such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 51. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO CONTINUING STATE OPERATED HEALTH INSURANCE EXCHANGES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to allowing State-operated exchanges to continue and maintain advance premium tax credits and cost-sharing reductions at current levels for eligible individuals in those States by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 52. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND VULNERABLE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to protecting the elderly and vulnerable, including programs that provide loans, loan repayment, scholarships, or training, including the National Health Service Corps funding established under the Patient Protection and Affordable Care Act (Public Law 111-148); or

(3) otherwise undermine the support for the health care workforce in rural communities as outlined by title V of the Patient Protection Affordable Care Act.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. A affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 54. Mr. FRANKEN (for himself, Ms. HEITTKAMP, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD DRIVE UP HEALTH INSURANCE COMPANY PROFITS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would enable health plans to use less than 80 percent of premium income to pay for claims and quality improvement measures.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

PRIVILEGES OF THE FLOOR

Mr. REED. Mr. President, I ask unanimous consent that Michael Martin and Jeremy Gelman, fellows in my office, be granted privileges of the floor for the remainder of this session of Congress.

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

ORDERS FOR TUESDAY, JANUARY 10, 2017

Mr. DAINES. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Tuesday, January 10, 2017; that the prayer, the pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of S. Con. Res. 3.

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

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

Mr. DAINES. Mr. President, I ask unanimous consent that the Senate resume consideration of S. Con. Res. 3.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. DAINES. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent
that it stand adjourned under the previous order, following the remarks from my Democratic colleagues.

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

The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

I just want to follow up on the statements made by the Senator from Connecticut, Mr. BLUMENTHAL, and the Senator from Hawaii, Mr. SCHATZ. They have laid in the eye-watering detail the problems that the Republicans are creating by their attempt to repeal the Affordable Care Act. What Senator SCHATZ and Senator BLUMENTHAL did just get to the heart of this matter.

What the United States did for 100 years was to not run a health care system but to run a sick care system—a system that spent 97 cents on what happens after people got sick and only 3 cents on trying to prevent people from getting sick. For the first time in American history, that changed in the Affordable Care Act.

What President Obama did, what America did was to create a Prevention and Health Fund, and that fund in the Affordable Care Act is spent on prevention programs. It is spent on looking at people who could get asthma, diabetes, heart disease, obesity, high blood pressure, stroke, or die from too much smoking and just say for the first time comprehensively that the United States was going to put programs in place that would prevent people from getting the diseases that every preceding generation of Americans have suffered from. That is what the prevention fund is all about.

That is what the Republicans are going to repeal, take off the books—this fundamental change to the direction toward prevention, toward wellness that all Americans of all generations want to see in books.

In Massachusetts, if you are in New Bedford or Fall River or if you are in Springfield, those programs target racial minorities, they target low-income families, they target seniors who would otherwise be vulnerable to diseases that these programs can help to prevent. That money is just going to be sliced out of the Federal budget. What will be the consequences? Well, quite clearly, it will cost America a lot more money.

For example, my father died from lung cancer, smoking two packs of Camels a day. How many other fathers, mothers, sisters, and brothers die from a totally preventable disease? Well, ladies and gentlemen, this prevention fund put into place the kind of funding on a consistent basis not just for antimoking programs but for all programs across the book.

I will give you a good example. Back in the 1960s, no women, for the most part, died from lung cancer in the United States. But in the 1950s and 1960s, the tobacco industry hired the smartest PR person in America. This campaign basically said: “You’ve come a long way, baby.” You have an equal right to get cancer, as your husband, boyfriend, father, or brother has, and 20 years later, unbelievably, women began to die in the United States from lung cancer at a rate that was higher than the number of women who were dying from breast cancer.

Now that is a public relations success of the first and highest magnitude. We didn’t have programs in place. We didn’t have a warning system to say to women, to say to kids: This is dangerous to your health. What did we see? We saw just about every family in America with somebody who died from lung cancer—pretty much every family—and it was totally preventable.

Well, inside of the Affordable Care Act we have this huge, great, innovative breakthrough—a health and prevention program that could be used in every city, every town, and every State across the whole country, targeting the most vulnerable, the most likely to be targeted, the ones most likely to be engaging in dangerous behaviors that are otherwise preventable. We have cured most of the diseases that our grandparents died from. The diseases that people die from today are the diseases that they give to themselves. They are behavioral choices. They are environmental situations into which they are placed that then result in them, unfortunately, contracting the chronic diseases that wind up first harming them and ultimately killing them.

What is a good example? Well, a good example is opioids. Opioids are now a killer of a magnitude that is almost incomprehensible. In Massachusetts, 2,000 people died in 2016 from opioid overdoses. Now, we are only 2 percent of the population of the United States of America. If you multiply that by 50, it is 100,000 people dying from opioid overdoses if they die at the same rate as the people who are dying in Massachusetts—100,000 a year, two Vietnam wars of deaths every single year from opioid overdoses. If ever there was a preventable disease, if ever there was something that was completely and totally subject to having programs put in place that could help people avoid ever getting into that addiction situation—or, once they did, giving them the program money which they need—then opioid addiction is it.

Well, what the Republicans are doing here is just wiping it out. They are taking off the fund. Moreover, just for the sake of understanding how incredible everything they are considering is going to be in terms of prevention of opioid disease, Medicaid right now pays $1 out of every $5 for substance use disorder treatment in the United States of America. In other words, without these prevention funds, without Medicaid funding, the only choice for these families is either getting help or getting buried. That is the bottom line. What the Republicans are doing is just wiping out the help.

So the option is going to be not just 2,000 in Massachusetts multiplied by 50,000, 100,000 deaths a year, we are just going to see this number skyrocket because without public health, without prevention programs, this is an inexorability, it is an inevitability. This is the future. This is just a repetition of everything America did for the previous 100 years in the Affordable Care Act on the books. It doesn’t make any difference whether you come from Connecticut or Hawaii, from Virginia or Michigan, from Massachusetts or from any other State in the Union, there are diseases to opioid overdose, tobacco deaths, obesity, all of these preventable diseases. It is all coming as a preview of coming attractions to families all across the country. Here it is. This is what the Republicans are promising you: your family, once again, exposed.

Listen to this number. When the Affordable Care Act gets repealed by the Republicans, if they are successful—listen to this number: 1.6 million people with substance use disability who right now are covered for substance use disorders will no longer have coverage. Let me say that again: 1.6 million people who have coverage for substance use disorders will no longer be covered. So we have the prevention fund out here, we have the insurance here—both gone.

I say to my colleagues, these Republicans—it is almost unbelievable. If you kick them in the heart, you are going to break their toe. We are talking about the most vulnerable people in our country. We are looking at the children. We are looking at people who have substance abuse disorders. We are looking at people who otherwise would never have smoked a day in their life if prevention programs were in place. We are looking at people who would never have to suffer through a life of obesity because the programs were put in place.

What are they saying? They are saying that we are going to sit down and create a new program. When? Maybe soon. Maybe just around the corner. Maybe next year. Maybe whenever we get to it. What do you say to those families? What do we say to them?

This isn’t just health care; this is also hope. This is also hope for these families who have chronic diseases, these families who have diseases that were otherwise preventable.

What the Republicans are saying is, we are just going to sit down and switch on you. We are going to repeal right now and replace at some point of our choosing in the future, even though we have harbored an ancient animosity toward the creation of a national law that essentially places all American people are supposed to gullibly accept that argument. Well, we know what they have always wanted to do: leave all of these health care programs to Medicare to Medicaid, to Social Security, to death-soaked relics of the program. This is not the program put forward by Franklin Delano Roosevelt, by Lyndon Johnson, by Bill Clinton, by Barack Obama. They have always harbored
that animosity toward those programs. This is just the beginning of an assault upon generations of promises to American families who have been transformed by these programs.

Let us fight hard, I say to my colleagues, to make sure these prevention funds are not taken off the books. It is the transformative way of looking at health care which the Affordable Care Act introduced into our society. I thank my friend Senator BLUMENTHAL for leading us on this charge and Senator SCHACHT.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I rise with my colleagues, and I am thrilled to be here with them, to save our health care and to try to convince our colleagues that a repeal of the Affordable Care Act would be health care malpractice, and because health care is voluntary of the American economy, it would be economic malpractice as well.

What I thought I would do basically is just tell two stories. I am going to tell a story from before the passage of the Affordable Care Act, and I am going to tell a Virginia story since the passage of the act.

I was first elected to statewide office in 2001, and I became the Lieutenant Governor of Virginia. Shortly after, I started to attend, on a fairly regular basis, a most amazing annual event. It is called the Remote Area Medical clinic in Wise County, VA. It is in the heart of Appalachia, in a community on the border of Kentucky where my wife’s family is from. This was an annual medical clinic that was set up by some Catholic nuns who were driving a van around trying to offer medical care to people who didn’t have it, and they decided that health care is a volunteer of the American economy, it would be economic malpractice as well.

What I thought I would do basically is just tell two stories. I am going to tell a story from before the passage of the Affordable Care Act, and I am going to tell a Virginia story since the passage of the act.

The first year I went to this, I was overwhelmed at the magnitude of the philanthropic spirit of the volunteers, and I was also overwhelmed at the depth of the need. Something made it more palpable by walking around the parking lot to see where people had come from. The community that is on the border of Virginia and Kentucky so I wasn’t surprised to see Virginia license plates and Kentucky license plates. It is kind of near West Virginia so I wasn’t surprised to see West Virginia license plates. It is near Tennessee so I saw Tennessee license plates. I saw North Carolina license plates. What struck me as I went through the parking lot was to see license plates from Georgia and license plates from Alabama and license plates from as far away as Oklahoma.

We are the richest Nation on Earth. We are the most compassionate Nation on Earth. Yet, in order to get medical care, people would get in their cars and drive for days, and then camp for days, for the chance to see a doctor or a dentist.

It reminded me that first year, and it reminds me still, of the way health care was delivered in the poor country of Honduras, where I lived as a missionary in 1980 and 1981. There wasn’t really a health care network. Occasionally, missionaries or others would set up a clinic in a mountain community once a year—maybe less than that—and people would gather, and that was the way we were delivering health care in a successful State, in the most compassionate and wealthiest Nation on Earth. It is just not right. It is just not right.

The RAM clinic still goes on. It hasn’t gone away, but I will tell my colleagues what has happened since the passage of the Affordable Care Act. The percentage of Americans without health insurance has dropped from over 16 percent to about 8 percent. It has almost doubled, and the uninsured rate in this country is at its nearly lowest percentage since we have been able to record that number. That means there is less of a need for the RAM clinics because more people can have a medical home and can seek care. That decline has also been significant because in Virginia, we were about 14 percent uninsured in 2010, and that number has now come down to about 9 percent.

So the second story—the story of the RAM clinic, pre-Affordable Care Act, with one in six Americans not having health insurance—we have done a good thing, as a Congress to provide access to dramatically reduce that number.

Let me tell my colleagues a second story. The second story is just about a family, a story in a letter that I received just a few days ago. It is a different aspect of the Affordable Care Act. It is not so much about the reduction in the uninsured, but it is about the peace of mind and security for the majority of Americans who do have health insurance.

Dear Senator Kaine,

As a Senator, you have been charged with an immense task. Your constituents rely on you to work on our behalf to uphold and protect the freedoms we enjoy as Virginians and Americans. We also rely on you to safeguard the legislation that exists to keep our family and so many of our friends and neighbors healthy and safe.

