American Medical Association* in April 2019 found that when considering low birthweight babies and preterm birth outcomes overall, Medicaid expansion was associated with significant improvements in relative disparities for Black infants compared with White infants in States that expanded Medicaid versus those that did not—significant improvements in relative disparities. That is a good result we know about now—not a theory, a good result from Medicaid expansion.

I will give you another one. This is about opioid use disorder. I have no doubt that the problems we have had all across the country—the epidemic of substance use disorder, a subset of that being the problems with opioid addiction—and all of the horror and misery and skyrocketing deaths from that

scourge, that public health emergency—I have no doubt that the concern about that is bipartisan. We have done a lot of bipartisan work here in the Senate to dedicate new dollars—billions and billions of dollars—to help on that. The only problem is, we need many billions more just to meet the treatment needs of those who are already in that awful grip of an opioid addiction.

We have bipartisan concern and bipartisan action. That is good. I want to acknowledge that. But here is the problem: When it comes to Medicaid expansion's role, there seems to be a little disconnect between and among Members of the Senate on that.

Here is what Protect Our Care tells us: Multiple studies suggest that Medicaid expansion plays a crucial role in improving access to treatment for opioid use disorder.

A February 2018 Center on Budget and Policy Priorities analysis of data from the Federal Agency for Healthcare Research and Quality found that Medicaid expansion dramatically reduced—I will say it again—dramatically reduced the share of opioid-related hospitalizations in which patients were uninsured, so making sure that more people in the grip of that addiction who present themselves for help actually have insurance coverage.

Here is a quotation from the Center on Budget and Policy Priorities study: “The share of hospitalizations in which the patient was uninsured fell dramatically in states that expanded Medicaid: from 13.4 percent in 2013 (the year before expansion took effect) to just 2.9 percent two years later.” So it went from roughly 13 percent down to basically just 3 percent. So that is another result.

I have to ask the question again. Why is it a bad thing that roughly 12 million people got health insurance through Medicaid expansion? Why is it a bad thing that Medicaid expansion now has a demonstrated track record on reducing infant mortality and maternal mortality and helping begin to bridge a racial disparity between a child who happens to be an African American child versus a child who is not? Why is that a bad thing?

Why would you propose, with that track record—and I am only mentioning a few—why would you propose eliminating the program? That seems to be the prevailing point of view in virtually every healthcare bill that is offered on this side of the aisle—to take Medicaid expansion and eliminate it over time. Why would you do that?

I could understand better the argument where they said: Well, look, we have a new idea. We have an idea that will reduce infant mortality, maternal mortality, bridge some of those racial gaps, and cover 12 million people with a new program, a new approach. I would listen a little then and maybe consider their ideas. But when you call for the elimination over and over again of a program with that track record in

just a couple of years—and this isn't longitudinal data over decades; we know right away the benefits of more people getting coverage, more children getting treatment, and people in the grip of an opioid addiction having insurance and therefore having coverage.

In Pennsylvania, there are tens of thousands of people—not thousands, tens of thousands—who are getting treatment for an opioid or substance use disorder condition solely because they happen to live in a State that expanded Medicaid. If they lived in a State that didn't expand it, they would be pretty much on their own when it comes to getting treatment or services for that kind of an addiction.

I really have trouble understanding what my colleagues have presented. If you want to introduce a bill to change healthcare, I think it is incumbent upon you to have an alternative, have a better way of covering as many people, have coverage that is affordable, and have a strategy that will accomplish what we have already accomplished through the Affordable Care Act. That number is even bigger. It is the Medicaid expansion number plus folks who get their coverage through the exchanges. That number is above 20 million.

So if you have a better proposal, you ought to present it. But they haven't. That is unfortunate because now we are facing the prospect of not just proposals that could pass and be signed into law by this President that would destroy the opportunity for 20 million people to have healthcare, but a big share of that would be cutting Medicaid expansion.

The other part that is a direct threat to Medicaid itself is the lawsuit making its way through a Federal court. I have heard a number of my colleagues say: Oh, no, we want to preserve protections for preexisting conditions. We want to preserve most of Medicaid. We want to cut the costs, and we want to preserve it.

