Mr. MCCONNELL. Madam President, I send a cloture motion to the desk. The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

**CLOTURE MOTION**

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.


**LEGISLATIVE SESSION**

I ask unanimous consent that at 5 p.m. President be immediately notified of the motion to reconsider be considered action or debate; and that if confirmed, further ask that there be 30 minutes of debate on the nomination, equally divided.

The motion was agreed to.

Mr. MCCONNELL. Madam President, I move to proceed to legislative session.

The PRESIDING OFFICER. The motion is agreed to.

Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 108. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

**CLOTURE MOTION**

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.


**EXECUTIVE SESSION**

I send a cloture motion to the desk. The PRESIDING OFFICER. The motion is agreed to. The PRESIDING OFFICER. The clerk will report the nomination. The senior assistant legislative clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

Mr. MCCONNELL. Madam President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

**CLOTURE MOTION**

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

Mitch McConnell, Orrin G. Hatch, John Hoeven, Pat Roberts, Orrin G. Hatch, Tom Cotton, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Tom Cotton, Roger F. Wicker.

**EXECUTIVE CALENDAR**

Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 94.

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

Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 108. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

**CLOTURE MOTION**

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorism Financing, Department of the Treasury.

Mitch McConnell, Orrin G. Hatch, John Hoeven, Pat Roberts, Orrin G. Hatch, Tom Cotton, Thom Tillis, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Tom Cotton, Roger F. Wicker.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the mandatory quorum call with respect to both cloture motions be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.
They have no large employer to cover them.

Prior to finding a plan through the ACA in January 2015, our monthly insurance premiums were to increase to nearly $3,000 a month. So we've had—I mean, that's a fortune. On top of that, our health insurance had an annual cap on prescription coverage of $5,000. The Humira that my daughter takes to combat her Crohn's Disease costs us $3,800 a month, and that is not the only medication she requires. So basically, after one month, we reached the prescription coverage cap, meaning we would have to pay $1,800 a month for medication on top of $3,000 a month premiums. Who has an extra $6,800 a month to pay for this? That is way more than we earn monthly as farmers.

With the health insurance plan we got through the ACA, our premiums for 2015 were $1,500 a month, less than half of what we would have been paying under the previous plan. But the real saving grace was no prescription cap, so my daughter's medications are covered with a copay after we reach the deductible. This is still a lot of money, but at least we can treat our daughter's disease and hopefully keep her healthy. And even though our premiums have gone up to nearly $2,000 a month (from $1,500 a month under the ACA, at least we can still have insurance.

For families like Laura's and Lauren's, the individual marketplace is critical. But like Laura said, premiums are frequently too high. You have to have robust enrollment, competition, and certainty for premiums to come down.

Unfortunately, there has been increasing uncertainty in the individual market due to actions taken by the current administration. On January 26, 2017, President Trump signed an Executive order directing relevant agencies not to enforce key provisions of the Affordable Care Act. Later in January, the administration terminated components of outreach and enrollment spending, including advertising to encourage people to enroll in the individual marketplace.

The administration has also repeatedly threatened to end cost-sharing reductions in the current marketplace. On January 20, 2017, President Trump signed an Executive order directing relevant agencies to examine insurance companies participating in State and Federal marketplaces. It would encourage them to offer more plans in a greater number of markets, thereby driving down costs for patients and families. Basically, if reinsurance can cover high costs, an insurance company will know it has a backstop, which gives it a measure of stability, and also can set premiums at a more reasonable level for everyone.

The bill would also do one other thing that is important. It would provide $500 million a year from 2018 to 2020 to help States improve outreach and enrollment for the health insurance marketplaces, especially to draw seniors. It was passed with bipartisan support during the administration of President George W. Bush, now more than a decade ago, and the reinsurance program has helped hold down costs.

This reinsurance program would provide funding rather than expected insurance claims for health insurance companies participating in State and Federal marketplaces. It would encourage them to offer more plans in a greater number of markets, thereby driving down costs for patients and families. Basically, if reinsurance can cover high costs, an insurance company will know it has a backstop, which gives it a measure of stability, and also can set premiums at a more reasonable level for everyone.

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has sold to Saudi Arabia in the past, air strikes continue to hit civilian targets. The number of civilian injuries and deaths shows that there is simply not enough progress to reduce civilian casualties.

I could not in good conscience vote to support providing advanced precision munitions—bombs capable of hitting targets guided by laser targeting or GPS—to a campaign conducted by forces we know to be unwillimg to limit strikes to targets of military necessity.

Civilian casualties are a tragedy, and they threaten to make us less safe by radicalizing populations that otherwise would not be sympathetic to violent extremist groups like al-Qaeda. It is critical that the U.S. military is certainly able to hunt down terrorists wherever they operate or wherever they seek haven.

The deployment of remotely piloted aircraft has allowed for persistent intelligence, surveillance, and reconnaissance, which is used to minimize the risk of civilian casualties. When the U.S. military carries out air strikes, we know our men and women uniform the best trained in the world and are informed by the best available intelligence.

Precision-guided munitions alone do not avoid preventative tragedies. It takes capable and fully trained personnel. This is what we must expect from our partners for the sake of innocent civilians caught in conflict zones and for our own national security. Failing to do so sets back the potential for a political solution.

We simply should not send precision munitions or any weapons system to any partner with personnel who are not capable or trained to use them. That is why I supported the resolution of disapproving Iran’s ballistic missile program and imposes terrorism-related sanctions on Iran’s Revolutionary Guard Corps.

Mr. President, I was proud to support the Countering Iran’s Destabilizing Activities Act. This is important legislation that I was also proud to cosponsor. It will require sanctions on those supporting Iran’s ballistic missile program and imposes terrorism-related sanctions on Iran’s Revolutionary Guard Corps.

For too long, Iran’s state sponsorship of terrorism and their repeated ballistic missile tests in defiance of U.N. Security Council resolutions have destabilized the Middle East and threatened Israel, our strongest ally in the region. Their destabilizing actions are fueling the ongoing violence causing widespread humanitarian suffering in Yemen. Iran provides weapons and troops that fuel conflicts, and Iran’s military consistently behaves in an unprofessional manner, putting American troops at risk.

I believe most Iranian citizens want to play a productive role in the world. It is their government that is the problem. I believe that pressure provided by additional sanctions for destabilizing activity can improve the behavior of the Iranian regime, and we must send a clear signal that their actions are simply unacceptable.

This legislation also provided a vehicle to address another nation’s leadership whose actions have warranted international condemnation—Russia. The Russia has been an important partner in the Russian intelligence and defense sectors.

Let me be clear: Russia is not our friend. The Russian Government has conducted an information warfare campaign against our own country and sought to undermine our democratic process.

This is not a one-time incident. Russia continues to attempt to disrupt democratic institutions and interfere with our allies.

Congress has supported imposing tough sanctions on Russia, and it is important that Congress has an opportunity to review any attempt to remove them. I am glad this amendment was adopted on a bipartisan basis.

Finally, I am a cosponsor of an amendment offered by Senator GRAHAM that reaffirms the importance of NATO, particularly article 5, the collective defense provision, which states that an attack on one is an attack on all. Article 5 has been invoked only once, in response to the September 11 attacks on the United States. With the inclusion of this amendment, the Senate sends a strong, clear signal that the United States stands by our commitment to security and stability throughout the world, and we always will.