When I graduated from the University of Virginia, I was fortunate to enter a career through which I received excellent benefits. My new plan came at a higher cost than my excellent public-school teachers’ insurance, but it was comprehensive and it allowed my husband and me, and especially our children, access to outstanding health care. Just this past year, who was by then a part-owner in the company, left his position to open his own Financial Advisory firm. It was a move that was made easier because we had been enrolled in a health insurance plan through the Affordable Care Act, which we did in July of 2016. In addition to well checkups, sick visits, prescriptions for antibiotics, and vaccinations, we rely on our health insurance made available through my husband’s company, a small business based out of Richmond, Virginia.

Our new plan came at a higher cost than my excellent public-school teachers’ insurance, but it was comprehensive and it allowed my husband and me, and especially our children, access to outstanding health care. Just this past year, who was by then a part-owner in the company, left his position to open his own Financial Advisory firm. It was a move that was made easier because we had been enrolled in a health insurance plan through the Affordable Care Act, which we did in July of 2016. In addition to well checkups, sick visits, prescriptions for antibiotics, and vaccinations, we rely on our health insurance made available through my husband’s company, a small business based out of Richmond, Virginia.

Our oldest son is “medically complex.” He was diagnosed with multiple and severe food allergies when he was a year old. Though he was initially highly reactive to more than 12 foods, with the help of a vigilant pediatric allergist, multiple blood draws, tens of skin prick tests, and four in-office, hours-long oral food challenges, my son can now safely eat all foods except for nuts, peanuts, milk, and shellfish. Still, we pay a premium for life-saving prescriptions that we hope he’ll never need: Epi-pens. He needs one at school and one that travels with him from home to extracurricular activities. Even after insurance, we pay nearly $1,000 each year for these prescriptions.

In addition to his pediatrician and allergist, we have been to a psychologist for his anxiety and a cardiologist for a detected heart murmur. More recently, after his pediatrician became concerned about his stagnation on his growth chart, my nine-year-old boy has been subjected to more blood draws, weight checks, countless hemoglobin level checks, and a consultation with a gastroenterologist. Next week he will undergo an endoscopy and a colonoscopy to, hopefully, diagnose a treatable condition that, once treated and treated, will allow my husband and me, and especially my nine-year-old, to go back on that weight chart and thriving.

Because of our health insurance, we have the peace of mind of being able to afford these doctors’ visits, laboratory tests, and medical procedures for our son. Our medical insurance through the Affordable Care Act allows us access to the best medical care and professionals in our area.

Please do what is right for your family.

Thank you for taking the time to read one little piece of our family’s story.

Sincerely,

[Signature]

My first story was about people who didn’t have health insurance. My second story is about people who do have...
Ms. KLOBUCHAR. Mr. President, I thank the Senator from Virginia for his leadership. He recently led a letter to the Secretary of Health and Human Services urging the agency to prioritize the needs of children with special health care needs. And I am pleased to hear that his leadership led the successful efforts to suspend the medical device tax—something the Presiding Officer cares a lot about in his home State—but in truth, we have not had the opportunity that Senator Kaine suggested to make changes to this bill. Instead, we have been faced with the thought of just simply repealing this bill with no replacement, with no plan in place. So we would all say to our colleagues across the aisle: Show us the plan. Show me the plan. Once we see that, we can start talking, but that is not what is happening today.

Additionally, changes would be made to the act, including increasing the amount of subsidies available to exchange enrollees, something important in my State; establishing perhaps State-based reinsurance programs; doing something about the pharmaceutical prices, something I have long advocated for. I have been ready and willing to work with my colleagues on both sides of the aisle and to find additional commonsense improvements to the law. And I do not believe a replacement plan is simply unacceptable. It is chaos.

As my colleague from Virginia reminded us with a touching letter that he read from his constituent, let’s remember what health care reform means to families across this country, why we have this bill in the first place. Americans with preexisting conditions, like asthma, diabetes, heart disease, and cancer, can no longer be denied access to health insurance coverage. Children can stay on their parents’ plans until they are 26, a dramatic change that helps so many families across America. Women are no longer charged more than men for health insurance.

We had a lot of issues when we debated this bill, making sure that being a woman or being a victim of domestic violence was not a preexisting condition. I see the Senator from Michigan, Ms. Stabenow, who fought for maternity benefits. I will never forget the story she told in her committee, when one of the Senators suggested that maybe maternity benefits shouldn’t be mandatory as part of a plan because he had never used them. Without missing a beat, Senator Stabenow looked across the table and said: I bet your mother did.

The point is, we made good changes in this bill that help people. There are no longer annual or lifetime limits on how much health insurance companies will cover. All health insurance plans must now cover a basic set of services, which includes mental health care, addiction treatment, prescription drug coverage.

If the ACA is repealed, nearly 30 million Americans could lose access to health insurance, increasing the number of uninsured by 103 percent. More than 80 percent of these Americans are members of working families. In Minnesota, it is estimated that 380,000 fewer people would have health insurance in 2019 if full repeal is successful. Many Minnesotans have contacted me in the last few months, frightened about the future of their health care coverage.

I heard from a man in Orono. His wife was diagnosed with cancer this year. On top of everything his family is now dealing with, he is terrified that his family will lose coverage if there is a repeal. He wrote to me, begging me to stop the legislation that would encourage entrepreneurs. We want to encourage innovators. We want to encourage entrepreneurs. We want to encourage entrepreneurs. We want to encourage entrepreneurs. We want to encourage entrepreneurs.

I heard from a 24-year-old young woman from St. Paul. She has a chronic disease, and her medication would cost $4,000 a month. Thanks to the ACA, she has been able to stay on her dad’s health insurance plan, which covers a significant amount of these costs. If she isn’t able to remain on her dad’s plan, she will not be able to afford the lifesaving medication she needs.

I heard from small business owners in Aurora. Before health care reform, one of the owners had a preexisting condition and was denied access to health insurance. Once the Affordable Care Act took effect, she was finally able to purchase coverage through her small business. She also qualified for the small business tax credit. She reached out to me because she fears she will lose the coverage she needs to stay healthy and be able to run her business.

I heard the story of a woman from Crystal. She works two part-time jobs, neither of which offers health insurance. She自驾 had a preexisting condition, and she couldn’t afford to go to a doctor. Thanks to the Affordable Care Act, she gained coverage through Minnesota’s Medicaid expansion and was able to get treatments she needed and wouldn’t have been able to afford without her insurance. Now she is scared she will lose her coverage. If the Medicaid expansion is repealed, she knows she will not be able to afford any of the treatment she needs.

These are just some of the heartbreaking stories of people who have contacted my office. Many more. The Affordable Care Act repeal will have real consequences for families in Minnesota and across the country, but families aren’t the only ones who will see the negative impacts. They are going to see it through rural hospitals. Health care reform provided a lifeline to these hospitals by extending coverage to millions of patients who can now get prescription drugs and treatment without having to turn to emergency rooms for assistance. This lifeline was helpful in three ways.

First, the health care reform law included a provision to extend prescription drug discounts—between 25 and 50 percent—to over 1,000 rural hospitals through the 340B Program. The River-View Health facility in Crookston used the savings from the 340B Program to cover orthopedic surgeons and oncology specialists, update equipment, start a clinic, and start a 24/7 onsite lab.
Second, the Medicaid expansion, under health care reform, provided coverage for millions of previously uninsured patients in rural States. This means crucial new revenue for rural hospitals.

The health care reform enabled nearly 2 million rural Americans, including in my State, to purchase subsidized private coverage on exchanges last year alone—which is an 11-percent increase from 2015. Even with these gains, the National Rural Health Association noted that many rural hospitals have been “operating on a break-even margin or at a loss in certain cases.” These hospitals can’t afford to see a repeal of the ACA with no replacement that works for them.

As we look to improvements, I would mention a few things with prescription drug prices. According to a 2016 Reuters report, prices for 4 of the Nation’s top 10 drugs increased more than 100 percent since 2011. The report also showed that those two drugs went up 44 percent between 2011 and 2014, even though they were prescribed 22 percent less. In any given month, about half of all Americans and 90 percent of seniors take a prescription drug.

So what has happened? The price of insulin has tripled in the last decade. The price of the antibiotic doxycycline went from $20 a bottle to nearly $2,000 a bottle in 6 months. As was pointed out, naloxone, a rescue medication for those suffering from opioid overdose, was priced at $690 in 2014 but is $4,500 today. This is a rip-off, and this cycle can’t continue. A recent study showed that one in four Americans whose prescription drug costs went up said they were unable to pay their medical bills. They are skipping mortgage payments. They are not being able to pay their bills.

So what are some solutions? I recently introduced and am leading a bill, with a number of other Senators, for negotiation for prices under Medicare Part D. The President-elect has voiced support for this kind of effort. Let’s get it done.

Secondly, drug importation. Senator MCCAIN and I introduced and reintroduced our bill again, which allows for less expensive drugs to come in from Canada so we finally have some competition. It would simply require the FDA to establish a personal importation program that would allow Americans to import a 90-day supply of prescription drugs from an approved and safe Canadian pharmacy. We wouldn’t need this if we didn’t have these escalating prices.

Third, Senator GRASSLEY and I have a proposal to crack down on pay-for-delay that prevents less expensive generic drugs from entering the market. Finally, Senators LEAHY, GRASSLEY, MIKS LEE, and I have introduced our bipartisan Creating and Restoring Equal Access to Equivalent Samples Act, to make it easier for generics to enter the market and stay in the market. The answer to this is competition, and we are not going to have competition if we deny access to that competition.

In conclusion, no family should be forced to decide between buying food and filling a prescription or paying the mortgage. It is not fair to ask Americans to take a drug as prescribed. It is time to pass legislation to ensure that Americans have access to the drugs they need at the prices they can afford. I am more than happy to talk to my colleagues about some of these legislative ideas. I cannot repeal this bill with no plan on the table to replace it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this evening to speak about the Republican effort in the Senate, by way of a budget resolution, which includes so-called reconciliation instructions to repeal the Patient Protection and Affordable Care Act, in this case, unfortunately, without any replacement for that legislation we passed a number of years ago.

In a word, I think this is a plan for chaos—chaos certainly for insurance markets but more particularly chaos for millions of middle-class families whose costs will go up. Of course, their coverage will be affected adversely. A repeal act without replacement would raise the price of prescription drugs for older Americans across our country, put insurance companies back in charge of health care, cost our economy millions of jobs, and devastate funding for rural hospitals and rural communities in Pennsylvania and across the country.

I think, on a night like tonight, where we are just beginning a long debate about how to bring affordable care to Americans and how to continue that, we should reflect back on where things were before the Patient Protection and Affordable Care Act.

Over 50 million Americans were uninsured in 2009—50 million people. People with any sort of medical condition were routinely denied health insurance or were charged exorbitant rates because they had reached arbitrary caps on the amount of care an insurer would pay for a given year.

So let us talk about what has happened since then. Since the passage of the Affordable Care Act in 2010, we have come a long way. More than 20 million Americans, including almost 1 million in Pennsylvania, have received health insurance as a result of this one piece of legislation. One hundred five million Americans are protected from the so-called doughnut hole. Those are 105 million Americans with preexisting conditions who are no longer barred from treatment or coverage as they were before. Nine million Americans have received tax credits to help them cover the cost of their insurance. Eleven million seniors have saved over $23 billion from closing the Medicare Part D prescription drug program so-called doughnut hole. Through a budget resolution, which includes so-called reconciliation instructions to repeal the Patient Protection and Affordable Care Act, in this case, unfortunately, without any replacement for that legislation we passed a number of years ago.