Well, if you have those goals, if you say you are really for having all those consumer protections from the Affordable Care Act, and if you really care about seniors getting into nursing homes because of Medicaid and you care and you want to preserve that, and you care about kids with disabilities who have their healthcare through Medicaid and you want to preserve their healthcare, and you want to preserve healthcare for kids from low-income families through Medicaid—if you believe all that, you have to oppose the lawsuit. You can't make the argument that you care about those Americans and you care about healthcare and protections and all of that and then say you support the lawsuit. You have to come out against the lawsuit.

Make a statement—you should if you are serious about it, if you are honest about it—or maybe file something with the Federal court, maybe a formal filing to say: Here is why I oppose the

lawsuit. File a brief. Do something. But at least tell the American people the truth. If you are going to be for preserving these kinds of protections, you can't be for the lawsuit. In fact, you would have to be unalterably opposed to the lawsuit if you really care about those kinds of major healthcare issues, including Medicaid.

If you were really concerned about Medicaid and you wanted to preserve most of it and you had ideas about how to change it for the better, you can't support the sabotage by the administration because the effect in a number of these States with these waivers is that people lose their Medicaid coverage—as I said, we now know that in 2018, 18,000 people in Arkansas lost coverage. That will be replicated in other States. Tennessee now is one of the States considering a block-grant proposal. Utah—I mentioned what they are doing—tying Medicaid to the State budget, instead of covering folks who are eligible as opposed to tying coverage and care to how much money is in the State budget.

I think that if you are going to make an argument in favor of Medicaid, you have to oppose the lawsuit and you have to stop the sabotage.

The third thing you can do to be honest about what you say you believe in—and constructive here—is to say we shouldn't cut Medicaid by \$1.5 trillion over the next 10 years, as the administration proposed. Just say you are against what the administration proposed and you don't think we should cut it by \$1.5 trillion. And you should add your opposition to the cuts to Medicare. The administration proposal is to cut Medicare by \$845 billion over 10 years. You should oppose that as well.

If you do that—if you oppose the sabotage, oppose the lawsuit, and oppose the budget cuts—then we can have a conversation about lowering the cost of healthcare, lowering the cost of prescription drugs, and preserving Medicaid as much as humanly possible even when costs go up. It is pretty apparent to me that a lot of Americans rely upon Medicaid.

How about if you represent a State, for example, that has a substantial rural population? I represent the State of Pennsylvania, which has 67 counties, but 48 of them are considered rural. We have a lot of rural communities, a lot of counties where there may not be agriculture in every corner, but there are a lot of small towns and a lot of rural communities, and they tend to be one and the same. These are communities that are faced with several levels of challenges. They often have job loss because a substantial employer has left. They often have infrastructure problems because they have a lot of bridges that are structurally deficient. They have all kinds of other economic challenges that sometimes relate to the markets and agriculture and so many other problems. Many of these communities also have a so-called digital di-

vide—they are living in a county where 40, 50, 60 percent of the people who live in that county don't have access to broadband, high-speed internet.

In addition to all those problems in some rural areas, they also have a problem with healthcare access. The good news here is that there are a lot of kids in rural areas who get their healthcare through—guess what—Medicaid. Big numbers. In some places, the numbers of children covered by Medicaid and the Children's Health Insurance Program are much higher than in urban areas.

In a rural area, if you start cutting Medicaid and eliminating Medicaid expansion, as many around here want to do, you are not only going to hurt a child in an urban community or in a small town, but you are also going to hurt a child in a rural community very badly.

It gets worse from there. If you cut Medicaid, rural hospitals that are already on the brink of failure or bankruptcy or at least downturn in their ability to balance their budgets—a lot of those rural hospitals will fail. We know that. The data is pretty clear on that.

If all of your focus is on a rural area and you think rural children should have the chance for good-quality healthcare, and if you think rural hospitals—sometimes the biggest employers in a community—should remain open, you should really care about Medicaid. You should really be worried about proposals to cut it by \$1.5 trillion over a decade, as the administration proposes. You should be very concerned about proposals to eliminate Medicaid expansion because guess what is another challenge in a lot of these communities—the opioid substance use disorder crisis.

My colleagues are here, and I want to make sure they have an opportunity to weigh in as well. We are privileged to be joined by two colleagues.

I yield the floor to my colleague from the State of Oregon, the senior Senator from the State of Oregon.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before Senator CASEY leaves the floor, I just want to make a couple of remarks, as the senior Democrat on the Finance Committee, a ranking member. I particularly want to praise Senator CASEY for being our go-to person on the whole issue of Medicaid.