I suggest the absence of a quorum.

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

Mr. PRESIDENT. The PRESIDENT. OFFICER. The clerk will call the roll.

Mr. President, I rise to continue my discussion about the case for a bigger Navy, a bigger fleet, and to endorse the requirement of the experts in the Department of Defense that we move to a 355-ship Navy.

When a crisis strikes around the world, the President asks his national security team: Where are the carriers? Where are the aircraft carriers?

Our missions in the Middle East and Asia require at least five strike groups deployed anywhere—not in the Persian Gulf, not in the Mediterranean, not in the Western Pacific.

There is a gap in our global carrier presence, and there is a gap in our fleet. This comes from years of complacency. Also, it comes from a different set of facts that we face today and a different set of challenges that we are faced with in our quest to make our presence known and to protect our national security interests on the open seas. We have ignored the great naval tradition that has stood the test of time—elsewhere—the fact that it is accelerating. We have taken our Navy and our sailors and marines for granted.

Second, a strong Navy deters aggressive behavior and reassures our allies as the Nation’s first-on-the-scene force. A strong Navy can help keep bad situations from spiraling out of control and getting worse. For example, the President recently dispatched multiple carrier strike groups to the Sea of Japan following North Korea’s missile tests. The President asked where the carriers were, and he dispatched them to a place of crisis. A mix of ships gives our forces options, and their deployments to areas of instability can send a message of resolve to our friends and foes alike.
Third, if deterrence fails, our naval forces can provide a decisive response to aggression. Surface ships, submarines, and the aircraft on the carriers can launch missile strikes, control air and sea traffic, and intercept missile threats. The recent U.S. action in Syria, for example, showed how a carrier Strike Group can deter a regime like Assad from using chemical weapons. People and the security of the United States. Bejing has developed its first carrier, the Liaoning, and plans to build at least six more carriers. By 2030, China will have almost 30 carriers in service, up from 27 at the end of last year. It all adds up to 260—a 260-ship fleet that is in only 13 short years, which is an astonishing accomplishment.

The lack of ships has created coverage gaps all over the world. I will give two examples.

First, the commander of Pacific Command, ADM Harry Harris, recently told Congress that he has only half the submarines he needs. Admiral Harris is responsible for deterring China and North Korea, but he is missing half of the submarines he needs. China is building a modern navy capable of projecting global power. China is modernizing every type of ship and submarine in its fleet. China commissioned 18 ships last year. In April, China launched its first domestically built carrier and plans to build at least six more carriers. By 2030, China will have more than twice as many attack submarines and four times as many small surface ships as the United States. Bejing is developing its first overseas naval base in the Horn of Africa. China’s naval buildup may attempt to push the United States first out of the Western Pacific, away from critical chokepoints and our allies in South Korea and Japan.

I would call the attention of Members to the poster that I have, and I hope it is printed large enough for my colleagues to see. In terms of five types of ships, it compares where we were in 2000, where we are today, and where we are projected to be if current trends continue.

For example, on the farthest column shown on the chart, in attack submarines—and the black portion of each circle represents China’s capability, and the blue portion represents the United States of America. In 2000, it was 64 to 55 in favor of the Chinese. In 2016, as we can see, 56 to 57. But under current projections, by the year 2030, when it comes to attack submarines, the Chinese will have 87 and the United States will have only 42—a disturbing trend which the Navy would like to reverse if we have the ability and the wisdom to give them the requirement they have said they need, that is in only 13 short years, which is hard to believe—there will be more Chinese ballistic missile submarines than American ballistic missile submarines unless we take the Navy’s requirement to heart and take action beginning this year to rectify that situation.

With regard to small surface ships, as we can see, there was a 79-to-62 advantage in sheer numbers in 2000 and a 103-to-23 advantage for the Chinese. In 2016, there will still be a mismatch, in terms of numbers, of 123 small surface ships compared to only 40 for the United States of America. With large surface ships, it was 20 to 79, then 19 to 84, and by the year 2030, as we can see, the Chinese are projected to have 34 large surface ships. With regard to aircraft carriers, as I pointed out, they were not in that game at all in 2000. They delivered their first last year, and they are projected to go to four by the year 2013.

And, of course, we need to turn to the subject matter of North Korea. Kim Jong Un will stop at nothing to develop a nuclear weapon that can strike our allies and that can strike deployed U.S. forces and eventually our homeland. A nuclear ballistic strike would essentially make North Korea impervious to threats of preemption. North Korea is building fortified submarine bunkers and began testing submarine-launched ballistic missiles within the last year.

Naval competition is a fact. China, Russia, North Korea, and Iran have clearly building up the size and the sophistication of their fleets. The Chief of Naval Operations has a word to describe the pace of competition, and that word is ‘exponential.’ The CNO puts it this way:

‘Time is an unforgiving characteristic of the maritime [environment]. Things are moving faster, including our competitors. We have started competing last year. Building a larger fleet is a national project. It will require sustained commitment by the President, the Congress, and the Department of Defense. As chairman of the Seapower Subcommittee, I intend to begin laying a firm foundation this year for a significant buildup in the future, and I hope my colleagues will join me.

Mr. President, I yield the floor.

Mr. CASEY. Mr. President, I wish to start this afternoon with a reflection on what happened yesterday. We are thinking today of the individuals who were hurt in the attack during the baseball practice in Virginia, and of course, of the Capitol Police, who exhibited such courage in the line of duty. We are thinking of Crystal Griner and the rest of our colleagues who were injured. I will list them. Many of the names we already know, but it is important to list them.

Of course, Representative STEVE SCALISE from the State of Louisiana—we are thinking of his family and praying for them, and we hope for his speedy recovery. Matt Mika, who works for Tyson Foods, was also a shooting victim like Representative SCALISE. Zack Barth, who works for Congressman ROGER WILLIAMS, was also a shooting victim, and Special Agent Crystal Griner, of course, of the Capitol Police, who exhibited such courage in the line of duty. We are thinking of Crystal at this time as well. We know there were individuals injured at the scene, including Special Agent David Bailey of the Capitol Police, who was not shot, apparently, but suffered an injury and was released from the hospital. We are happy to know there has been released, Representative ROGER WILLIAMS, who was hurt at the scene as well—not a shooting victim but hurt—and, of course, two of
our colleagues were there at the time, Senator RAND PAUL and Senator JEFF FLAKE. We are thankful they were not injured in any way.

On these days, we come together as a family to remember those who have been injured and we are thinking of them and their families and praying for them.

HEALTHCARE LEGISLATION

Mr. President, I rise today to talk about the healthcare debate and in particular not just the issue of healthcare but the effort underway by Senate Republicaus in their attempts to repeal the Patient Protection and Affordable Care Act.

I have grave concerns about the substance of the legislation—what we know about it. It has been kind of a secret process. We don’t know a lot, but we have some general sense of where they are headed. I also have grave concern about the lack of transparency employed by the Republican majority around the development of this healthcare plan.

Like millions of Americans, I oppose this secretive process—and I have to say it is a partisan process as well—that would result in major legislation that would cut children who will lose their healthcare, especially by way of the cuts to Medicaid. It could harm individuals with disabilities—and by one recent estimate in Pennsylvania, that means over 270,000 Pennsylvanians with disabilities who rely upon Medicaid; and, of course, seniors—a lot of seniors across the country cannot get into a nursing home absent the full support of the Medicaid Program, and we are concerned about them as well; and finally, middle-class families who may not be able to afford healthcare if the House bill were to become law or a substantially similar bill passed by the Senate.