In conclusion, we have saved over $23 billion due to reductions in uncompensated care. I think, in the end, most of this is about real people and real families and real lives and, unfortunately, the real consequences that would adversely impact their lives.

Among the 3 million Pennsylvanians with preexisting conditions, there are two remarkable young women whose stories are unparalleled.

Stacie Ritter, from Manheim, PA. Stacie is a mother of four children, including twin girls, Hannah and Madeline. That is a picture of Hannah and Madeline a number of years ago. Hannah and Madeline were diagnosed at the age of 4 with a rare and dangerous type of leukemia, at such a young age. Stacie and her husband went bankrupt. They literally went bankrupt trying to pay for their daughters’ medical bills. She wrote to me at the time, saying that without health care reform “my girls will be unable to afford care, that is if they are eligible for care that is critically necessary to maintain this chronic condition...and rejected because they had the misfortune of developing cancer as a child.”

So said Stacie Ritter, one mother in one community in Pennsylvania in 2009. She was talking about her daughters’ medical bills.

Here is a picture of them today, and you can see what a difference health care coverage makes in the life of a child—in this case, the life of two children who are now young women and in college. I don’t even want to think about it, but we should think about what would have happened without this legislation. We could not even talk to them and their families in that circumstance.

If you are talking about a new plan, you better have a plan that would cover children like Hannah and Madeline, and you better be able to pay for it. You can’t just talk about it. You can’t just promise it. You have to be able to pay for it, as we did in this legislation.
While we are on the question of costs, let’s talk about it in human terms—human terms meaning young women like Hannah and Madeline. We have heard an awful lot from Republican Members of the Senate and Republican Members of the House of Representatives. They seem to give up very easy to come up with a “better plan” than the Affordable Care Act since 2010. Since March of 2010, when this passed, you would think that by now they would have a plan—a plan that would replace what they had repealed. That is part one. Part two is a plan that is better, because that is what they promised. They used other words to describe it as well.

Now almost 7 years later—and it will be 7 years in March—where is their plan? I don’t think anyone has been able to find their plan. Some Members of the Senate on the Republican side of the aisle have said recently that they have a plan but they haven’t released it yet. They have parts of a plan or different plans but they are putting them together, and we will see them soon. Others don’t seem to know whether there is a plan or not. So they promised to replace the Affordable Care Act when they repealed it and only after millions of Americans would lose their insurance.

Where is the plan after 7 years? You would think, if you were serious about a matter of public policy—something as substantial and consequential in the lives of families—that after 6-plus, almost 7 years you would have a plan ready to go, and that plan would be comprehensive, and that plan would cover at least 20 million people, maybe more.

That plan would have all the protections that I spoke of earlier. Young women like that, when they were children, would not have their treatment capped. Someone with a preexisting condition would be protected. Women would not be discriminated against. All of those protections, including the coverage, would be part of that plan—you would think.

It seems as if to find the Republican plan here in Washington, you would need to hire a really good private investigator to look in every corner of Washington. Maybe it is in some of the desks here. Maybe we just haven’t found it yet. So far, there is no plan—no plan that has any hot air about repeal but no plan.

What does the Brookings Institution say? They say that the number of uninsured Americans would double if the act is repealed. To be precise, that would leave 29.8 million people without insurance. It would go from 28.9 to 58.7 million people. I started tonight talking about 50 million uninsured in 2009. If you repeal this legislation and you don’t replace it with something that is very close to comparable, that means you would lose almost 50 million people insured like we did in 2009, you have 58.7 million—let’s round it off to 59 million Americans without insurance—despite all the gains we have made in the last number of years.

What does that mean for Pennsylvania? Since the bill was passed, 956,000 Pennsylvanians stand to lose their coverage because that is how many have gained it. The Congressional Budget Office, which is the Congress’s referee or scorecard, estimates that insurance premiums would rise by 20 percent if the act is repealed without a replacement.

The Commonwealth Fund, in a recent report, estimated that repealing the act would cost our economy 2.5 million jobs per year—not over 5 years or 10 years but 2.5 million jobs per year.

Pennsylvania is a State where, despite having huge urban areas in both Philadelphia and Pittsburgh and a lot of cities in between, we have millions of people literally that live in so-called rural communities, rural counties. By children, as of the report, 48 of them could be categorized as rural counties. We have a lot of people who live in, make their living in, and work very hard in rural communities.

One of the things that caught my attention last week was from the Fiscal Times. This is from January 5. You can’t see it from a distance, but the headline reads: “Obamacare Repeal Could Push Rural Hospitals to the Brink.” It is all focusing on rural hospitals and the cost of repeal.

We know that a couple of years ago there was a report by First Focus that focused specifically on rural children and their health care. Here is what the conclusion was. As of 2012, the year they examined, Medicaid and the Children’s Health Insurance Program covered 47 percent of rural children, compared with 38 percent of urban children. Almost half of rural children, as of that report, were enrolled in their health care from Medicaid or the Children’s Health Insurance Program. Both would be adversely impacted by both the repeal of the Affordable Care Act and the implementation of the House Repeal bill, which I think is the most extreme budget ever proposed in Washington.

That is the reality just for rural children and their health care and, also, the predictions about what will happen to rural hospitals. A lot of people employed in Pennsylvania—tens of thousands—are employed in rural hospitals in our State.

One of the individuals who contacted us to talk about this issue in the context of being in a somewhat rural community but someone who is actually doing farming—and, of course, farming does not occur just in rural areas—is Julia Inseel, from Coatesville, PA. That is in Pennsylvania, where we have a lot of farms, as well, just like we do in the middle of the State and in the western, northeastern, and northwestern part of the State. Julia turned her family’s hobby farm into a full-time operation. Here is what she wrote to her office in November.

I am one of the millions of people who have benefited greatly from affordable access to health care. I work part time as a tutor at a community college and nearly full time as a farmer. Neither one of these jobs provides me with health care, nor do I make enough to pay for several hundred dollars in premiums per month. The government subsidy is what makes it possible for me to have healthcare. If Obamacare is taken away, I will most likely have to give up farming.

Why would we do that? Why would we say that to someone who has worked successfully on a small family farm or any job or any career—but especially something as fundamental to the economy of Pennsylvania? By one estimate, our largest industry is agriculture in Pennsylvania. Why would we say to that farmer: They have this idea to get rid of legislation in Washington. You are just going to have to come up with a new profession. Why would we force people to give up farming in order to meet the demands of some people in Washington?

Just facing the likelihood, if the act is repealed, of losing her ability to support herself because her insurance would be too expensive.

I have to ask: Is this a “better plan”? Is this what Republicans have come up with? We shall see.

Rebecca Seidel is a dairy farmer as well. She is from Douglassville, PA. Rebecca co-owns a herd of dairy cows, and she talked with me just last week about how dangerous farming can be and how scary it is not to have insurance.

As the daughter, granddaughter, and great-granddaughter of Pennsylvania dairy farmers, I’ve seen my share of agricultural catastrophes. Between equipment and large animals, every day comes with potential hazards. Will I break a rib getting between two cows who are fighting? Will a blade come loose from the bedding chopper and hit me? Will I get my hand broken through miscommunication with someone operating the skidloader? These are realities with which I live every day and I am able to go about my job bravely because I know none of these events would financially destroy my family.

She said the Affordable Care Act allowed her to work, and she wrote:

Threats to the ACA are threats to our future, Senator, and to the future of small businesses, agriculture.

Rebecca and her husband don’t know what to expect with repeal of the law. They want to start their own business, allowing their current employer to hire more people, but they don’t know what they will be able to afford in such an environment of uncertainty. Rebecca and her husband don’t know if they will be able to realize their plans to start a new business. How is this a better result for them, we would have to ask.

Finally, we have a story of a businessman, Anthony Valenzano. Anthony is a small business owner who has been successful with the hard work of one employee who purchases an affordable
and comprehensive plan through Pennsylvania’s health insurance marketplace. This is what Anthony said as a small business person:

"It is my opinion that the Affordable Care Act is the best thing the federal government has ever done for small businesses like mine. This bill paved the way for entrepreneurs to strike out on their own, knowing that health care costs would not stand in the way of success. The bill allowed these entrepreneurs to attract professional employees who would otherwise have never left a corporate job to join a startup.

His business relies on his one employee—in this case, he has one who is central to his business—being able to purchase affordable health insurance, since, with only one employee, he cannot get her on employee-sponsored coverage. He said, “Looking forward, we plan to do even bigger and better things, but she still needs health insurance to do it, and if we lose the Marketplace, IQ Product Design will likely lose the employee and will be unable to create the next big market-changing product.”

He is asking: What is going to happen? Is there a replacement plan? What happens to this employee? What happens to the business? We have to ask again, if there is such a better idea here after almost 7 years, where is this replacement plan? We have to ask again, if there is such a better idea here after almost 7 years, where is the replacement plan? We have to ask again, if there is such a better idea here after almost 7 years, where is the replacement plan?

I want to thank my good friend and colleague on the Agriculture Committee. I love Sonya, who is a blueberry farmer and small business owner from Michigan. We know there are so many small business owners and farmers who finally have been able to find affordable health care because of what was passed in the health care reform act.

I want to thank Senator CASEY for being such a strong advocate for those dairy farmers. We have a few dairy farmers from Michigan, as well as a dairy farmer from Sonya, who is a blueberry farmer and small business owner from Michigan. We know there are so many small business owners and farmers who finally have been able to find affordable health care because of what was passed in the health care reform act.

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I want to take a step back and look broadly for a moment at what is really going on today and why we are so concerned about our farmers. In a few minutes, I am going to talk about Sonya, who is a blueberry farmer and small business owner from Michigan. We know there are so many small business owners and farmers who finally have been able to find affordable health care because of what was passed in the health care reform act.

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My colleagues have talked about pre-existing conditions—something that is gone. But with the repeal, those caps come back. Preventive services with no copay. We want folks getting a wellness visit, getting a mammogram, being able to get preventive cancer screenings. Doing that without a copay has made a tremendous difference in people being able to get the preventive care they need.

There are so many other things that have been put in place for everyone who has insurance. All of that gets ripped away with repeal, and there is no excuse for that. There is no way we are going to allow that to happen without a fight as hard as we can. It is outrageous.

The second thing is cutting Medicare and Medicaid. All of the health care system is tied together. When we make changes in Medicare, we lengthened the solvency of the trust fund—12 more years of solvency making sure it is solid, financially viable. That goes away.

My colleagues have talked about preventive care—clothing, drugs and the fact that we have closed this gap in coverage. If you have high bills related to the cost of medicine, right now you are covered. When you get to a certain point and there is a complete gap in coverage and you are not covered, then you are covered again—folks call that the doughnut hole. We are closing that so there is no gap in coverage.

With repeal, the doughnut hole comes back. Coverage is lost. Costs for medicine go up. Preventive services under Medicare are ripped away if we see a repeal. And there is not a replacement that is put in place that is equal...
to or better than what we currently have.