Ever since we began to see the substantial cuts in 2017, as Senator CASEY knows, he has been the person we have said is our go-to leader for the most vulnerable Americans who count on Medicaid being there for them.

I want to tell a short story about one of Senator CASEY's many contributions to those who find Medicaid to be just a healthcare lifeline. When the Trump administration began its attack on Medicaid benefits, I had been the director of the Gray Panthers at home before I got involved in public service,

and a lot of folks came to me. They said: Ron, that probably isn't a big deal for seniors because Medicare covers most of those nursing home bills. And I had to say: Gosh, that is really not the case. Medicare really covers only a small fraction of nursing home bills. It covers the bills that are essentially for hospital-like services, and most of nursing home care in America really ends up getting picked up by Medicaid. Something like two out of every three beds in long-term care facilities, which are custodial facilities, end up being funded by Medicaid.

Senator CASEY basically took it upon himself, as part of this effort, to lead the Democrats on the Finance Committee and to lead the Democrats in our caucus to go out and talk about what this really means to the most vulnerable people in America. As my colleagues know, probably 4 or 5 months into this debate with this relentless attack on Medicaid coming week after week after week, most Americans began to understand a little bit about what was on the line for millions of senior citizens.

I thank my colleague because he really began the effort to make the point that growing older in America is really an expensive proposition. Even when you save and you scrimp, you don't go on a vacation, you don't buy the boat, and you don't do the extra, growing older is really an expensive proposition. So if you have a widower on the corner in your neighborhood, and he always mowed his lawn, and he always helped with the sports teams and the like, and now he is getting kind of frail and may need some nursing home care, now we still have a safety net, an essential safety net for those people.

I am going to talk a little bit about some of the challenges of Medicaid. But I would like particularly to begin my remarks—Senator CARDIN has been an advocate in the Finance Committee, as well, on Medicaid—by pointing out that Senator CASEY, really, at the very outset of this discussion, began the effort to make the case that a lot of people weren't aware of, and that is that Medicaid is a safety net for millions of older people.

Here is the story of Medicaid in 2019. For the vulnerable in America, our people want to make sure that there is more access to Medicaid. Unfortunately, on the other side of the aisle, Republicans are taking that very access away. Just for a few minutes, I am going to draw out this contrast because there is quite a difference of opinion between how the majority party in the Trump White House are working against the interests of vulnerable folks across the country.

As I mentioned, 2016 saw the beginning of this all-out attack by Republicans on Medicaid—hundreds of billions of dollars in cuts, proposed caps, block grants, basically an unravelling of the program as we know it today.

Essentially, from Portland, OR, to Portland, ME, people said: No way. We

are not going to support this kind of attack on Medicaid. So in some States, like Utah, they chose the ballot box to actually expand Medicaid under the Affordable Care Act. The voters chose more access to Medicaid, not less. But Republican lawmakers in Utah had decided to deny them their choice. Just think about that one.

I sure hear a lot of talk on the other side of the aisle about States' rights and empowering people at home. This is an example of where voters chose more access to Medicaid, not less. The Republican lawmakers said: Hey, we know better than that. We are not going to give folks that choice. So Utah lawmakers took a hatchet to the plan that voters approved on election day and started carving it out. The only expansion they would allow is a lot smaller than what voters wanted—spending more money to cover fewer people.

Then lawmakers in Utah followed a path cleared in other Republican-controlled States, and that was to punish those who were enrolled in Medicaid with essentially bureaucratic water torture, with such a barrage of paperwork that it was almost impossible to penetrate what was really necessary to get through the program. This has been seen in Arkansas, Kentucky, and elsewhere.

All of this, of course, is not couched in the bureaucratic maze of redtape it actually is. The discussion is always: Well, this is just about work. That is just not true. It is about getting people kicked off their healthcare.

When you talk about Medicaid patients, you are talking about people who are working and people who want to work. What we are up against are a host of Republican schemes that are basically putting stacks of paperwork between those who need healthcare and their doctors.

These are busy working people with kids to raise, older parents to care for, and bills to pay. Yet lawmakers are trying to force them to fill out stacks and stacks of paperwork just to make sure that somebody can actually find their way through the maze and see a doctor.