In 2009, the legislation passed the Senate after a yearlong, open process that included a total of 41 bipartisan hearings, roundtables, and summits. That was in the Committee on Health, Education, Labor, and Pensions, of which I was a member at the time and then major provisions of the Senate bill; and then major provisions of the Senate bill.

There have been no relevant bills considered by either Senate committee by any of the committees of jurisdiction. Every indication is that the Republican majority will jam this legislation through with minimal opportunity for debate. This is unacceptable to me, but I also believe it is unacceptable to people across the country in both parties.

We know, for example, the reason—or one of the many reasons—folks would want a hearing before a vote, and that is because we are getting a sense of what is at stake when it comes to this bill and when it comes to Medicaid.

This past Friday, I met with German Parodi from Philadelphia. Here is his story:

In 2001, he was a victim of a carjacking and was shot in the neck, leaving him paralyzed and unable to use his legs and having limited use of his arms. He was nursed back to health by his grandmother and has worked for the past 16 years to get his life back. He is now able to go to school, working, owning his home, now caring for his grandmother who once cared for him. German, who now uses a wheelchair to get around, has worked to achieve what every American wants—to be successful, to own a home, and to care for his family. He can do this because of Medicaid and the services it provides to him. As he told me, “Please do everything in your power to protect my life and the lives of millions like me.”

I am short on time but here is another example. Latoya Maddox, whom I met at the same meeting, is from the Germantown section of Philadelphia. She was born with arthrogryposis multiplex congenital, a disability that limits the use of her limbs. Latoya also uses a wheelchair to get around, including getting to school and getting around. She is the daughter and the mother of a soon-to-be 6-year-old. She is now a junior at West Chester University working on her bachelor’s...
degree in social work and works part-time at Liberty Resources, Incorporated, one of Pennsylvania’s independent living centers.

Like German, Latoya is a successful young professional because she works hard and looks forward to the opportunities presented to her. She has support from Medicaid in the form of direct support professionals who help her with her daily tasks. Without Medicaid, the wheelchair and other medical equipment she needs and her direct care workers would not be there to help her work, attend school, and care for her son.

While I was talking with Latoya, she told me: “Medicaid makes it possible for me to live a regular, full, productive life, to be a parent, to go to school, and to be a reliable employee.”

While talking with her, it was clear that Latoya was proud of her son and proud to be his mother. She was clear that the support she receives from Medicaid makes it possible for her to be that proud parent.

She closed her remarks by saying that Medicaid “makes it possible for me to be me.”

My next example is Karen Stauffer. Karen Stauffer is from Bucks County, PA. She is a small business owner. She operates the River of Life Natural Foods store. Karen purchased her healthcare policy from the Pennsylvania Affordable Care Act exchange. She said to me that prior to the passage of the ACA, she saw her healthcare premiums increase from $300 a month in the late 1990s to $1,300 in the mid-2000s. She said to me that because of preexisting conditions such as high blood pressure and a long bout of Lyme disease, she was worried she would lose her healthcare. She said passage of the ACA was both an emotional and financial relief for her. Her premiums were reduced to $500 a month after the ACA took effect and she knew she had the protection of the law when it came to nondiscrimination because of her preexisting conditions.

As she spoke, she shared her fears from what she has been hearing about the House bill and what might come out of the Senate; that, at 61 years of age, her premiums could be five times that of younger policyholders and that of preexisting conditions such as high blood pressure and a long bout of Lyme disease, she was worried she would lose her healthcare. She said passage of the ACA was both an emotional and financial relief for her. Her premiums were reduced to $500 a month after the ACA took effect and she knew she had the protection of the law when it came to nondiscrimination because of her preexisting conditions.

Karen was distraught when talking about the future and reminded me that “we all could be one accident or illness away from disaster.” That is what Karen said to me.

So German, Karen, and Latoya, I think, give us a lot to think about. I hope the majority, when they are mak-

ing the final edits to their bill, will make sure that any American with Medicaid, for example, who has it now—a child who comes from a low-income family, an adult or child with a disability or a senior trying to get into a nursing home—if they have Medicaid today, in the future, that there would be a guarantee that they don’t lose their Medicaid, that they don’t lose it this year or 5 years from now or 10 years from now, or longer. Stretching it out over many years and eliminating the coverage after 2 years is going to be just as bad in the long run.

I hope the majority would think of those families and the families in their own States when they are considering healthcare legislation in the Senate. We should have a vote only if there is a hearing on this legislation or, frankly, more than one hearing to consider something this complicated.

I yield the floor to the PRESIDENT OF THE SENATE from Oregon.

PRAYERS FOR THE VICTIMS OF THE CONGRESSIONAL BASEBALL PRACTICE SHOOTING

Mr. MERKLEY. Mr. President, yesterday we had a horrific tragedy here in the United States. I speak for all of my colleagues who are holding the victims of that attack in their hearts and in their prayers: Congressman STEVE SCALISE, still in critical condition; Zack Barth, legislative correspondent for Congressman WILLIAMS of Texas, who was injured; Matt Mika of Tyson’s Foods, who represents them here on the Hill; and two of our police officers, David Bailey and Crystal Griner of the U.S. Capitol Police. Without those two police officers present, this could have been a much more tragic event.

We have to reinforce the understanding that we are blessed to have the opportunity to raise our voices in our democracy and campaign for conversation and dialogue to produce decisions that reflect the will of the people, that work for all Americans—instead, we have a secretive process, more the type of process you would expect in a kingdom where the King and the counsellors hide themselves away, with no public input, and make decisions for the masses. That is not the design of our government. Our government is designed for public input.

I am speaking specifically about the dialogue on TrumpCare. TrumpCare, which was passed by just a few votes in the House and came to the Senate, doesn’t reflect a process of the people, by the people, and for the people. In fact, it is by the privileged, for the privileged, and by the privileged.

The House deliberately excluded the public. They had their own consolidated, confined process to make sure it was difficult to have a full debate and an amendment process, for folks to weigh in and consider alternatives and improvements.

Here we are in the Senate, and it is even worse because we have the secret 13 crafting a plan, planning and plotting to bring it to the floor of the Senate probably 2 weeks from today in order to hold a vote, with only a few hours of debate and no committee process of any kind—not a single committee hearing, not a single committee opportunity to consider amendments—and no chance for the public to get a copy and read through it and weigh it in with their Members of the Senate.

This is not the way to craft healthcare legislation.

Healthcare is too important to be done in a secretive process, with no public input, and make decisions for the masses. That is not the design of our government. Our government is designed for public input.

Here is a phrase that should resonate: no public input, no vote; no hearing, no vote.

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of all is the complete exclusion of the United States of America. It is unacceptable.

I was fascinated by the fact that the majority decided to have this secret 13 committee. Thirteen is considered to be an unlucky number in some circles across the United States—Friday the 13th or buildings that don’t have a 13th floor. In this case, I hope that having 13 Members meet in secret is unlucky; that is, unlucky in terms of trying to fulfill their mission of passing a bill with no input by the public.