Medicaid. We have so many people who are working for minimum wage, working really hard at minimum wage jobs, who never had the opportunity to have health insurance before, and now they do. That is gone if the whole system is ripped up. Most of Medicaid goes for seniors in nursing homes, long-term care. If you look at the nominee for Secretary of Health and Human Services, she has proposed completely rewriting, ripping up Medicaid, as we know it, as well as health reform and the Affordable Care Act—if you put all that together with this repeal and somebody who wants dramatic changes—I believe it is $1 trillion in cuts proposed by the current chairman of the Budget Committee or the gentleman who now is being proposed for Secretary of Health and Human Services—Medicare and Medicaid are seriously threatened by all that is talked about right now.

We are talking about, in total, kicking 30 million Americans off their insurance. In Michigan, all together, counting Medicaid and those who are purchasing through the new insurance pools, it is over 2 million people. One out of five people in Michigan and their families will lose their access to a doctor and medical care.

What does all of this mean? It means costs are going to go up both for coverage and prescription drugs. One of the reasons that Republicans say why we need to get rid of the Affordable Care Act is that the insurance companies aren’t working. Well, they are working. You pull back on investments. You pull back on lab work and an outpatient D&C. And she had to go in for ultrasounds. 

What does all of this mean? It means that your family is ripped up. Most of Medicaid goes for seniors in nursing homes, long-term care. If you put all that together with this repeal and somebody who wants dramatic changes—I believe it is $1 trillion in cuts proposed by the current chairman of the Budget Committee or the gentleman who now is being proposed for Secretary of Health and Human Services—Medicare and Medicaid are seriously threatened by all that is talked about right now.

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What happens in the insurance market when insurance companies don’t have to cover preventative care and lab work and an outpatient D&C?

This makes no sense whatsoever. I understand politics. I understand slogans. I understand all the rhetoric that has been said for years about repealing health care reform, but this is the most irresponsible thing I have ever seen in my life if there is a repeal with no replacement immediately that at least equals what people have today—the protections, the coverage, the strengthening of Medicare, the lowering of prescription drug prices under Medicare, the help for people who work hard every day on minimum wage and are finding access to a regular doctor instead of using the emergency room, which, by the way, raises health care costs.

The truth is, we all are here because we care deeply about this. If our colleagues want to stop this craziness of running the cow off the cliff and decide that what we are going to do is just fixing it together, we are ready, willing, and able to do that. We know, as with any major change in form, that after they work a while, you have to figure things out and you have to fix problems. We are more than willing; it is we want to do that. We have been offering to do that and suggesting that for the last several years. But this approach is outrageous and completely irresponsible, and, in fact, it will make America sicker again.

Let me conclude by just sharing a couple of stories from constituents in Michigan. I have heard from a lot of people, particularly small business owners, people who have the freedom now to be able to leave their job where they were working only because of the insurance. That has happened to my own family and friends, where folks are in a job that does not work for them but at least they have insurance.

The Affordable Care Act has given the flexibility for someone to step away to be able to start their own business or their own farm, like Sonia who is a blueberry farmer in Michigan. She has written me, indicating they are extremely fearful that they are going to lose their insurance under the new administration because of what Republicans are talking about.

She says:

A number of years back in 2000 I quit my traditional job, which I had never had and went off and bought my step-dad’s farm. I had been laid off, and I bought my step-dad’s blueberry farm. He had passed away in 1995, and I was able to start the farm with the help of the federal government. It’s a small farm, about 15 acres of blueberries. We also have a small garden center, Sweet Summer Gardens, which is open from May to September, and a small store, the Enchanted Bead. It is open year round.

She says:

We are hard-working people who love the life that we have carved out for ourselves, but there are some drawbacks to being self-employed and small business owners. In 2012, I tore the meniscus in my right knee, and I did not think to think about it because I did not have insurance. But then in April of 2015, 3 years after the injury, I finally got to the point where I could no longer take the pain. Luckily, we had signed up for insurance through the Affordable Care Act. I was able to have the severe tear repaired.

Then she goes on to talk about how a little later there was a cancer scare, and she had to go in for ultrasounds and lab work and an outpatient D&C. Because she was able to do that, she was fortunately able to find out it was not cancer, thank goodness. Again, because of the Affordable Care Act and her insurance, she was able to get the services she needed. She goes on to talk about a number of different health challenges for them, including the following:

Finally we have coverage for preventive care. My husband had a physical, the first time since high school, and we found out that there was an issue that needed to be addressed. He was referred to an orthopedic surgeon, discovered he had severe arthritis. It was causing constant pain. Again, we were able to get the services he needed. Because of the Affordable Care Act, he was able to have this repaired.

She says:

We are hard-working people. We have never asked for help. But we are extremely concerned because we could not afford our insurance right now without the tax credits—the subsidy.

She says:

This morning, watching the news, we were met with a story that the Republicans are all ready to repeal ObamaCare. They said that while they couldn’t take away the subsidies, they could tax them. This would put insurance out of our range and we would no longer be able to afford it. My husband Larry said to me, “they couldn’t just throw us out to the dogs, could they?”

She says:

My reply was, “anything is possible.” I know the Affordable Care Act isn’t perfect. I know that not everyone has taken advantage of it, but there has to be a way to fix it without hurting the millions of people who have been helped by it.

In fact, Sonia, there is a way to fix it without hurting you and your husband, full-time farmers and small business owners. I have a number of other stories. I am going to pause because I have other colleagues who I know want to speak who care deeply about this as well. I will share those at a later point.

Let me just say, what we are talking about is not a game. It is not. This is about real people with real lives who are encountering situations that could happen to any of us. Too many people are not in a situation, without Medicaid, without coverage. And Medicaid comes to health care through the exchanges, to be able to see the doctor and get the care they need. That has changed in the last number of years.

There is more to do. We can work together to make it even better, but the idea that people are not being helped today, that small business owners and farmers and families are not getting medical care today because of what was done is just not true. It is just not true. The reality is, we are in a better spot with more to do. Pulling the thread and unraveling the entire system and creating chaos in the entire system makes no sense.

So we as Democrats are going to do whatever we can. We know that ultimately the votes are there. If the Republicans in the House and the Senate and the new President want to completely dismantle the health care system, unravel the health care system, weaken Medicare, and weaken Medicaid, you can do it. You have the votes to do it.
I have become extremely anxious about how my family will meet Emma's ongoing needs if the ACA is repealed and insurance companies are allowed to reinstate lifetime limits to discriminate against preexisting conditions.

I beseech you to do everything you can to preserve the provisions that will help my family. It is very important to me and so many others that we are not going to lose their insurance.

People have received probably hundreds of thousands of these letters in the Senate. It seems to me—I mean, yes, we should be having a conversation about how to make the law better. I have said from the very beginning that I don't think it is perfect. I think there were big problems with our health care system before we passed the Affordable Care Act. I think there are big health care problems with our health care system today. That is a fact that anybody in America ought to know. And I'm not going to be able to notice that and say: Why don't we make it better? Why don't we improve it? We should improve it.

I would love to meet with colleagues here to talk about how we deal with the fact that in rural Colorado, there is not enough competition for health insurance for people. I would love to be able to have a conversation here about how to drive the cost of insurance down in rural Colorado, rather than continue to see these costs increase.

I would say this. If there is somebody here with a solution to that problem, on either side of the aisle, I would be happy to write that amendment with them. But the problem I have with where we are in this debate—and I will close with this—is that we are talking about throwing out all the protections that all of these people have come to rely upon, that all of these people have come to count on in America with our health care system. We are going to throw them out, but we are not going to tell you what we are going to put in its place. In fact, for all you know, we are not going to put anything in its place because what we have heard is that there is no consensus on the other side about how we should move forward.

Part of the problem I have had with this legislation since the beginning is that we have been unable to forge a bipartisan consensus on how to deal with the fact that this country is spending about 16 percent of its GDP on health care when every other industrialized country in the world is spending about half that or, in some cases, less than half that and delivering better results. I would love to see a bipartisan consensus on what we have come to understand in the days leading up to this debate is that there is not a consensus on the Republican side about how we should go forward.

After 7 or 8 years, you would think we would have the opportunity to see a plan. It is not hard to think about what the values would be underlying a plan—the values that would say: Let's
try to maximize coverage where we can. Let’s try to increase quality where we can. Let’s try to drive prices down where we can. Let’s try to spend less, as a country, on health care where we can.

Those are not Democratic or Republican ideals. It would seem to me that those values would have the virtue of being able to inform Democratic pieces of legislation and Republican pieces of legislation. But in 8 years, we haven’t seen a plan.

Here we are tonight, talking about repealing the protections that Coloradans are counting on every single day for their peace of mind and so they can plan for the sake of putting nothing in its place. It reminds me—and, colleagues, I will close with this—of the complaints that I have had in my office and as I travel the State of Colorado, where people say: Michael, we paid into our health insurance company. Month after month after month, we paid our premiums. Then, when my kid got sick and I called them up, their response was to keep me on the phone as long as possible without an answer in the hope that I would give up and go home and that the claim wouldn’t have to be filled.

To be honest, colleagues, I have heard that before. Even that before the Affordable Care Act, and I have heard that since we have passed the Affordable Care Act. We have more to do. That is the honest thing to say here. But for me to talk about repealing this, taking away the benefits that people have, the protections that people have, the security and peace of mind that people have, and replacing it with the equivalent of leaving the American people on hold so they will give up, so they will move on to the next thing is beneath the dignity of this place and is not worthy of the Members of the Senate.

I wanted to close by saying what I have always said. I will work with anybody—Democrat or Republican—to make sure that we really do have affordable health care in this country for the American people, for the people whom I represent in Colorado, and I look forward to our getting to a place where that is the politics we are pursuing in this Chamber, instead of the politics we have seen over the past number of years.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise this evening to join my colleagues—Democrats, Independents—to fight together to protect the health and economic security of the American people. In 2012, when I was elected to the Senate, I can assure you that the people of Wisconsin did not send me here to take their health care away. We are barely into the second week of the new Congress, and the Republican establishment is already wielding its power to accomplish just one thing, making America sick again.

The budget resolution that we are considering this week will repeal the Affordable Care Act, put insurance companies back in charge of people’s health care, strip health care away from millions of Americans, and raise premiums. It will take us from affordable coverage to unaffordable. This is the first step toward higher costs, fewer people with health insurance, and more uncertainty for American families. In short, the Republicans believe they have a mandate to make America sick and to take away the health care that families already have. Republicans are forcing 30 million Americans to lose their insurance.

Republicans are putting the health care coverage of over 200,000 Wisconsinites at risk, and they are raising taxes on more than 190,000 Wisconsinites who rely on and receive premium tax credits to help them afford high quality health insurance.

Instead, they are giving tax breaks to big corporations and handing over control to the insurance companies, which will be free, once again, to deny coverage if you have a preexisting condition, to jack up premiums simply because you are a woman, and to drop your coverage if you get sick or have a baby.

I could continue to list some very disturbing facts and statistics of what this Republican repeal of health care reform will do to our working class and more uncertainty for Americans. But for us to talk about repealing the Affordable Care Act is to rip away protections from families struggling with cancer or other serious illnesses, but these facts seem to fall flat on the other side of the aisle. So, instead, I am demanding that my Republican colleagues listen—not to me but to the real stories of real Wisconsinites whose health care is on the line as a result of this Republican health care law.

Let’s try to spend less, as a country, on health care, strip health care away from millions of Americans, and raise premiums. Instead, they are giving tax breaks to big corporations and handing over control to the insurance companies, which will be free, once again, to deny coverage if you have a preexisting condition, to jack up premiums simply because you are a woman, and to drop your coverage if you get sick or have a baby.