If you look at what happened in Arkansas in 2018, you get a sense of how destructive these bureaucratic schemes are to people's healthcare. There were 18,000 people who lost their Medicaid coverage—18,000 people. Trump officials swore up and down that those paperwork requirements wouldn't hurt anybody, but as we saw when the Secretary of Health and Human Services came before the Finance Committee earlier this year, they shrugged when you asked why so many people lost their coverage in Arkansas after the paperwork requirements were put in place.

A Federal judge even weighed in, blocking all of this paperwork, while the Trump administration continued to push the States to take them up. The schemes spread to States across the country, and it was not just paperwork.

With the Trump administration's blessing, Tennessee is the first State trying to turn its Medicaid Program into a block grant. This basically takes a sledgehammer to Medicaid as we know it now. Medicaid block grants mean putting nursing home care—which I just outlined earlier in discussing Senator CASEY's important role here—at risk for millions of seniors. You risk children and people with disabilities having to be cut off from their healthcare. But block-granting Medicaid is one of the top goals for Republicans in the Trump administration.

Finally, Trump administration budget slashers are trying a new, additional scheme that is going to hurt so many people across the country. In this particular area, they basically are trying to bring some mathematical sleight of hand so they can change key economic measures in ways that boot vulnerable people off Medicaid and off food stamps.

What they are doing here—again, this is all shrouded in language that just sounds eminently reasonable—is basically talking about where the poverty line ought to be, and then they want to find an artificial way to push the poverty line down without doing anything to lift people out of economic hardship. So you are talking about parents who work long, hard hours and still struggle to make ends meet, people who are trying to find affordable housing, who have practically given up the idea of being able to save for retirement, and who are still trying to pay college tuition. What does the Trump administration say? These people just have life too easy.

The impact of this change would be enormous. Three hundred thousand children could lose comprehensive health coverage, and a quarter million adults could lose their coverage.

Colleagues, this is the Medicaid agenda for Senate Republicans and the Trump administration: Let's go out there and look under every possible rock to find a scheme to restrict access to Medicaid. That is the agenda. Find a way to cut the funding, to deny expansion after the voters approved it.

We now have two members of the Finance Committee with a long, long history of advocating for vulnerable people facing health challenges, so I am going to close and just say this: Ever since I was director of the senior citizens—the Gray Panthers—I always said that the single most important issue in America is healthcare. Whether it is North Dakota or Michigan or Maryland, if you and your loved ones don't have your health, everything else pretty much goes by the board. Somehow that message has not gotten through to the majority here in the Senate because under this majority and under the Trump administration's healthcare agenda, they are buying into a completely different set of principles. They are willing to set millions of Americans back with respect to their

healthcare needs. On this side of the aisle, we are going to keep fighting to protect Medicaid.

As I indicated, our next two speakers have a long track record of advocating for the vulnerable. I am just going to make a unanimous consent request. Senator CARDIN has been very patient with respect to waiting to speak.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I thank Senator WYDEN for his extraordinary leadership on the Senate Finance Committee as our ranking Democratic member, who recognizes the importance of healthcare. To Senator CASEY, who has been our companion in regard to Medicaid, in regard to children, and in regard to the basic importance of healthcare as a matter of right, to Senator STABENOW, who has really led our efforts on behavioral health, incredible efforts that have been made to provide community services, particularly to those who are most vulnerable, we recognize the importance of moving forward and advancing healthcare for all Americans. That is why we are taking this time to express our real concern about President Trump's proposal, his budget proposals, which would cut Medicaid by \$1.5 trillion, the effort to repeal the Medicaid expansion that we saw under the Affordable Care Act, the thought of turning Medicaid at the Federal level into a block grant, capping our participation and putting the burdens on our States.

It is a direct attack on vulnerable Americans, jeopardizing their access to healthcare. There are 70 million Americans that depend on Medicaid. There are 1.2 million Americans who are veterans and who are women, children, and seniors.

In Maryland, almost half of our Medicaid population are children. For seniors, one out of every five Medicare-eligible beneficiaries also needs Medicaid. They are dual eligible. And 60 percent of the adult Medicaid enrollees are workers, and 70 percent are from communities of color.

Medicaid expansion has made a big difference in access to healthcare. It has reduced health inequalities. The uninsured rate in the State of Maryland has dropped from 10.2 percent to 6.6 percent. That is important not just for the individuals who now have health coverage. It stops the cost shifting and the distortions in our healthcare system with people who do not have health insurance.