Last week, the majority leader started the process to make this happen without a committee. It is called the rule XIV process. It is a process designed to bring up a healthcare bill that would rip healthcare coverage from millions of Americans and, by the way, give away billions of dollars to the richest Americans, all in the same bill, straight to the Senate floor without a committee being involved—not the HELP Committee, which certainly has many elements related to the financing of healthcare in America, and not the Finance Committee, which has Members of both parties who have worked for years to develop expertise and stakeholder understand what works and what doesn’t work, and they benefit from each other’s input.

I was part of the HELP Committee in 2009. For 5 weeks we sat in a room with a television camera operating so the public could see what we were doing, and we proposed amendments and debated them around this big square set of tables. There was full public scrutiny. There was 5 weeks of bipartisan dialogue about what should go in healthcare. That was 2009. The Finance Committee had a very similar process.

But now we have a different objective by the majority leader wanting to bring this bill with no Finance Committee involvement, no HELP Committee involvement, and no citizen involvement. In fact, there is no chance for Senators who aren’t in the secret circle to participate and see the bill and hold townhalls and ask people what they think of this.

I do a lot of townhalls. I am doing a couple more this weekend. I have had 20 townhalls this year. I have had a townhall an average of every 10 days since I was elected in 2000 and came to the Senate in 2009. I am going to keep holding these townhalls.

I know that my citizens would like to see this bill and be able to go through the elements and give me feedback on what makes sense and what doesn’t. That is a ‘‘we the people’’ democratic republic. That secrecy strategy—that is not. That is not. That is a strategy for nonconstitutional governments. That is a strategy for dictators. That is a strategy for Kings and Queens. That is a strategy for people who hate democracy.

Let’s not have that process in the United States. Let’s have colleagues from both sides of the aisle go to the leadership and say: This is unacceptable. I want my citizens to have a chance to see this bill. I want to benefit from talking to the hospitals in my community and my State and get their feedback. I want to talk to the health plans; I want useful feedback. I want to talk to the doctors and find out what they think. I want to hear from the nurses because they are so respected in their understanding of the direct delivery of healthcare.

That is why President Trump of the Senate should be saying to our majority leader. This process of secrecy, no debate, and the public being excluded is totally unacceptable. Why is this process going on? In fact, earlier today, the secret 13 went into a room off a hallway where the press is not allowed so they couldn’t be seen coming and going from the room. When they were coming and going from the room, they couldn’t be talked to by the press. Why? Really? It boils down to this: They know the American people don’t like what is in this bill. They are terrified of getting that feedback. If they get that feedback, they might lose a majority in passing this bill.

How much public support is there for the TrumpCare bill? Just 21 percent, according to a recent Quinnipiac poll. That is not very much support for it.

President Trump said TrumpCare is terrible. He said it this way: That bill from the House is ‘‘mean.’’ That was his exact quote, that it is ‘‘mean.’’ Then he used another phrase, which I won’t repeat on the floor of the Senate, to say just how absolutely awful that bill is.

Today in committee, I asked the Secretary of Health, Tom Price: Do you share, as Secretary of Health, the President’s opinion that his own bill, his own TrumpCare bill passed out of the House, is an absolutely terrible bill, a mean bill?

He didn’t want to answer the question. Certainly, I found that curious, that the Secretary of Health will not tell us whether he shares the President’s opinion.

Then I asked him: Why did the President call it a mean bill? Is it because it throws 20 million people out of healthcare?

The Secretary didn’t want to answer. Did the President say it was a mean bill because it eliminates the guarantee of essential health benefits and creates a two-tier system? Is it in fact insuring you when you get sick rather than perhaps not even being worth the paper it is printed on?

There were a lot of healthcare insurance policies before we had an essential benefits package. You paid the insurance company, but when you got sick, they didn’t cover anything. Those policies weren’t worth the paper they were printed on.

So I asked the Secretary of Health: Is that the reason the President said this is a mean process or a mean bill? Is that the reason he described this bill in terms that I won’t repeat on the floor?
in extra funds to help take on the opioid addiction epidemic. That is a good thing. Why have they fought so hard against supporting such programs to help Americans on this crucial question?

We have heard they want to slow down the process of throwing people off healthcare so it will not hurt them in the 2018 elections and maybe not even hurt them so much in the 2020 elections. But if you are destroying something piece by piece, you are still destroying something. And if you turn up the heat fast or you turn up the heat slowly, you still kill the lobster. And this bill is still going to kill healthcare for millions of Americans. Doing it more slowly doesn’t make it a diabolical act better.

Franklin Roosevelt once said:

Let us never forget that government is us.

And he continued:

The ultimate rulers of our democracy are not a President and Senators and Congressmen and Government officials but the voters of this country.

And isn’t that what “we the people” mean—everyone, of, by, and for the people? But nowhere in the Republican secret 13 process can the voices of the people of the United States be heard. How about if one of the 13 comes to the floor now and distributes the bill? I mean we should have weeks to consider this. We should have maybe a month to consider it. We had a whole year of process in 2009.

Wouldn’t that be the right thing to do? To clue in folks about what is in this bill so we can get the stakeholders engaged and the citizens engaged and hold those townhalls and get that feedback? Wouldn’t that be the right thing to do?

Well, unfortunately, we are still waiting. We are still bill paused, saying: Please, bring the bill to the floor. Distribute it. Maybe it is not your final draft, but that is OK.

We had draft after draft after draft of the healthcare bill in 2009. We had, in the Senate Finance Committee, 53 hearings on healthcare reform. They spent 8 days marking up their version of the ACA—the committee’s longest markup in 22 years. During those 8 days, 135 amendments were considered—some from both Republicans and Democrats. Then, there was the HELP Committee, which I served on, and it held 47 bipartisan hearings, roundtables, and walkthroughs. There were 300 amendments during a month-long markup—one of the longest in the history of Congress. More than 1,000 Republican amendments, minority amendments, were accepted into the committee’s version of healthcare reform.

Right here in this Chamber, we spent 25 days considering the bill before we voted—25 days considering a lot of floor amendments, a lot of floor time. Is there a single member of the majority party who will commit to having at least 25 days of debate on the floor of the Senate so we can get a full vetting of the issues, so we can get full input by the citizens of the United States of America?

We: I am concerned that we are not on the path that values the construction of our government, our constitutional “we the people” government. I am concerned and afraid we are on a path where powerful special interests dictate severely with 13 Members of the Senate. I am crafteting a bill that is great for the powerful and the privileged but in fact is terrible for Americans, and that is why they are so afraid to show us the bill.

So this is unacceptable, and we need the citizens of America to pay attention because why is this happening right now? Well, because the fact that this secret process is going on, it can be camouflaged by all the conversation about Russiagate—how much did the Russians interfere in our elections, and what about all those secret meetings by members of the campaign team, were they coordinating or collabrating? We don’t know the answer, but that question is central to whether there was any improper conduct undermining the integrity of our elections.

So let us do this now, the secret healthcare plan, with no debate while America is trying to fight for the fairness and integrity of our elections. Let’s do it now when schools are out of session and we are in summer and people are on vacation. Let’s sneak it through now, this act that strips healthcare for millions of Americans.

Here is the principle we should come back to: No hearing; no vote. No hearing: no vote. No vote on a piece of legislation that affects the lives of millions of American families if we haven’t had due deliberation by the key committees. No vote on a bill that destroys healthcare for millions of families if we haven’t had the chance to consult with the experts in healthcare—the nurses, doctors, hospitals, and clinics.