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I demand that they listen to Randy. Randy is from Rhinelander, WI. Randy told me that the Affordable Care Act has been a “savior” for his wife, who was diagnosed with kidney failure more than 2 years ago as a result of an autoimmune disease. She has to have dialysis three times a week.

The law eliminated her lifetime maximum limit, and that helps them afford her lifesaving care, and it prevents her from being denied coverage because of her preexisting condition. Randy said that repealing the law will force them to face the harsh reality of not only losing insurance but also declaring bankruptcy.

I also heard from Sheila, from Neenah, WI. Sheila is a small business owner who relies on the premium tax credits that helped her purchase her health plan through the marketplace. She writes:

I just wanted to let you know how devastating it would be for my family if the Affordable Care Act is repealed. To take away the subsidies would be like turning the plan into the Unaffordable Care Act.

Sheila has owned a small hair salon for 35 years and said that the premium tax credits under the law have made it possible for her to buy decent health insurance for the first time in her whole career.

I want my Republican colleagues to listen to Sheila. Sheila is a small business owner who relies on the premium tax credits that helped her purchase her health plan through the marketplace. She writes:

I just wanted to let you know how devastating it would be for my family if the Affordable Care Act is repealed. To take away the subsidies would be like turning the plan into the Unaffordable Care Act.

I also heard from Chelsea, from Shelby, WI. When Chelsea was pregnant with her daughter Zoe, she learned that Zoe would be born with a congenital heart defect. At just 5 days old, Zoe had to have open heart surgery. She had it at Children’s Hospital in Wauwatosa, WI, and was fighting for her life. Thankfully, she is recovering, and she is living a healthy life.

Chelsea wrote to me:

The Affordable Care Act protects my daughter, it allows her to have health care access and not be denied. I’m pleading to you as a mother to fight for that and follow through on that promise. There are so many kids in Wisconsin with heart defects (as well as other kids with pre-existing conditions) that are counting on you to protect that right.

So for Zoe, I want to call on my Republican colleagues to stand with me—with all of us—to protect these health care rights and benefits for all of our families.

These are our families who are benefiting right now from the protections in the law and the quality, affordable health care options it provides. They are calling on Congress, calling on the Republican majority to stop their plot that is going to take this all away.

I could continue to share stories of real Wisconsinites whose coverage is at risk today, but I want to take a moment to illustrate what life was like before the Affordable Care Act was the law of the land, before these sweeping reforms and protections had been put in place.

Now, during my time in the House of Representatives, Sue from Beloit, WI, reached out to me. She told me:

My husband was diagnosed with lung cancer after treatment via Medicare and one other insurer, but you guys put the squeeze on the insurance company and they told me that the insurance company had a small loophole. Under our insurance, they have a $13,000 limit per year on radiation and chemotherapy. That amount did not even cover the first treatment of either radiation or chemo.
January 9, 2017

CONGRESSIONAL RECORD — SENATE

S171

I was not going to have my husband die for lack of treatment, so we started to use our savings and our available credit to pay for medical expenses.

My husband later died.

She told me:

After having completely depleted our savings and facing insurmountable credit card debt, I had no choice but to file bankruptcy.

... Sue's devastating ordeal was a common story all across our country, almost 8 years ago, before health care reform was enacted to prohibit lifetime caps and to restrict annual limits on care.

Before the health law, I heard from too many working Wisconsin families that went bankrupt, sold their homes, and even spent their entire life's savings just to get the health care that they needed. This was when America was sick and when lawmakers prioritized the health of insurance companies over the health of the American people. Republicans will take us back to those days when they vote to make America sick again.

I want to share one last story about life before the Affordable Care Act, and that's my own. As many of you know, I was raised by my maternal grandparents in Madison, WI. When I was just 9 years old, I was diagnosed with a serious childhood illness similar to spinal meningitis, and I spent 3 months at the age of 9 years old in the hospital. My grandparents had health insurance but learned that their plan didn't cover me. Since their insurance didn't cover me, they made incredible sacrifices to pay for the care that I needed. When I got better, my grandparents did what any responsible parent or grandparent would do: They looked for an insurance policy that would cover me into the future, but look as they might, they discovered that because of my previous illness, they couldn't find a policy. They couldn't find it from any insurer at any price, and at 9 years old I had been branded with those magic words: pre-existing condition.

Well, thanks to the Affordable Care Act, children today have new protections, and no one can be denied insurance coverage because of a preexisting condition. My family experience helped inspire me to enter public service and to fight to ensure that every American has access to affordable health care as a right, not a privilege. This is what I fought for and will continue to fight with my colleagues to protect, these vital benefits that the health care law guarantees to all Wisconsinites and families across this great country.

But we cannot fight alone. Republicans are hard at work making America sick again, taking us back from affordable care to chaos, handing over the reins to insurance companies and driving up health care costs for all Americans, making premiums unaffordable to lower and middle-income Americans. They are afraid of an unforeseen emergency wiping them out financially, driving them into bankruptcy.

Our seniors are afraid as well. They realize the situation the country existed before they reached 65 or if they had health care needs and didn't have insurance, they had to wrestle between paying for their prescriptions or paying their heating bills. They don't want to be in that position again. They know how much progress we have made by filling the doughnut hole that paid for prescriptions throughout the continuum, and they don't want us to go backward.

From so many different directions, Americans are terrified of the Republican repeal-and-run strategy threatening to do harm to their lives. How do I know this? I know this because they are writing to me and to my colleagues, and we are sharing those stories.

The letter I have from a young woman in Portland starts out:

I must implore you to protect the ACA. Its existence saves the lives of millions, including me. I was born with renal failure. I currently maintain Stage 3 renal function with the help of prescription medication. If I am unable to afford my medication, I will enter end-stage renal failure, i.e., kidney failure. I will die.

She ended her message by saying:

I am so scared. . . . I am only 26, I have so much more to do.

Cameron of Beaver Creek writes:

My wife and daughter both have chronic health conditions, and the ACA has allowed us to have them covered by health insurance despite having preexisting conditions. If the ACA is repealed, we will lose this protection and I don't know how we could afford to pay for their medical costs directly.

Lisa in Wilsonville wrote to me about the impact that repealing the ACA will have on her special needs daughter. Lisa says: "If the ACA is repealed, we lose funding that directly impacts her programs, her respite care, her Medicaid, and I will no longer get support to take care of my daughter."

Just before Christmas I got a message from Nick in Portland. Nick wrote to share his story of a recent medical emergency that threatened his life. He said:

Without notice this past March, my heart suffered a debilitating viral infection which resulted in congestive heart failure. As the condition developed, I required a new heart, and await that occurrence with patience and resolve. Thanks to the ACA, I was able to purchase health insurance that covered the surgery, medical costs and medications and paid for the surgery and the care needed to recover.

Those individuals are writing about their challenges as patients, but doctors are just writing to share their observations as folks who see hundreds of patients in the course of a year.

Meg writes:
I have practiced both before and after the Affordable Care Act, and witness the sense of hope and relief the expansion of Medicaid in Oregon brought to my patients who are facing serious medical challenges. We have been able to participate in community and state level innovations to help transform health care delivery, lowering costs, improving outcomes, and making health care more affordable.

Isn’t that what we should be about? Not a strategy of doing harm to millions of Americans but a strategy to make these people’s lives better.

A physician from Roseburg, a hand surgeon, wrote about the challenges that she faces each day, the serious medical challenges, and says:

Prior to the Affordable Care Act, we were uninsured due to these preexisting conditions. It seems clear that the ACA will be repealed and we, among millions of other Americans, will again be uninsured. This will not simply be a matter of insurance being expensive; it will be a matter of the insurance not being available at any cost.

And he continues:

So I am pleading to you to enact legislation prohibiting insurers from denying the ability to sell policies to individuals with prior medical conditions. The health of millions of Americans depend on your shoulders.

And I might add that the health of millions of Americans rests on the debate and the discussion and the decision of the U.S. Senate.

Angela, another doctor in Portland, wrote about her work with the LGBTQ community, saying:

The loss of the affordable care act will be devastating to my community. We have only just won the right for patients to access medical care, hormones and surgery in the last year. I have seen a great improvement in my patients’ well-being and mental health over the last year with these new privileges.

With the loss of the affordable care act many of my patients will be devastated. There is a 50 percent suicide rate in the transgender community already. Please help me prevent any further suicides by protecting the affordable care act.

There is message after message saying “first, do no harm.” That means we as a body need to come together and move away from this reckless repeal-and-run strategy being proposed by the Republicans. People are writing to express their fears and frustrations and they are calling on us to do the right thing—folks like Meg and Nick and Cameron and Lisa and Douglas. Their lives are better because we enacted the Affordable Care Act.

“Threatening because they are among the millions of people who are affected by the changes in this law—the millions who gained insurance coverage because of the law or they are among those who gained coverage because of the expansion of Medicaid or they gained coverage because tax credits made health care affordable to lower and middle-income families or they are among the 27 million Americans who live with preexisting conditions who couldn’t get insurance on the private market or who were among those who lost coverage because of annual or lifetime limits before the ACA.

These stories are powerful because these individuals are on the frontline, and health care is essential to their quality of life, not just in America but in any location on this globe.

There is enormous stress connected with a faulty health care system, and what we have achieved with the Affordable Care Act has saved millions of Americans—peace of mind that there will be the care in place when they need it, that they will be able to afford it and they won’t be bankrupt, that their loved ones will be able to have their health care challenges addressed.

Folks used to come to my townhalls and say: Senator, I am just trying to stay alive till I reach 65 because I have a preexisting condition and I can’t get medical care. Can you imagine the stress involved with that? Folks would say: I would love to get insurance and address the health care issues I have, but I can’t because I can’t afford it. And now they can afford it because of the subsidies provided through the ACA.

There was a woman who came up to me at a multiple sclerosis fundraising march and she said: Senator, things are so different this year.

I said: What do you mean? What has changed?

She said: A year ago, in the MS community, if you got a diagnosis and you didn’t have insurance, you wouldn’t be able to get insurance because you had a preexisting condition.

She said: If you did have insurance, it is a mysterious and expensive disease, and because of annual limits or lifetime limits, you would probably run out of health care. Now we have the peace of mind to know our loved ones will get the care they need.

That is what we are fighting for—to first do no harm and, second, make life better for millions of Americans. Let’s come together and defend these massive advances that we have achieved in the last few years and not destroy it with this reckless, irresponsible repeal-and-run strategy.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I rise to join my colleagues in raising the alarm about the possible impact for all of us in America and, in particular, for my constituents in my home State of Delaware and the American people. We have made a real and tangible impact for all of us, and our hopes and goals when it was initially passed, and I have offered, with an open hand, to work across the aisle to find constructive fixes to this Affordable Care Act that could win bipartisan support, instead of finding new ways to invest in infrastructure or strengthen American manufacturing or coming together to respond to the Russian attack on America and to respond to the very real national security threat that we face.

These stories are powerful because...
to find vehicles to repair and improve elements of it that haven’t worked as had been hoped.

Before I turn to that, though, let us focus for a few minutes on hearing the stories of Delawareans who have reached the depths of despair the day, my passionate defense of the Affordable Care Act is rooted in individuals I have met and heard from, people whose lives have been changed by access to quality, affordable, accessible health care.

As Republicans move us forward to a repeal vote, it is my hope that they will listen to these and other stories and think about what possible alternative pathway there might be that would save the opportunity for them to have access to decent, quality health care.

