

Why was it wrong that millions of people got their healthcare through an expansion of Medicaid? Why would anyone ever doubt that someone next to you who doesn't have coverage, first and foremost, and might have an opioid addiction problem is getting coverage, and because they have insurance coverage, they can get treatment for that terrible scourge our country is going to be dealing with for decades—why is that the wrong thing to do? How would taking that coverage away from someone with an opioid problem advance the interests of the American people? The answer is, it wouldn't. The answer is, it would set back the efforts to deal with a whole host of folks out there who are getting treatment today solely, completely, because of Medicaid expansion.

The last thing I will mention is our rural areas. I represent a State that has 67 counties, and 48 of them are rural. A lot of the rural hospitals in those communities are already teetering on the edge of collapse and have been for years—not just the last several years but for many years.

One of the fastest ways to ensure that more rural hospitals would close and collapse is to cut Medicaid or to take away Medicaid expansion. That has an adverse impact, the likes of which we can't even begin to calculate because folks in rural Pennsylvania will lose coverage if you decimate Medicaid or you take away Medicaid expansion, but that doesn't end there.

A lot of folks in those communities are getting treatment for an addiction issue or something related. They will be adversely impacted; their families will; their communities will, but it doesn't stop there in a rural area.

In a lot of these rural areas in my home State—and it is true all across the country—the biggest employer, or at least the second or third biggest employer, is often a hospital. In my State, there are probably 25 counties where the top employer in those 48 rural counties—about half of them, roughly—the No. 1 and No. 2 employer is a hospital. So cutting Medicaid or eliminating Medicaid expansion or sabotaging the health insurance markets or taking away the coverage of the Af-

fordable Care Act has healthcare consequences, has opioid addiction treatment consequences, and of course has a job consequence as well. If you cut Medicaid in a lot of rural areas, you are going to lose a lot of jobs. It is as simple as that, as devastating as it is.

So we have a long way to go to make progress on healthcare. I hope—I hope—my Republican friends will come together with us and work on lowering the cost of healthcare and lowering the cost of prescription drugs, but they don't seem to be that interested in that. Some are, intermittently, once in a while, but they don't seem to be interested because there is an obsession in the Senate, on the Republican side, with decimating the Medicaid Program, ending Medicaid expansion, and completely wiping out all the gains of the Affordable Care Act.

That would be bad enough, but it is doubly worse or it is doubly insulting, I should say, when there is no plan for replacement. So what if a court of law, what if a Federal court in the Fifth Circuit, in the next couple of months, says the moving party here, the party that wants to declare the Affordable Care Act unconstitutional—declares the moving party is the prevailing party, that they win? Let's say it doesn't go to the Supreme Court, but even if it does, let's say it loses there. What happens then to those 20 million people who got coverage? What happens to the 150 million-plus who have coverage today, protections today, who did not have it before the Affordable Care Act? They were paying their premiums for years, if not decades. They had coverage for years, if not decades. Their children were maybe covered in their employer-sponsored plan, but in many cases—maybe not in every case—they didn't have much protection from preexisting conditions. They didn't have protections against lifetime limits or caps on the treatment you can get in a year or over a lifetime.

We had the bizarre and insulting and degrading experience, where women were discriminated against by the insurance companies because they were women. Being a woman was actually, in a sense, a preexisting condition. That made no sense. Are we going to go

back to those days because a group of attorneys general wanted to change the law, and they couldn't prevail on the Senate floor, or they couldn't prevail over time in the House, or by way of what the administration would do, so they went into court, and they are going to wipe out coverage for tens and tens of millions of Americans? Is that a good thing for America? I don't think so. I think that sends everything in the wrong direction.

Unfortunately, that is not just theory. Some of it is already happening. As I said before, Gallup tells us that 7 million fewer people have healthcare today, or at least as of January, than did two Januarys before that. So we have a long way to go to make progress on healthcare, but we are not going to make much progress around here if we have a continual fight. I hope some will agree to set aside the fight about repeal and lawsuits taking away coverage. Let's work together to lower costs, and let's work together to lower the costs of prescription drugs, in particular, because I have to answer to a lot of families.

One of them is Matt Stefanelli, a young man we just spoke to today talking about his children. Matt's son has type 1 diabetes. We are from the same home county. He is worried not only about his own healthcare, but he is worried about his son's healthcare. We have an answer, and the answer is to respond to families like Matt's.

I yield the floor.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 7:07 p.m., adjourned until Wednesday, July 10, 2019, at 9:30 a.m.

CONFIRMATION

Executive nomination confirmed by the Senate July 9, 2019:

THE JUDICIARY

DANIEL AARON BRESS, OF CALIFORNIA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE NINTH CIRCUIT.