No hearing; no vote. No vote if we haven’t had a full chance for the citizens of America to weigh in, to see the full details, and say what they like and what they don’t like and share that with their respective Senators. On an issue of this magnitude, one that will impact the health of millions of Americans, we need a full, thorough legislative process.

The choices that are made in this Chamber over the next few weeks will have a big impact on the quality of life of millions of American citizens. A provision that eliminates Medicaid expansion in my State, whether it is implemented slowly or implemented fast is going to rip healthcare from 400,000 Oregonians. That is enough Oregonians that if they would hold your hand, they would stretch from the Pacific Ocean to Idaho, 400 miles across the State. That is a profound impact.

In addition, those folks who are going to the clinics and hospitals who don’t have healthcare, they will not be able to pay for it. So the finances of the clinics and the hospitals will be dramatically hurt. I asked Secretary Price today: Is that the President said the TrumpCare bill out of the House is a mean bill? Is that the reason he used a derogatory phrase to attack the TrumpCare bill out of the House? Is it because of the fact it will undermine the finances of the clinics and the hospitals.

He said: You know, I don’t accept the premise that will happen.

Well, covering your eyes and covering your ears and pretending, on such an important issue, is not a responsible act by a Secretary of Health. The clinics have been coming to us and saying this is how our finances improved when our citizens were able to pay for the services because our rate of uncompensated care dropped dramatically and, with that income, we hired a lot more people.

I have a clinic in the northeast corner of our State where the number of people employed, that was enabled from 20-something to 50-something. They are able to provide a lot more healthcare in that local, rural community, and that is true in clinic after clinic after clinic. If one would take their hands off their ears or off from in front of their eyes and listen to the presidents or the executive directors of rural hospitals, they would hear them say: This will rip healthcare out of their hands. This will hurt us. This will hurt, really, just our ability to provide care to those who will not have insurance, it will hurt our finances. It will diminish our care for everyone in this rural community. Everyone will be hurt by TrumpCare.

Is that what the President meant when he said this bill is mean? Well, if that is what he meant, if what he meant is it is mean because it strips healthcare from 20 million Americans, then I disagree with him. If he said it because it will destroy essential benefits and undermine your ears and pretending, on such an important issue, is not a responsible act by a Secretary of Health. The clinics have been coming to us and saying this is how our finances improved when our citizens were able to pay for the services because our rate of uncompensated care dropped dramatically and, with that income, we hired a lot more people.

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hospitals, destroying insurance, destroying the opportunity for access for preexisting conditions, and ripping away the guarantee that essential benefits will be covered. That is what the President should do.

He thinks it is terrible because he finally looked at it. Well, he is going to think the bill crafted by the secret 13 is terrible too. He has a chance to stand up and fight for the American people and say: I will never sign a bill that goes through a secret process. I will exclude the insights from our rural hospitals, insights from our rural clinics, insights from our nurses, and insights from our doctors. I will never sign a bill in the Oval Office that excluded the American people from being allowed to weigh in on the conversation. I will never sign a major bill that hurts so many people in my Oval Office if it never had a committee hearing and never had amendments, never had a chance to go through the legislative vetting by envisioned in our "we the people" Constitution. That would be the right thing for President Trump to do.

He has recognized the bill is profoundly flawed. He has a chance to—not only that bill but a profoundly unacceptable process in our constitutional democratic Republic.

Former Chief Justice Hughes said: We are here not as masters but as servants, not to glory in power, but to attest our loyalty to the commands and restrictions laid down by the people of the United States in whose name and by whose will we exercise our brief authority.

Each one of us is here for a short period of time, but we take our constitutional roles as Senators from the foundation of the power of the American people, the "we the people" Constitution. To exclude them from the process is to violate the very premise on which our Nation is founded.

So we have to stop this process. We have to stop it in its tracks. Whether you are a Democrat or Republican, whether you come from a rural State or a highly populated State, it is a responsibility to stop this process, return to regular legislative deliberation so that we can, in fact, have a "we the people" conversation, fully honoring the experts and the feedback from ordinary citizens across our Nation.

No hearing, no legislative deliberation, no action in Senate.

Thank you, Mr. President.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from South Dakota.

Mr. THUNE. Mr. President, once again, we have more bad news about ObamaCare. Last week, Anthem announced it will pull out of Ohio’s health insurance exchange for 2018. That means that a minimum of 18 Ohio counties will be without an exchange insurer next year. Twenty-five Missouri counties are in the same boat, and more Americans are likely to find themselves in the same situation.

On June 2, the Omaha World-Herald announced that 100,000 Nebraskans could end up with zero options for individual coverage in 2018. Insurers have been pulling out of the exchanges right and left.

In February, Humana announced its decision to completely pull out of the exchanges for 2018. Three months later, Aetna, which had already sharply reduced its exchange participation in 2017, also confirmed it would pull out completely in 2018.

In 2017, roughly one-third of U.S. counties have just one choice of insurer on their healthcare exchange. In 2017, this year, the ObamaCare status quo is unacceptable. When 45 percent of the counties in America have one choice or no choices, the prices of those choices are going up.

Proposed rates, proposed rate increases for 2018 are emerging, and once again they are not looking good. Some of the average rate hikes facing Americans across the country who are hurting because of this failed healthcare.gov are off the charts.

What is the solution? The solution is to make healthcare insurance more affordable to them, more personal, more flexible, and less bureaucratic.

My colleague from Oregon was just talking about the complaints they have about the healthcare process, the discussions that are going on, and how much pain, if this passes, it is going to cause the American people. I can tell you one thing: Today, it is pretty darn hard for families I have talked to in my State of South Dakota, hard-working farm and ranch families who are having to pay $2,000 a month, $24,000 a year for insurance coverage—in some cases with $5,000 deductibles, assuming they can even afford to use that expensive policy by being able to cover the deductible. There are people across this country who are hurting because of this failed healthcare insurance program. It is high time for us to fix it.

I believe the American people want to see Congress act in a way that will make healthcare insurance more affordable to them, more personal, so that they will have more choices, greater options, and more competition that will help bring those premiums down to a more reasonable level. They need to have more than one choice. When 45 percent of the counties in America have one choice or no choices on the exchanges, that is an unacceptable situation and one that we have to fix.

COUNTERING IRAN’S DESTABILIZING ACTIVITIES BILL

Mr. President, I also want to take a few minutes today to discuss the national security bill the Senate just passed, the Countering Iran’s Destabilizing Activities Act.

I really need to recite the long list of Iran’s activities that make this country a clear and present danger to peace and stability in the Middle East and outside it. Iran remains the world’s leading state sponsor of terrorism. It engages in systematic human rights abuses from torture to the targeting of religious minorities. Of course, Iran has long provided critical support to Syrian President Bashar al-Assad, who is perhaps most notable for the repeated use of chemical weapons on his own people. The fact that Assad still remains in power after the long list of atrocities his regime has committed is due in no small part to the support that Iran has provided.
In addition to propping up Assad’s reign of terror, Iran also provides support to the Houthi rebels in Yemen. Secretary of Defense James Mattis recently noted: “We see Iranian-supplied missiles being fired by the Houthis into Saudi Arabia.”

Well, providing these missiles puts Iran in violation of at least two U.N. Security Council resolutions—not that Iran appears to care. In fact, violating U.N. Security Council resolutions and international law is common practice for the Iranian Government, whether it involves supplying missiles to the Houthis or increasing Iran’s own stockpiles.