I grew up in this tiny town of about 1,500 called Hockessin, DE, and Nicole is also from Hockessin. She reached out to me when her 2-year-old daughter has cystic fibrosis. She spends at least an hour every day administering her daughter’s breathing treatments and at least $5,000 a month. Her medications aren’t cheap. Nicole is confident that without the Affordable Care Act, she would have exceeded her annual cap on medical expenses well before the end of each year.

Nicole makes it pretty clear to me that without the consumer protections put in place by so-called Obamacare—without coming together around the country.

Let me review that because Nicole’s story starkly outlines the reality that millions of Americans could face if we continue barreling down this misguided path of repealing the Affordable Care Act with no plan in place to come out of this without getting together around a plan for replacement. That reality for so many sick Americans or Americans with sick children is this: First, hope you don’t get sick. If that falls and you don’t qualify for some other form of government assistance, either go into debt or try to get by without health care. That is it. That is what it was before the Affordable Care Act, and following its repeal, that may sadly be what it is again.

Over the last few weeks, I have heard many other stories, and I will cover a few quickly, if I may. Kim, from Wilmington, DE, is a thyroid cancer survivor who was able to get insurance because her cancer is no longer considered a preexisting condition. Will her ability to access affordable, quality health care be repealed?

There is Sue from Frankford, DE, whose husband got sick a decade ago—and has been able to work since. They are retired but not quite eligible for Medicare. Yet, despite his illness, they have been able to find coverage now on the individual market. Will repeal of the Affordable Care Act deny Sue and her husband access to quality health care?

There is Carla from Odessa, DE, whose son was able to stay on her health insurance when his employer didn't cover it. Not only that, but Carla’s sister—a self-employed gardener with a 40-year history of insulin-dependent diabetes, also known as a preexisting condition, was able to get health insurance when she tragically divorced at age 63 and lost coverage through her husband’s employer.

There is Matthew from Wilmington, whose son was diagnosed with brain cancer. The year before his son's diagnosis, Matthew and his family were on a non-ACA-compliant health insurance plan. As Matthew wrote me, “Our family was threatened with the re-thought plan was right for us. Then, my 11-year-old got sick right out of the blue. It can happen to anyone at any time.”

Matthew is right. Illness can strike anyone at any time—and not just the flu, not just a cold, but tragic, expensive, terminal illnesses can strike any family in America at any time.

Just listen to the story of Kerry from Wilmington, DE, a massage therapist who considers the Affordable Care Act, as she puts it, “nothing short of miraculous.” Here is why. Kerry signed up for health insurance in 2014 thanks to the subsidies, the tax credits provided through the Affordable Care Act. She had long had neck and lower back pain. She didn’t think much of it considering she had no family history of terrible diseases and had never even had a stitch before. Fast forward to January of 2015, when a routine diagnostic procedure covered by her new health insurance revealed that Kerry had stage III colon cancer. She had surgery a week later, followed by 6 months of chemotherapy, and ended up facing no out-of-pocket expenses besides her annual deductible. Kerry’s cancer has been in remission since September of 2015, and as she writes, “The ACA came along at the last possible moment to save my life. I am certain that without it, I would have just continued to live and work with the discomfort and try to self-treat until the cancer was so advanced it could not have been successfully treated.”

I have many more, but stories like Kerry’s and Matthew’s and Carla’s and Sue’s and Kim’s have been pouring into the inboxes of my colleagues in States around the country.

My Democratic colleagues and I know, and have known since the day it was signed into law, that the ACA is not perfect. I have talked to small businesses that want to offer health insurance for their employees but have struggled to find affordable options in Delaware. I have met plenty of Delawareans whose deductibles or premiums are higher than they like to see, and I have heard from economists and budget forecasters who know our country’s fiscal health depends on doing even more to control health care costs.

Exactly why 2 years ago I came to this floor with a simple, commonsense request of my Republican colleagues: work with us to make the Affordable Care Act better. A colleague, a physician from the State of Louisiana, happened to be listening that day, and we have had a number of constructive and positive conversations since. Sadly, despite many attempts over many years, I so far have been unable to find a Republican partner willing to actually cosponsor meaningful, constructive fixes to the law.

In my view, and as I said 2 years ago, no conversation about the Affordable Care Act and how to improve it can be had without the reality of the millions of Americans it has helped and the many others for whom it has fallen short.

I have sought to address the affordability of health care coverage for all families. I have voted to increase tax credits to make it more affordable for small businesses, looked for ways to make sure there is more competition in the marketplace, especially in small States like Delaware, and pursued commonsense regulatory reforms and cost-containment efforts to further slow the growth in health care costs.

For years, my colleagues and I have asked our Republican friends to put aside their rhetoric and focus on pursuing bipartisan fixes like these.

Today, the bottom line is still this: I know the Affordable Care Act has helped millions of Americans just like the Delawareans whose stories I have read. Kerry, Carla, Matthew, Sue, and Kim today live healthier, safer, and more secure lives.

Let’s take a look at the alternative. There is no single proposed plan. There are dozens of bills in the House and Senate that would produce different results. But it would be very hard to predict with precision what the alternative really is. We know what repeal will do. As of today, the alternative—let’s call it TrumpCare—is nothing more than a wholesale repeal with no clear plan to replace.

TrumpCare, a simple repeal, by one estimate would kick 26 million Americans—more than 50,000 Delawareans—off their health insurance. Even for those who don’t lose their insurance, those hundreds of thousands of Delawareans who get their insurance through their employer, it would be much lower quality because it would...
remove all the consumer protections that we have all come to embrace. It would give a nearly $350 billion tax cut to the wealthiest 1 percent of our country and a nearly $250 billion tax cut to big corporations. While tax cuts have their day in their reason, pushing aside all of that revenue with no plan for how to replace the Affordable Care Act and how to pay for it will become a desperate and dangerous move. TrumpCare, a simple repeal of the Affordable Care Act, would cut 3 million jobs and trigger negative economic impacts well beyond the health care sector by creating profound uncertainty. Lastly, it would burden State and local governments, which would lose nearly $50 billion in tax revenue.

That is the reality. Describing a repeal of the Affordable Care Act as anything other than the injection of wild uncertainty into our daily lives, into the health insurance and health care market square. That is the reality. Describing it any other way is political rhetoric, and that is, sadly, what this debate is about. It is repeal without replace.

Matthew from Wilmington, whose 11-year-old son was diagnosed unexpectedly with brain cancer, concluded his note to me with one last thought. He wrote of his son: “He’s my hero and I will fight for him and all others who continue to suffer similarly every day.”

“Thank you, Matthew. Thank you for sharing your story and continuing the fight. I promise you and all the Delawareans who have reached out to me to do my level best to stand with you and fight for you every step of the way every day until we find a better path together.”

I yield the floor.

Mr. KING. Mr. President, my colleagues have spoken tonight eloquently about a number of consequences that would follow the repeal of the Affordable Care Act: increasing drug costs for seniors, a devastating impact on rural hospitals, elimination of consumer protection in everybody’s health insurance—not just those on the Affordable Care Act—and limitations and limitations on mental health coverage and substance abuse. All of those issues have been presented eloquently and passionately. I want to do something a little different. This isn’t easy for me, but I want to share a story and I feel so strongly about the issue of health insurance for all of our people.

Forty-three years ago—I think it was just about this week—I was a young staff member here in the Senate. I was a junior member who was covered by health insurance provided by my employer, the U.S. Senate. I paid a share, and the Senate paid a share. The health insurance that I had, as part of it, had free preventive care—exactly like that required by the Affordable Care Act.

The other thing the plan I chose had was a Wednesday night doctor’s session. So because I had a free checkup and because it was on Wednesday night and I didn’t have to miss any work, in late January or early February of 1974, I went in for a checkup—the first one I had had in 8 or 9 years. Everything looked fine. As I was putting my shirt back on, I felt a mole on your back. ANGUS, and I think you ought to keep an eye on it.

That night, I went home and mentioned it to my wife. The next morning, she said: I don’t like the looks of that thing. Let’s have it taken off.

I went back in the following Wednesday night because they had Wednesday night hours and I didn’t have to take off from work. I had coverage so I didn’t have to worry about what it was going to cost me, and the mole was removed. When they called me to come back in—I will never forget this moment as long as I live—the doctor said: ANGUS, I think you had better sit down. He told me that I had what was called malignant melanoma, the deadly form of cancer. One of its characteristics is that it starts with a mole, but if you don’t treat it, it then gets into your system and goes somewhere else. If you don’t catch it in time, you will die.

I caught it in time and had surgery. They took out a big hunk of my back in surgery and up under my arm. To this day, my shoulder is still numb from that surgery, but here I am.

It has haunted me since that day that I was treated and my life saved because I had health insurance. I know to a certainty that had I not had that coverage, had I not had that free checkup, I would not be here today. It has always stayed with me that somewhere in America in the month of that year, there was a young man or a young woman who had a mole on their arm or their back or their neck, couldn’t do anything about it, didn’t really think about it, didn’t do anything about it until it was too late, and they are gone. And I am here. I don’t know why I was saved. Maybe I was saved in order to be here tonight. But for the life of me, I cannot figure out why anyone would want to take health insurance away from millions of people. It is a death sentence for some significant percentage of those people.

In 2009, the American Journal of Public Health did a study—a comprehensive study. What they concluded was that for every million people who are uninsured, you can predict about 1,000 premature unnecessary deaths. So the math is pretty simple. Right now, we are talking about over 20 million people who have been afforded health insurance, either through the exchanges in the marketplace or Medicaid, who didn’t have it before. If we take that away, that is 22,000 deaths a year. How can we do that with good conscience? How can we sentence people to death? We are talking about all the kinds of stories we have heard. They are all valid. They are all important. But for me, this is personal. This is about life itself. It is about our ethics, our values, and our obligation to our fellow citizens.

Like all the other speakers, I know there are lots of problems with the Affordable Care Act. I wasn’t here when it was passed. It isn’t exactly the way I would have worked on it or written it. I am ready to sit down with anybody who wants to talk about finding a solution, but let’s not talk about the solution being ripping coverage away from people who desperately need it. It is just wrong.

I understand the political impulse. Folks on the other side of the aisle have been talking about this for 6 years, and, by golly, they are going to repeal it and get rid of it, and people are going to suffer. It isn’t exactly the way I would have worked on it or written it. But now it is real. This isn’t rhetoric anymore. This isn’t a bumper sticker anymore. This isn’t a rally anymore. This is real people’s lives.

So let it just be said. If people want to come up with a different solution, if they want to modify the current system, if they want to try to make changes that make it easier for small businesses and change the hours of work and the definition of full time—all of those things can be discussed. I don’t care who leads it. I don’t care whether we call it TrumpCare, McConnellCare, or RyanCare. We can call it whatever we want, but the fundamental principle here is that health insurance is a life or death matter, and we should honor the commitment that has been made to those millions of people—including over 80,000 people in Maine—who have taken advantage of this program, many of whom have never had health insurance before, many of whom have had tragic stories that we have heard all night about children born with birth defects or children that had some disease at a young age or an adult who, as we just heard a few minutes ago, finds they had cancer and if they hadn’t had the coverage and gone in, they wouldn’t be here.

This isn’t politics. This is people’s lives. I can’t believe that the good people put in this body on both sides of the aisle can’t figure out a way to say: Let’s slow down. Let’s slow down and talk about how to fix it, how to change it, how to replace it. But put that before repeal because once repeal occurs, there are all kinds of bad results, even if they are a few of the bad results.