If we were to eliminate Medicaid expansion, 289,000 Marylanders would lose their coverage—the essential health coverage that it provides for our children in the early periodic screening and diagnostic treatment so that we can help children live healthier lives through correction of healthcare problems and prevention of more serious healthcare issues.

As Senator WYDEN pointed out, in long-term care, three out of five of our

residents in nursing-type, long-term care facilities are Medicaid payments. It would be devastating with that type of cut on their long-term care needs.

We made major advancements in Medicaid on covering behavioral health and addiction. One out of every three individuals who are part of Medicaid expansion have a behavioral health issue. The opioid crisis is well known to all of us. We know that part of the solution is getting people help and treatment through Medicaid expansion and the Medicaid Program providing that safety net to millions of Americans.

The expansion of dental services is something I have been engaged in ever since the tragedy in 2007 in my State, when a youngster died from lack of access to dental care, Deamonte Driver. Medicaid is a lifeline for dental services.

So in the United States of America, the wealthiest Nation in the world, healthcare should be a right, not a privilege. We made progress in the Affordable Care Act. Let us build on that success but not move in the wrong direction. Rather than cutting Medicaid, we should be looking at ways to work together to improve coverage and affordability. Rather than eliminating the Medicaid expansion, we should be looking at additional ways to cover those who have no health coverage or inadequate health coverage. Rather than limiting the Federal program as part of Medicaid for our States, we should be looking at ways to strengthen the Federal-State partnership so that we work together so that every American has access to affordable, quality care.

I urge my colleagues that that should be our goal. Let's work together. Again, I thank Senator CASEY for bringing us here today under this issue.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I was looking to my colleagues because I think we all understand and are trying to accommodate each other's schedules and have the opportunity to speak on the floor. So I appreciate the opportunity to say a few words. I first thank Senator CASEY for organizing this very important discussion on the floor, and Senator CARDIN and Senator WYDEN for their passion, and I want to join them in speaking out about protecting Medicaid.

We are talking about people, the majority in nursing homes. We have three out of five seniors in Michigan who have nursing home care and get that through Medicaid, which is critically important, as well as children and families. So I want to lend my support to them, and then I wish to expand the talk about another very important piece of healthcare and how we bring down costs for people.

I have always believed that healthcare is a basic human right and everyone should be able to afford the

medicines they need. We have seniors in nursing homes that are there. We talked about Medicaid. In fact, they are more likely than not going to be involved in needing prescription drugs, some kind of medicines, and I am deeply concerned that people are not able to get their medications at a price they can afford to get what they need. Unfortunately, that is certainly happening in Michigan right now.

As we know, over the past decade or so, the costs of medications have really skyrocketed. It is actually shocking to see the numbers going up. Between 2008 and 2016, prices on the most popular brand-name drugs have gone up over 208 percent. I know that in Michigan most people's salaries haven't gone up 208 percent. And if someone is living on a pension or Social Security, that certainly hasn't gone up 208 percent.

So these are huge increases. And according to AARP, the average price of brand-name drugs that seniors often take rose at four times the rate of inflation just in 2017—four times the rate of inflation. So even if you are getting a small little increase, an inflationary increase in your salary or in a pension, your medicines could have gone up four times higher.

I hear from seniors all over Michigan about what a struggle this is. I know we all hear this. Some people are forced to cut back on other necessities, like groceries or paying their bills. Others cut their pills in half or skip doses. You know, this has gone on and on for too long. Some folks stop filling their prescriptions altogether, risking their health.

Suzanne lives in Howell, MI. She takes several medications, including insulin, and she shared her story with me. Unfortunately, for Suzanne, the price for insulin has gone from \$21 a month to \$278 a month to \$410 a month—the same medicine. The same medicine was \$21 a month and now is up to \$410 a month.

Suzanne isn't alone. In fact, insulin prices overall have tripled in the past 15 years, and let me just add that insulin was discovered over 100 years ago by two Canadian doctors who felt they should not be reimbursed for their patent because this discovery was so important for changing people's lives and the quality of their lives. They actually gave the patent to the University of Toronto for three Canadian dollars over 100 years ago, and yet we are now seeing the price triple just in the past 15 years.

This places a real burden on people with diabetes and their families.

Suzanne said this:

I don't even take the amount that I'm supposed to take. . . . We can't put money into our retirement. My husband has to work past [retirement age] because we can't afford to live.

She added:

This is a life or death drug. I have to have this drug to live.