When it is not violating the letter of the law, Iran is also happy to violate the spirit of international agreements. After the misguided Iran deal went into effect, Iran resumed ballistic missile testing, even though the U.N. Security Council resolution endorsing the nuclear deal called upon Iran not to engage in these activities.

Most recently, Iran unsuccessfully tested a submarine missile in the Strait of Hormuz in May, following ground-based missile testing in January and March. Many of those missiles have the range to reach targets, notably throughout the Middle East but outside it.

Under the last administration, Iranian belligerence was too often ignored or even rewarded. That needs to end now. We cannot afford to let Iran continue to destabilize the Middle East. We need to make it clear that the United States and its new leadership will not tolerate Iranian aggression and the terrible human suffering that has resulted.

We need to assure our allies—especially Israel, our closest and most reliable ally in the Middle East—that we are committed to standing with them against Iranian threats. The Countermeasures to Iran’s Destabilizing Actions Act will send a clear signal to Iran that the United States and its new leadership will not tolerate Iranian aggression and the terrible human suffering that has resulted.

This bill will sanction individuals involved in Iran’s ballistic missile program or any other program designed to deliver weapons of mass destruction. It will sanction individuals who contribute to Iranian violations of arms embargoes. It will allow the President to impose sanctions on individuals who have perpetrated human rights violations against human rights crusaders in Iran. Perhaps most importantly, this legislation identifies and will hold accountable the entire Iranian Islamic Revolutionary Guard Corps, not just the Quds Force, for its role in implementing Iran’s destabilizing agenda.

There is no easy solution to the unrest and violence in the Middle East, but this bill offers one commonsense step forward.

Yesterday the Senate passed an amendment to this bill imposing additional sanctions against another country stirring up unrest in the Middle East, and that is Russia. Russia’s increasing boldness on the international stage is a natural consequence of the Obama administration’s passive foreign policy. From annexing Crimea to supporting the murderous Assad regime and acting unilaterally in its elections, we cannot allow this level of Russian aggression to go unchallenged.

The Russia sanctions amendment codifies and strengthens existing Russia sanctions and imposes a number of new sanctions on Russians, individuals supplying weapons to Assad’s regime, hackers acting on behalf of the Russian Government, and Russians involved in corruption are all sanctioned in this amendment.

There have to be consequences for Iranian and Russian aggression, and this legislation makes sure there will be. I am pleased that it moved today with largely bipartisan support in the U.S. Senate because it will send a clear message.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

MINORITY HEALTH

Mr. CARDIN. Mr. President, April was National Minority Health Month. I want to take this opportunity to thank my colleague, Senator BLUMENTHAL, for his leadership and for bringing attention to the health disparities that pandemic among communities of color. The Affordable Care Act included the National Institute on Minority Health and Health Disparities at NIH, which was fully funded by the Senate Finance Committee in 2009.

The Affordable Care Act was a significant step forward to address health disparities across the country.

Mr. President, I ask unanimous consent to print in the RECORD without objection the amendment offered by Senator BLUMENTHAL to the resolution commemorating National Minority Health month.

Mr. President, I ask unanimous consent that the text of that resolution be printed in the RECORD, as follows:

Promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2017, which include bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders,

Whereas the origin of National Minority Health Month is North American Indian Health Week, established in 1915 by Dr. Booker T. Washington;

Whereas the theme for National Minority Health Month in 2017 is ‘Bridging Health Equity Across Communities’;

Whereas, through the National Stakeholder Strategy for Achieving Health Equity and the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, the Department of Health and Human Services has set goals and strategies to advance the safety, health, and well-being of the people of the United States;

Whereas a study by the Joint Center for Political and Economic Studies, entitled “The Economic Burden of Health Inequalities in the United States”, concludes that, between 2003 and 2006, the combined cost of health inequalities and premature death in the United States was $1.420,000,000,000;

Whereas the Department of Health and Human Services has identified 6 main categories in which racial and ethnic minorities experience the most disparate access to health care and health outcomes, including infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunizations;

Whereas, in 2012, African American women were as likely to have been diagnosed with breast cancer as non-Latina White women, but African American women were almost 40 percent more likely to die from breast cancer than non-Latina White women;

Whereas although African American women are twice as likely to lose their lives to cervical cancer as non-Latina White women;

Whereas African American men are 60 percent more likely to die from a stroke than non-Latina White men;

Whereas Latinos are 1.7 times more likely to be diagnosed with diabetes by a physician, and are 40 percent more likely to die of diabetes, than non-Latino Whites;

Whereas Latino men are 3 times more likely to have HIV infections or AIDS than non-Latino White men;

Whereas Latino women are 4 times more likely to have AIDS than non-Latina White women;

Whereas, in 2014, although African Americans represented only 13 percent of the population of the United States, African Americans accounted for 43 percent of HIV infections;

Whereas, in 2010, African American youth accounted for an estimated 57 percent, and...
Latino youth accounted for an estimated 20 percent, of all new HIV infections among youth in the United States; whereas, between 2005 and 2014, the number of AIDS cases diagnosed with HIV increased by nearly 70 percent; whereas, in 2014, Native Hawaiians and Pacific Islanders were 1.7 times more likely to be diagnosed with HIV than non-Latino whites; whereas Native Hawaiians living in the State of Hawaii are 5.7 times more likely to die of AIDS than non-Latino Whites living in Hawaii; whereas Native Hawaiians and Pacific Islanders are 30 percent more likely to be diagnosed with cancer than non-Latino whites; whereas, although the prevalence of obesity is high among all population groups in the United States, 42 percent of American Indian and Alaskan Natives, 41 percent of Native Hawaiian and Pacific Islanders, 48 percent of African Americans, 31 percent of Latinos, 24 percent of non-Latino whites, and 11 percent of Asian Americans are obese; whereas, in 2015, Asian Americans were 1.2 times more likely than non-Latino Whites to contract Hepatitis A; whereas, among all ethnic groups in 2015, Asian Americans and Pacific Islanders had the highest incidence of Hepatitis A; whereas Asian American women are 1.3 times more likely than non-Latina Whites to die from viral hepatitis; whereas Asian Americans are 3 times more likely than non-Latino Whites to develop chronic Hepatitis B; whereas the children living with diagnosed perinatal HIV in 2014, 65 percent were African American, 15 percent were Latino Americans, and 11 percent were non-Latino whites; whereas the Department of Health and Human Services has identified heart disease, stroke, cancer, and diabetes as some of the leading causes of death among American Indians and Alaskan Natives; whereas American Indians and Alaskan Natives die from diabetes, alcoholism, unintentional injuries, homicide, and suicide at higher rates than other people in the United States; whereas American Indians and Alaskan Natives have a life expectancy that is 4.4 years shorter than the life expectancy of the overall population of the United States; whereas American babies are 3.5 times more likely than non-Latino White babies to die due to complications related to low birth weight; whereas American Indian and Alaskan Native babies are twice as likely as non-Latino White babies to die from sudden infant death syndrome; whereas American Indian and Alaskan Natives have 1.5 times the infant mortality rate as that of non-Latino whites; whereas American Indian and Alaskan Native babies are 5 times more likely to die from accidental deaths before their first birthday than non-Latino White babies; whereas only 5 percent of Native Hawaiian and Latinos, 5 percent of African Americans, 8 percent of Latinos, 9 percent of African Americans, and 14 percent of American Indians and Alaskan Natives received mental health, HIV, and behavioral health services in the past year, compared to 18 percent of non-Latino whites; whereas marked differences in the social determinants of health, described by our World Health Organization as ‘‘the high burden of illness responsible for appalling premature loss of life’’ that ‘‘arises in large part because of circumstances in which people are born, grow, live, work, and age’’, lead to poor health outcomes and declines in longevity; whereas the Patient Protection and Affordable Care Act (Public Law 111–141; 112 Stat. 119)— (1) has reduced the uninsured rate for minorities from 33 percent; (2) has helped further combat health disparities for low-income individuals through coverage expansions in the Medicaid program; and (3) has provided specific protections and rights for American Indians and Alaska Natives, 21.4 percent of whom lack health insurance; whereas, despite the substantial improvements in health insurance coverage among women overall, women of color are more likely to be uninsured; whereas, in 2012, 36 percent of Latina women, 29 percent of American Indian women, 23 percent of African American women, 19 percent of Asian and Pacific Islander women, and 14 percent of non-Latina White women were uninsured; whereas community-based health care initiatives, such as prevention-focused programs, present a unique opportunity to use innovative approaches to health practices across the United States and to sharply reduce disparities among racial and ethnic minority populations: Now, therefore, be it