People say we are going to repeal and delay. That is repeal and chaos. The insurance industry is going to start to pull back. The health care industry is going to say: Well, we don’t know what the situation is going to be. We are going to have to slow down. We are going to stop hiring. We are going to lay people off.
All those changes are going to start happening right away. They can’t be prevented. To tell people don’t worry, we are going to cover you—that is cruel. I don’t think my colleagues intend to be cruel. There is not a mean-spirited person in this body. We just have to face the fact that people have come to us with these results. But the fundamental results should be have people have health insurance so they don’t have to risk their lives every day and live under that threat. That is what this discussion is all about. I mean that’s how I see it. I view this as much more than a political issue. I understand the differences, I understand the history, and I understand the politics of it, but I just think that now that it is real, let’s slow down and find another way to solve this problem that protects the gains that have been made and sands off the rough edges of the law but allows us to protect the fundamental idea of helping people to find health insurance and keep them from being denied health insurance for reasons through no fault of their own.

I think this is a moral and ethical issue, and I go back and I feel so strongly about this because of my own experience. I feel I owe it to that young man in 1974 who didn’t have insurance, who didn’t have the checkup, who had melanoma, and who died. I have an obligation to that young man to see that doesn’t continue to happen in the wealthiest, most developed society on Earth.

This is something we have within our power to do. I deeply hope that we can take a deep breath, back away from this idea that we have to repeal, and talk about fundamental principles of helping people to cope with this most serious and personal issue.

I have confidence in this body. I have confidence in the good will of this body and of the American people. If we can get away from talking about it in the abstract as a political issue, we can talk about real people. That is what I hope we can do over the next weeks and months, and I am convinced we can come to a solution—not that will make everybody happy but that will save lives and make our country a better place.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, first, let me thank my good friend from Maine for his usual eloquent remarks. I thank my colleague from Connecticut, who is one of our great speakers and mainstays, who has let me sneak in ahead of him. So I will be brief.

My Democratic colleagues are holding the floor tonight to demonstrate our solidarity and our commitment to defending the Affordable Care Act. It is not just defending some abstract law. It is protecting President Obama’s legacy or Democrats’ legacy. It is about people. It is about the American people and their access to affordable health care. It is about defending a health care system that has been made fairer, more generous, more accessible, and more affordable for the American family. It is about men and women and children whose stories we have heard tonight from Member after Member coming to this other, and their lives have been changed. In many cases, their lives have been saved by health care reform.

That is why Democrats have held the floor tonight. Through the hours have come to a solution—not that will make every fiber of our being. We will not go gently into that good night.

The history of health care reform has been cast and recast by both parties, but there is a truth to be told amidst a lie. A truth. Before the Affordable Care Act, our health care system was a mess. Health care costs were growing at a rate much faster than they are today, eating into workers’ paychecks, dissuading them from investing in the future, and creating jobs. That is what the Republican plan would do, and I hope our Republican colleagues will—particularly without a viable comprehensive replacement.

The Republican Senators from Maine, Arkansas, Tennessee, and Kentucky, former Senator Rick Santorum, even the President-elect says that maybe we should replace and figure out what to do before we repeal, but I don’t know what to replace it with.

My simple advice to my Republican colleagues is turn back. The Affordable Care Act without a detailed comprehensive plan to replace it, not a mere framework, not a set of principles, not a bunch of small-ball policies cobbled together, they will create utter chaos, not affordable care, not at the right side of the caucus and the right side of their phones, and they will carefully consider the consequences of repealing this law, and I hope our Republican colleagues will—particularly without a viable comprehensive replacement.

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My simple advice to my Republican colleagues is turn back. The Affordable care of Americans hang in the balance. Affordable care for every American hangs in the balance. If Republicans repeal the ACA without a detailed comprehensive plan to replace it, not a mere framework, not a set of principles, not a bunch of small-ball policies cobbled together, they will create utter chaos, not affordable care, not at the right side of the caucus and the right side of their phones, and they will carefully consider the consequences of repealing this law, and I hope our Republican colleagues will—particularly without a viable comprehensive replacement.
needs to be some improvements, but don’t scrap the law, leaving all those in the lurch and then come to us and say: Now let’s fix it.

You better have a replacement. Something you haven’t been able to do for 6 years. It is not too late. Work with us Democrats on improving the law. Work with us on making it better. Don’t scrap it and make America sick again. Turn back before it is too late. It will damage your party. It will hurt millions of Americans, far more importantly, and hurt our great country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, once again, congratulations on your election. I haven’t gotten a chance to talk with the Presiding Officer in detail about his path to the U.S. Senate, but I have had a chance to talk to a lot of my colleagues, and I understand how they got here, and I think we can all agree it is not often a real pleasant experience. You get your name dragged through the mud. You get called all sorts of names. You meet lots of friends and strangers and ask them for money. It is no walk in the park to run for politics as well, but that is not why we are here be-cause we get that other people aren’t. Politics is here because we want to lift kids don’t have that opportunity, and I think that Senator King is right. It was the Affordable Care Act that made it possible.

There is no doubt that the Affordable Care Act, with no replace-

ment, with no plan for what comes next, will hurt millions of real people in very real ways. In the end, I don’t believe that my Republican colleagues want to cast a vote that will do that. There is only one tall guy right here is Josh Scussell. He lives in Connecticut. He is from Guilford. He is standing next to his bone marrow donor and her boy-
friend. This is Josh’s wife. Josh was di-
agnosed with stage IV non-Hodgkin’s lymphoma in 2012. Here is what Josh says. He will tell you the unvarnished truth. Josh says: “The ACA is entirely responsible for me still being alive.”

He relapsed after an additional diagnosis before he turned 26, and the only way he was able to get insurance was because of the Affordable Care Act, which allowed him to stay on his mother’s insurance up until he turned 26. During the course of his treatments, he underwent stem cell transplants, which he could not have afford. Because of those transplants, he needed ongoing weekly treatments at a cost of $10,000 per treatment.

He recalled how he was getting his first stem cell transplant and he was in the hospital. It was John Scussell, the House appropriators, who deliberated on the Affordable Care Act. He said, “I was in a hospital bed watching the TV, when the Supreme Court approved the ACA, and just the feeling I had in my body was a feeling that I had never experienced before because I knew that I was going to be taken care of.”

Josh is in remission. In a few months of being cancer-free, the doctors tell him he might be out of the woods. He says, “I’m more fearful for other people in my position. . . . Because there’s no way I would have been able to afford any of those treatments” if it wasn’t for the Affordable Care Act.

This little guy, his name is Rylan. This is his mother Isabelle. Rylan was born with a congenital heart defect. One day he had to be rushed to Connecticut Children’s Medical Center for emergency open-heart surgery to keep him alive. Isabelle says that she never really thought about health insurance. She knew she had it, but she didn’t really think about it until Rylan went for that emergency surgery. She thought: Oh, no, is our insurance going to cover it? Will they cover all the treatments he needs going forward now that he will have had a preexisting condi-
tion? She found out that the Affordable Care Act protected her because it eliminated a common practice of insurance companies to cap the amount of coverage you get in any one given year or over the course of your lifetime.

Isabelle tells it plainly. She says:

Without the Affordable Care Act, we would have never been able to afford the care for Rylan. We would have had to make awful deci-
sions—decisions about whether we kept our house, kept our car, whether we could still afford to work.

It was the Affordable Care Act that protected her and her family.

Finally, this is John. John is a hero in my book. John was born with cystic fibrosis. John tells the story about how health care is the most important thing to him in the world. It is more important than salary. It is more impor-
tant than his job. It is more important than friends. He struggles every day to live. The only way he lives is that he is able to take medications that allow him to continue to breathe and that allow his lungs to continue to function amidst this crippling disease and diagnosis. John is on the Affordable Care Act, and John will tell you, just as plainly as Josh and Isabelle, that without the Affordable Care Act, he would die—not 2 years from now, not 3 years from now. John would die within a matter of weeks because without his medica-
tions, he cannot live.

This is an AP fact-check story from today. These are real people. I care about them because I know them, and I have had the chance to meet John and Isab-
elle and Josh. But you have these people in your State as well. My Repub-
icans have just as many of them. Some of the biggest numbers of enrollment in the Affordable Care Act aren’t in States represented by Demo-
crats; they are in States represented by Republicans. And this mythology that the Affordable Care Act hasn’t worked or that it is in some death spiral is just political rhetoric. It is not true.

President-elect Donald Trump says that President Barack Obama’s health care law will fail of its own weight. House speaker Paul Ryan says the law is “in what the actuaries call a death spiral.” Senate Majority Leader Mitch McCon-
nell says that “by nearly any measure, ObamaCare has failed.”

The AP says:

The problem with all these claims: They are exaggerated, if not downright false. The Affordable Care Act has not failed for the 20 million Americans who have insurance now because of it. The Affordable Care Act has not failed for the millions more who are paying less for health insurance than they were before the law. But the law hasn’t been able to stop the amounts insurers can charge people who have preexisting conditions. If they have a preexisting condition, the Affordable Care Act has not failed for seniors across this country who are on Medicare and are paying less for prescription drugs.

There is no doubt that the Affordable Care Act isn’t perfect. Medicare wasn’t perfect when it was passed. We ame-
ed it 18 different times. The Affordable Care Act needs to be amended and per-
ected as well. But if you really care about people instead of political head-
lines, then the prescription here is simple: Stop. Take a step back. Don’t
lurch the entire health care economy into chaos when you don’t have to.

I am pretty sure that Donald Trump is going to be President for the next 2 years. I am pretty sure that Republicans are going to call the Senate and House of Representatives for repeal and replace the next 24 months. You have time. You don’t need to prove some point to the political talk show hosts and the conservative radio commentators. You can step back and rescue these real people from the fate that you are about to subject them to—instead of engaging in a partisan repeal with no replacement for what comes next—reaching out across the aisle and working with Democrats to try to fix this law.

I have been here the last 6 years. I was part of the passage of this law when I was in the House of Representatives. I have listened to my colleagues say, literally tens of thousands of times in Washington and across the country, that their priority was to repeal and replace it. What I heard from my Republican colleagues was: Put your vote where your mouth has been because the alternative is a death spiral.

The Associated Press calls the misadventure with the Affordable Care Act not in a death spiral. But those same health care economists who are quoted in that story will tell you that if you repeal this bill without any replacement for what happens next, that is what creates the death spiral. This is what happens when you put a clock ticking on the life of the Affordable Care Act, then a couple of things happen. First, people who need some procedure done rush into those exchanges and they drive up the actuarial cost, and insurers just look at themselves and say: Why would you hang around for that? And they bolt. So the Affordable Care Act falls apart if you telegraph to people that you have only 1 year or 2 years left.

You don’t have to do this. You don’t have to visit that kind of harm on real people. I know that is not why Republicans ran for office. I know we have philosophical differences on how to get health care to people, about how to increase revenue and not paying out, so you also have to be bringing in revenue and not paying out, so you need young people in the risk pool. You need professionals in the risk pool. You need nonstick people in the risk pool. That is how this all works. Everybody understands that.

Everybody who is working on this in good faith understands that you need to create a risk pool in order to cover more people. So they know that if they eliminate the individual mandate, they eliminate the benefit, but they are at a disadvantage because they want to repeal this law totally, root and branch—not to improve upon the law.