Suzanne doesn't take insulin because she wants to. She takes insulin because

she will die without it. Nobody should be forced to risk their health or their life by cutting back on the medications they need to survive.

Unfortunately, the pricing of prescription drugs in this country is the ultimate example of a rigged system. In 2018, there were 1,451 lobbyists for the pharmaceutical and health product industry. That is almost 15 lobbyists for every Member of the Senate. Their job is to stop competition and keep prices high. Our job is to unrig that system and bring prices down. The No. 1 way we can bring prices down is to let Medicare negotiate.

Currently, Medicare is prohibited, as we know, from harnessing the bargaining power of 43 million seniors in America to bring down prescription drug costs. Why aren't we harnessing the market price through negotiation? That doesn't make any sense.

When Medicare part D became law in 2003, that language was put in there to stop negotiation. It didn't make sense in 2003, and it doesn't make sense today.

We know negotiation can work because it works for the VA, or the Veterans' Administration. The Veterans' Administration negotiates prices, and they save about 40 percent compared to Medicare. In fact, according to a recent AARP analysis, Medicare could have saved \$14.4 billion on just 50 drugs—\$14.4 billion on just 50 drugs—if they had had the same prices as the VA, and this was in 2016—\$14.4 billion.

In 2016, Medicare Part D plans spent \$3 billion on a hepatitis C treatment, HARVONI. Under VA pricing, that cost would have been \$1.7 billion. These are differences that are related to real money coming out of people's pockets when they are trying to just put food on the table and live their lives and be able to survive in many cases.

Medicare Part D plans spent \$1.8 billion on REVLIMID, which treats multiple myeloma, a type of blood cancer. Under VA pricing, Medicare Part D and American taxpayers could have saved more than half a billion dollars. Given the potential for such huge savings, it is no surprise that the American people support allowing Medicare to negotiate drug prices.

I hear it everywhere I go: Why can't Medicare just negotiate and get a better deal—commonsense?

One recent poll showed that 92 percent of voters support allowing Medicare to negotiate with drug companies. Only Republicans in Congress and pharma lobbyists are stopping negotiation from moving forward. We need to change the system and put people before profits. We need to put people before profits.

The best way to do that is to allow Medicare to negotiate with the drug companies. That could make a big difference for people like Jack, who lives in Constantine. Jack was diagnosed with stage IV prostate cancer late last year. His oncologist wanted him to start taking a drug called Zytiga. It

was going to cost an astonishing \$15,000 for the first month.

A generic medication had become available, but after Medicare and supplemental insurance, Jack still would have to pay \$3,400 the first month and more than \$400 each month after that.

In his letter to me, Jack wrote this:

I just retired in June, moving back to Michigan to be closer to my family, and this cost . . . is an extreme hardship.

He added:

Getting pharmaceutical companies to reduce their price so an average retiree can afford to use them would be a great place to start. I hope and pray you and your colleagues on both sides of the aisle would be able to get something done so people who need the medication that they need to thrive and survive are able to get it.

Jack is right. He and Suzanne and other people like them across Michigan and across the country deserve better than what is happening right now. I could go on, and I will not, through price after price after price. The reality is prices are too high. We pay the highest prices in the world. Every other country gets involved in negotiating prices on behalf of their citizens.

The drug companies told me at a hearing that they make a profit in every other country but they make more here. They charge more here. Why? Because they can.

So it is time for us to work together to allow Medicare to negotiate drug prices and put people before profits.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mrs. CAPITO. Mr. President, I stood before this body on December 11, exactly 6 months ago, to discuss what I called then “an escalating crisis on our southwest border.” Well, 6 months later, I don’t think this is a subject for debate anymore. Not only is this a crisis, but it is one that has escalated and continues to do so. Congress must take action or I feel it will come to deeply regret our inaction.

When I called it a crisis in December, 50,000 migrants had been apprehended crossing our southwest border during the previous month of November. It is now June, 6 months later, and we are looking at the numbers for May that approach over 133,000 apprehensions—the highest 1-month total in 13 years.

In 6 short months, the numbers of encounters on the border have increased by more than 156 percent. Over the past 12 months, the number has increased by more than 229 percent. Those are staggering figures.

To put this in context for my fellow West Virginians, in the month of May alone, the Border Patrol apprehended a population that is larger than our capital city, Charleston; Huntington, WV, our neighbor; and Morgantown, WV, combined—three of our largest cities in 1 month.