Resolved, That the Senate supports the goals and ideals of National Minority Health Month in April 2017, which include bringing attention to health disparities faced by minority populations in the United States, such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latino Americans, Native Hawaiians or other Pacific Islanders.

Mr. CARDIN. I thank Senators Menendez, Blumenthal, Brown, Hirono, Markley, Klobuchar, Van Hollen, Bookser, Peters, Duckworth, and Carper for their help in regard to minority health and the resolution.

HEALTHCARE LEGISLATION

So we couldn’t do that, which is a pretty easy thing to do, but now the Republicans are looking to bring out in the next 2 weeks a rewriting of our entire healthcare law, one-sixth of our economy. I am thinking about what they are doing, bringing this out for perhaps passage in the U.S. Senate during the next 2 weeks.

I don’t know of anyone who has seen a copy of this bill. I certainly have not seen it, and I am a member of the Senate Finance Committee. Senator CARPER is a member of the Senate Finance Committee. We have not seen a copy of the bill, even though we are the committee of jurisdiction, along with the Health, Education, Labor, and Pensions Committee. I certainly want to be able to look at this bill, make sure that there are public hearings and an opportunity for input from all Members of the U.S. Senate—first those who serve on the relevant committees through the committee markup and then on the floor of the U.S. Senate. But what I understand from the majority leader is that may not be the case. That would be an affront to our Democratic institution. That would be insulting the Members of the Senate and the committee that I serve on, the Senate Finance Committee.

I need to mention that because we do know what the House of Representa-
keep our insurance after this type of legislation. We are going to be adversely affected. Why? Because who do you think pays for those who do not have health insurance? You get cost shifting, and it is done in a more costly, expensive way so our healthcare costs go up. Those of us who have insurance pay more, and those who do not have insurance do not get the early interventions they need in order to stay healthy.

The vulnerabilities continue because one of the things that was affected by the House-passed bill was what we call the essential health benefits. What we did is require that those benefits be provided under all healthcare plans, including Medicaid.

Yes, so I could talk about obstetrics for women, which would be covered under all plans, and that women who need obstetrics would not have to pay a much higher premium as they would be in a high-risk pool. Because of the way we work, that would be done by women who would need that would get into the plan, and it would cost a lot more. Yes, that discriminates against women.

Again, I could also talk about minority communities that now have coverage for mental health and addiction because that is required under the Affordable Care Act. When it becomes discretionary with the States and they get into tight budget problems, they will lose that coverage.

We are all talking about the explosion of opioid addiction in our communities. In Maryland, I think the rate now is 60 percent higher this year than last year of overdose deaths. Do we really want to cut one of the major tools we have in trying to get this epidemic under control? That is what we are talking about in regard to what the House-passed bill does.

At a minimum, we need to have public hearings to know what we are doing. This is a democratic institution. Under the Affordable Care Act, we had dozens of hearings. The committees of jurisdiction need to work on this bill. They need to be able to offer amendments, which was afforded to every Senator in this body under the Affordable Care Act. Many of our colleagues who voted against the Affordable Care Act have amendments that were included in the Affordable Care Act. That is how we work.

Everyone is affected by this process but particularly the vulnerable, particularly those who are uninsured and those who will become uninsured. Those who have insurance and who have very few other options are going to find their benefits reduced. Minorities, our disabled population, older Americans, and women all will be discriminated against.

At a time at which we want to focus on the issues that we have made to narrow the gap in minority health and health disparities, it would just be a tragedy to move in the wrong way, to reverse the progress we have made, and to do that without an appropriate process of transparency, which has been the hallmark of American democracy.

I urge my colleagues in that there is still time. If you have proposals, work with us. If you believe, as I certainly have worked with my Republican colleagues on many healthcare issues that are now the law of this land.

We offer to work with you. All we say is don’t tell us that you are going to do this by repealing and then come to us to try to fix it. Work with us to improve our healthcare system, and we will work with you. There is still time. Let’s work together. Let’s have public hearings. Let’s get public input. Let’s use the old-fashioned process of allowing us to offer amendments. Let’s debate those amendments. The end result will not only be better legislation for the American people but legislation that we know will stand the test of time and give predictability to the healthcare stakeholders in our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I thank my friend, my neighbor from Maryland, for inviting a number of us to come to the floor today, this afternoon, to talk a bit about the Affordable Care Act. I am really honored to stand next to each one of you who joined me on this committee. On the Finance Committee and on the Environment and Public Works Committee. It is a great leader on both of those committees.

SANCTIONS LEGISLATION

Mr. President, Senator CARDIN and I were on the floor earlier today, along with the Presiding Officer, and we voted on legislation that attempts to send a message to Iran.

By the way, it just had elections, gosh, not even a month ago, whereby the moderates were elected as the mayor of Tehran's city council. The vulnerabilities continue because that is required under the Affordable Care Act. Many of our colleagues—Republican—on that committee worked together to fashion that legislation, to bring bipartisan legislation to the floor.

I say to my colleague Senator CARDIN that I didn't know what the final vote count was. It was 98 to 2. That is what we can accomplish when we work together, and I think it is a great message as we pivot and talk about the Affordable Care Act.

HEALTHCARE LEGISLATION

Mr. President, when our friend from South Dakota, Senator THUNE—a great friend for, I think, all of us and admired by both sides—was talking about how deplorable ObamaCare was and how it is in a death spiral and so forth, I just wanted to stand up and ask him to yield to me so I can say that when Barack Obama and Joe Biden stepped down as President and Vice President of the United States, my recollection was that every county of every State in this country had access to healthcare through the health exchanges.

Where did the idea for health exchanges come from? It came from the Republicans in 1993, from the Heritage Foundation, the rightwing Republican think tank.

They came up with an idea that says: Let's create exchanges in every State, where people who don't have healthcare coverage can get their coverage through large purchasing pool. There would be one in every State. The legislation said: Let's have a sliding scale tax credit to make sure low-income families who do not have coverage can afford that coverage in the

sive purposes, but you cannot be sure so we strengthened those sanctions.