Just remember that it was an article of faith that we couldn’t make even the most modest improvements to this law as long as President Obama was in the White House. If you look at how this has evolved over the last 6 or 7 years; if you did so, you ran afoul of Republican orthodoxy. It is not that they wanted to fix the law. It is that they had told everybody it was so bad—partly because it was ObamaCare—that there was nothing good in it; there was nothing worth preserving about the Affordable Care Act.

Now they are into repeal and replace. They are stuck with the promise they made to repeal this law totally, and they know people are very, very angry because President Obama is the President only for another 10 days, and people are not going to accept the premise that we are going to rip health care out from under you, but don’t you hate health care because it is called ObamaCare? That is an argument that may have worked 3, 4, or 5 years ago, but with a new President-elect and a new Congress, we have an obligation to have a better strategy than that. Republicans do not have a replacement plan. If they had one, they would be adopting it shortly. It has been 7 years. It has been 7 years, and we haven’t seen any legislative language—none. They have no plan at all for American health care other than to say anything at the last 6 or 7 years; they try to blame it on the law that they are repealing.

There are only a few ways this could end up. I will give you a couple of them. First, they could pass a straightforward repeal of the Affordable Care Act, which is similar to what we have done with our fiscal situation where they have to periodically shovel money at the problem.
and bail out the insurance companies. What will happen is they are basically eviscerating the revenue that provides the subsidies for individuals, but they are going to realize: Hey, these subsidies are quite popular, but we just eliminated the revenue. We don’t want to increase premiums and keep shoveling money at the insurance companies or they may make minor reforms in the ACA and call it a replacement. That would be great. I do not see that they are on this path right now because they are actually going to repeal the law and take health care coverage away from millions of Americans. This is completely irresponsible.

So what happens when they repeal ACA? Twenty-two million people will have their health care coverage ripped away from them, more than 22 million men, women, and children. For those of you who still have coverage, I want you to know that this impacts you too. If you have a preexisting condition as community, nonrural States or high blood pressure or mental health issues or cancer or Crohn’s disease or Lupus or in a lot of instances pregnancy is a preexisting condition, you are not going to be able to keep your coverage.

If you live in a rural area, you are likely going to lose access to preventive health care services like birth control. If you live in a rural area—everybody in rural America should understand this.

There is this thought that there are rural States and nonrural States. Every State is both a rural State and a nonrural State. I know the Presiding Officer has an urban area and plenty of rural areas. I have one of the densest cities in the United States, and then I have far-flung, very small towns that are old plantations. Everybody in the Senate represents rural America in some form or fashion.

If you live in a rural area, chances are your hospital is going to receive millions of dollars in funding, which will force many rural hospitals to turn away patients and close their doors. This is not an exaggeration. I encourage every Republican Member of the Senate, Member of the House, citizen out there to ask their health care leaders in rural hospitals what is about to happen. They are in a panic.

Let’s be totally clear about what this means. You lose rural hospital money and you lose rural hospitals. For a lot of small towns, from Hawaii to the Dakotas, to the Carolinas, and everywhere in between, the rural hospital is the economic center of the community. It is often by far the largest employer. I want you to understand, if a rural community loses its rural hospital, a lot of the working-age folks leave. They move to a more urban area.

What happens is, the elderly citizens also have to leave because if you need access to emergency services but you are nowhere near any of that care, you are going to have to go too. So there is not a single thing we can do in the Congress that would harm rural communities quicker than what is being done this week by the Republicans. I want to be really clear about how much harm is about to be done to rural communities, not just rural health care providers, not just nurses and doctors and technicians and nurses and everybody who works at those rural hospitals.

That is important because in a lot of instances, that is the economic driver of a small town. It is also about, people start to make their own way and their own living, especially as they get older, and they think to themselves: How do I stay close to health care? If that rural hospital goes away, that rural town goes away.

We have seen it in Hawaii. That is why we fight for Molokai Community Hospital. That is why we fight for Lanai Community Hospital. That is why we fight for Waianae Coast Comprehensive Treatment Center. That is why everybody fights so hard for their community hospital. In a lot of instances it is the center of a community, not just economically, but without it, you basically have no community.

All of this will cause the entire insurance market to unravel, raising costs for everyone. Your premiums are going to go up for prescription drugs, more pay on their premiums, and pay more for out-of-pocket costs.

So if the Republicans are still under the false impact of the repeal I just outlined and have been outlining for the last 4 or 5 hours, over the last 3 or 4 days, there is another reason to be extremely cautious about what is about to happen. As we know, the vehicle for this is a budget resolution. Right? They are trying to characterize this as, no, it is not a budget resolution. The only reason they are doing it as a budget vehicle is so they can do reconciliation. What does that mean? That means they only need 51 votes, where otherwise they would need 60 votes, but this is a budget. If it were not a budget, they would not be subject to the 51-vote threshold. This is the Federal budget. This Federal budget increases the deficit by trillions of dollars.

This Federal budget increases the deficit by trillions of dollars—not trillions of dollars at a flat line with the previous Federal budget, this is trillions of dollars more than last year’s Federal budget.

So if you are a fiscal hawk, gosh, you must be swallowing hard over the next couple of days. This must be a bitter pill to swallow because on the one hand, boy, do you hate ObamaCare. On the other hand, boy, do you hate running up the national deficit—not the debt, deficit—by trillions of dollars. This is insane. This deficit—what we are doing to the debt and deficit in the next 2 or 3 days makes everything that we have been doing the last 3 or 4 years pale in comparison.

If you are a fiscal hawk, I cannot see how you get to yes on this. You cannot vote to increase the national debt by trillions of dollars and then still call yourself a fiscal hawk. So we have a choice in front of us. Do we build on the progress of the Affordable Care Act or do we strip millions of Americans of their health care coverage, leave those millions of people out in the cold, and raise the national debt?

We know ACA has its flaws. No one ever said it was perfect. Let us be clear. Every major piece of legislation, every signature piece of legislation that this body has ever proposed has been flawed in some way. What do we do when we are a functioning world’s greatest deliberative body? We iterate it. We work on a bipartisan basis to fix it. That is what we should do.

The benefits of ACA are undeniable. That is what we should be debating, improvements to the ACA, not an implosion. So let’s keep our eye on the ball and remember what our common goal is: giving every American the opportunity to get quality, affordable health care they deserve.

I yield the floor.

The PRESIDING OFFICER (Mr. BOOKER). Mr. SASSÉ, The Senator from New Jersey, Mr. BOOKER. Mr. President, the highway is open, even though it is like you have a lot of work there to do, sir. I think I am going to be merciful and keep this short. I want to thank the Senator from Hawaii, the senior Senator from Hawaii, for his remarks. I just want to wrap up. We have had multiple speakers now driving home a number of points. Two of them I just want to reiterate, which is the fact that as I look at a lot of more moderate and conservative outlets, from the American Enterprise Institute all the way to the American Medical Association, that did not support ObamaCare in the first place, you have this chorus growing of responsible, thoughtful people who said: Hey, we want to repeal ObamaCare, but to do it without putting up a plan and showing the American public what you are going to replace it with is not only contrary, obviously, to a lot of the political rhetoric we heard during the campaign season, but it is against the logic, it is not prudent, it is actually reckless, and it is going to hurt a lot of people.

This is what we have to understand. I say it is akin to pushing someone off a cliff and telling them they are falling down, that, hey, we are going to get a plan, don’t worry. The problem is, people are going to get hurt in the interim. The cost of medical care, not having that kind of business certainty that you need, it is going to spike markets and make things very difficult.

I just want to say that this body, which I respect—and I am happy to hear voices like Senator RAND PAUL and others on the Republican side begin to come out and say that we should not be保利this without replacing it. I want to offer my gratitude to them because I think there are a lot of people—I even heard CHUCK
SCHUMER say himself that he is ready to roll up his sleeves and talk about ways to improve this. We have heard from the President-elect, saying that he is going to have a health care system that is better and that he think he will use the word “terrific” to describe what he is going to bring to the American people.

Well, where is it? Where is the plan? What is the idea? Because there are too many people right now in our country who worry that what might happen. When I say “fearful,” it is a base fear; that is the idea. What is the idea? Because there are too many people right now in our country who worry that what might happen. When I say “fearful,” it is a base fear; that is the idea.

For over 20 years, I have purchased my insurance privately and paid dearly for my medical care. Two months ago, I was diagnosed with an extremely rare cancer in my central nervous system. I am fortunate that doctors believe that it can be controlled, but not cured, by my taking a low dose of oral chemotherapy for life. I now, as a result of this condition, have zero chance of being able to afford reasonable medical coverage purchased from an unregulated open market. My life, literally without hyperbole, depends on my being able to maintain continuity of care and insurance regulations that eliminate exclusions for preexisting conditions. My energies are limited due to my illness. So I thank you for doing all you can to fight for my life and my family. The idea that preexisting conditions aren’t contributing to the economic health of our country is a distortion. I personally address gaps in our health care system as a priority—right now.

The safety net is us, and if I lose my health coverage and can no longer afford it, I will no longer be able to afford to devote one-third of my caseload to those who have no insurance.

That is where we are right now. I have heard so many of my colleagues, Republican and Democratic, speak to the terrible condition of those who are affected by the ACA. We have heard from the President-elect and others that they have a plan to get there, to preserve all of these things that are now being savored by Americans, that are literally, as Martha from Montclair points out, saving people’s lives. The question is, How are you going to get there? By the way, while you say it and don’t tell us how you are going to get there and just repeal ObamaCare, then you introduce uncertainty to the market. Insurance companies are speaking up. The American Medical Association is speaking up. The American Cancer Society is speaking up. All of these nonpartisan or maybe even conservative folks are speaking up, saying: You can’t do the repeal unless you put forward what you are going to replace it with.

Free market folks know you don’t introduce uncertainty into the markets without consequences, and those consequences would be a disruption to the individual marketplace, the spiking of prices, people pulling out, and that death spiral. I believe in the prudence of this body. I have seen it from people on both sides of the aisle—the thoughtfulness that they won’t rush to embrace a pure political victory at the expense of real people. Well, this is one of those moments.

What are we going to do as a body? Are we going to repeal and not replace? Or are we going to have a great discussion about what that replacement will be?

So tonight we have heard from a lot of my colleagues. I am really proud that folks have taken to the floor. I am more proud that from my office, we are hearing from people on both sides of the political aisle. Not everybody likes ObamaCare. Not everybody voted Democratic. It is people from both sides of the aisle. They do not understand why we would rush forward doing the repeal without the replace. I want to thank everybody who has spoken tonight. The hour is late, and I just want to thank a lot of the folks who don’t normally keep these kinds of hours. There are so many incredible people who work up around the President’s desk.

There are a lot of pages here who do not get enough thanks on both sides—Republican pages and Democratic pages. I want to thank them, as well, for staying late, even though, technically—and I hate to call them out on this—if they have to stay up past 3 a.m., they don’t have to necessarily do their homework and show up for school the next day. That is what I hear. So we might have done you a favor. But either way, I want to thank everybody tonight.

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

Oh, I am sorry. I want to—what do I want to do? I want to just drop the mic.

Mr. SCHATZ. That is the first time the Senate has ever ended with that one.

ADJOURNMENT UNTIL TODAY

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon today.

Thereupon, the Senate, at 12:16 a.m., adjourned until Tuesday, January 10, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

IN THE ARMY

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

To be major

JEREMY D. KARLIN
INAHA M. SANCHEZ

IN THE NAVY

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

To be lieutenant commander

MATTHEW M. LEWIS