As I said standing at this desk in December, the flow of people across the border is not only larger but is also changing. Twenty years ago, the vast

majority of those crossing our border illegally were adult men from Mexico. In fact, in fiscal year 2000, 98 percent of those people caught at our border were Mexicans. Under U.S. law, migrants from Mexico can be immediately returned to Mexico by the Border Patrol, but today we are seeing families and not just adults.

Last month, of the over 133,000 people, nearly 64 percent of those who crossed our borders did that as a family unit, and the vast majority of them are from other places than Mexico. They are Guatemalan, Salvadoran, and Honduran. Of the more than 84,000 members of family units apprehended by Border Patrol last month, only 547, less than 1 percent, were from Mexico.

So unlike folks from Mexico, these folks who are coming cannot be sent home immediately under U.S. law. They remain in our country often for months or years as their cases work their way through the system.

To summarize, today we have significantly more people crossing our southern border, and because of who they are, whom they are traveling with, and where they are traveling from, each of these individuals causes us to have a more significant strain on our system. Our system makes it advantageous for migrants from places other than Mexico to cross the border with children. So more people than ever are making absolutely sure they are accompanied by a child on their long and often very dangerous journey from those places through Mexico.

All of these factors I have discussed have completely overwhelmed our system. Everybody in this Chamber ought to believe that and know it is true. Conditions at Border Patrol stations that were never intended to be used as migrant shelters are stunning. These facilities are bursting at the seams, and our Border Patrol agents are spending more time caring for these migrants than they are patrolling our border, which is their core function. At any given time these days, somewhere close to 20,000 individuals are being housed in Customs and Border Protection facilities not at all conducive to extended stays. In other words, these facilities were not meant for long stays.

People are upset. It is unsettling seeing pictures of people sleeping on concrete floors under Mylar blankets. I have been to these facilities and, yes, it is heartbreaking to see, but when drug lords are dropping off busloads of migrants in secluded parts of our southwest border, where there is virtually no infrastructure, there is not much to be done to improve the situation, unless we provide the resources to deal with this crisis.

So what is happening? In the last 5½ months, more than 22,000 family units that crossed our border illegally have been released into the United States—often without any place to go—and told to come back when their case comes up, which could be years. I am encour-

aged by the President, and I am very supportive of the President’s plan and his administration’s, where they successfully negotiated an agreement with Mexico that will lead to more migrants waiting outside the United States while their asylum claims are being processed. I believe the agreement will improve the situation on the southern border when it is fully implemented.

While we have to work to improve the situation going forward, we have to address the problem we have right here today. I am the chairman of the Appropriations Subcommittee on Homeland Security. I must repeat to this body what I repeated here before, 6 months ago. We do not have a choice. We do not have a choice, but we must get this emergency supplemental done. It is the only choice we have from a humanitarian perspective. It is the only choice we have from a border security perspective.

If we fail, the Department of Homeland Security will be faced with even more difficult choices. It will either have to stop their efforts to improve these horrible conditions on our border or it will have to raid other agencies that are vital to our national security.

I don’t want to see that happen. There was a very robust debate a few months ago about the crisis on our border. Was it real or was it manufactured? I stood here 6 months ago and said it is real and, quite frankly, I don’t hear that topic up for debate much anymore. I think we all know it is real. It is tragic, but we can do something about it.

The New York Times, no less, is now deciding the situation is “a nightmare” and is imploring Congress to stop ignoring this crisis.

It was 103 degrees this past weekend at one of our entry points at McAllen, TX, which is the epicenter of this crisis. We know it is only June, and it is only going to get hotter. I hate to see what the situation will look like this summer if we fail to act.

I will end with this. The men and women of the Department of Homeland Security who work our border and are trying to process this influx of people are doing incredibly tremendous work. It is stressful, it is hard, and in many cases it is not the mission they signed up for when they joined the Department of Homeland Security, but they have stepped up to address a national need, and it is past time that we stepped up for them and for these children and these families in need.

Thank you.

The PRESIDING OFFICER. The Senator from Ohio.

TAX REFORM

Mr. BROWN. Mr. President, there are a lots of things we know about American workers today; that is, that workers understand that they are working harder than ever and have less to show for it. Productivity is up. Stock prices are soaring. Executive compensation has gone through the roof. Profits are up, but wages are largely flat. It is not