With those sanctions, we also included sanctions that basically say to Russia—and all 17 intelligence agencies say Russia intervened in our last election—and, therefore, they are avoiding sanctions on behalf of one candidate, Mr. Trump. They wanted to elect him, and they wanted to make sure Hillary Clinton did not get elected. They succeeded. That is not just Democratic messaging. Even on this 17 intelligence agencies has come to the same conclusion and has testified publicly to that effect.

As a result, this legislation was initially focused just on Iran, but it re-focused and pivoted—maybe re-focused even more—on Russia in order to sanction them for their misdeeds, which I think are, in many ways, more significant than what the Iranians have done and have been sanctioned for again.

Why do I go back to this legislation that we just debated and adopted here this morning?

Consistent with what Senator CARDIN has talked about—and he is very much an architect involved right in the middle of the effort to bring that legislation to the floor. It came out of his committee. He is the senior Democrat, the ranking member. Bob CORKER, of Tennessee, is the chair. A number of members—Democratic and Republican on that committee worked together to fashion that legislation, to bring bipartisan legislation to the floor.

I say to my colleague Senator CARDIN that I didn't know what the final vote count was. It was 98 to 2. That is what we can accomplish when we work together, and I think it is a great message as we pivot and talk about the Affordable Care Act.
exchanges. As their income goes up, the tax credit buys down the cost of coverage. The exchange goes down, and it eventually goes away.

The Republican legislation in 1993, fashioned by Heritage, said there was going to be a provision that said people who earn a certain amount of income would have to get coverage in this country. If they did not, they would have to pay a fine. One could not make people get coverage, but there would be a fine. There was the idea that if they did not get coverage or if they took a particular form of government insurance, they would have to get coverage. We call that an employer mandate. Finally, the health insurance companies could not deny coverage to people in this country because of preexisting conditions.

Those are all concepts that were in the 1993 legislation that was introduced by Senator John Chafee and was sponsored by, among others, Senator HATCH, of Utah, Senator GRASSLEY, of Iowa, and others of the most senior Republicans in the Senate, including being the two most senior Republicans on the Finance Committee on which Senator CARDIN and I are privileged to serve.

I said as recently as last week, when the Secretary of Health and Human Services was before our committee to defend the President’s budget, that I applauded Senator HATCH and I applauded Senator GRASSLEY for sponsoring that notion, which became the foundation for healthcare coverage in Massachusetts, which is where they cover everybody. It is called RomneyCare. It was adopted when he was the Governor, and it was fashioned very much under the same foundation.

Senator CARDIN and I are on the Finance Committee, and when we were debating the Affordable Care Act, we literally took those Republican ideas from Heritage, fashioned very much under the same foundation, and from the 23 Republican cosponsors for RomneyCare and sort of made them the foundation for ObamaCare. It is ironic just to hear my friend Senator THUNE talk today about the tale of horrors from the Affordable Care Act. Actually, the things my Republican friends are criticizing the most were their ideas from 24 years ago. Personally, I think they were pretty good ideas, and if they were given a fair chance they could be very effective.

One of my Republican friends said the other day that when the Affordable Care Act was debated and voted on and so forth, the Republicans were pretty much shut out of the process. So it is too bad the Democrats are shut out of the process now as we revisit healthcare coverage with the terrible legislation that has come out of the House of Representatives. I think, if I am not mistaken—correct me if I am wrong, Senator CARDIN—they adopted it on the Finance Committee. I think they adopted it on a straight party-line vote. I think they did it without any kind of score from the Congressional Budget Office and just sent it over here.

While they were doing that, I will just go back in time, if I can, to the year of 2009, when we debated the Affordable Care Act here. We had two committees of jurisdiction, one was the Health, Education, Labor, and Pensions Committee. That committee held no fewer than 14 bipartisan roundtables. A roundtable is very much like a hearing, but it is not quite as formally structured. It held 14 bipartisan roundtables, which were designed to try to build a consensus around the Affordable Care Act, or healthcare coverage, in this country. Again, this was in 2009.

In 2009, the same committee—the Health, Education, Labor, and Pensions Committee, the HELP Committee—held 13 bipartisan hearings. So there were 14 bipartisan roundtables and 13 bipartisan hearings in all during the actual time they were debating on and voting on the legislation itself. During the HELP Committee’s debate and in actually marking up the bill, some 300 amendments were considered that were offered by Democrats and Republicans. More than half of those were accepted. Of the more than half of those 300 accepted—we turned down 160 or so—160 of them happened to be offered by Republicans. Think about that. There were 14 bipartisan roundtables and 13 bipartisan hearings. There were 300 amendments offered, and over half of those were Republican amendments. Over half of those 300 were actually adopted, and 160 in all were Republican amendments. That does not sound like they were shut out on the Health, Education, Labor, and Pensions Committee.

On the Finance Committee, on which Senator CARDIN and I serve, we had 17 roundtables and hearings. We held 13 member meetings, 38 negotiation meetings, and a 7-day-long actual business meeting and markup in public, during which we considered amendments and voted on amendments. I think, roughly, a dozen Republican amendments were offered and accepted.

I have a friend who, when you ask him how he is doing, always answers: “Compared to what?”

I would say, as to the process right now that we are looking at with the Republicans’ belated response, if you will, to the Affordable Care Act that came out of the House and is now being negotiated, it is very much like that negotiated and some would say in secret. It is hard to keep a secret around here, but it is certainly in private. To my knowledge, there are no bipartisan roundtables and only a few bipartisan hearings. To my knowledge, there will not be an opportunity for markups or business meetings at which hundreds of amendments could be offered and debated and voted on—none of that. And it will be the process called reconciliation, where they will bring whatever changes they come up with in these closed meetings, and we have a chance to vote on it up or down.

The House never had it scored. The Congressional Budget Office never had a chance to say: This is how many people will lose coverage. This is what it is going to cost if people don’t get help through Medicaid. This is what is going to happen to folks losing their coverage altogether.

They never did that in the House. I don’t know if we will see that in the Senate either.

(Mr. CASSIDY assumed the Chair.)

There is a right way and a wrong way to do this stuff. Our Republican friends will probably never agree that we were trying to do it the right way in 2009. What we came up with was the Affordable Care Act at the end of the day, and I would be the first to say it is not perfect. There are things I would like to change. I am sure Senator CARDIN feels that way. I am sure the Presiding Officer who is with us today knows a lot about healthcare. He probably doesn’t want to be the leader of anything. For years, I have said: Why don’t we just figure out as one, as a bipartisan group—as we were today on the sanctions legislation for Russia and Iran—why don’t we try working together on this stuff? And we are sort of trying to reach to see if we might have a taker.

The Presiding Officer has been very good about reaching out, and I applaud him for that. I think he and I will be in a forum together maybe talking about some of these things in public. I am not sure whether he is working to reach out to the members or that we can’t foster a better way forward.

Let me close with this: Some of you know I spent some of my years of life in uniform. For a while, I was a civil air patrol cadet growing up in Virginia. I wanted to go to the Air Force Academy, but I just didn’t know how to apply. I applied too late and missed it. I learned about the Navy ROTC and applied for a scholarship, which was not enough to win it, and went to Ohio State. I became a midshipman and 4 years later a naval flight officer and then off to Pensacola. I spent 5 years in Active Duty in Southeast Asia and after that in the Cold War as a P-3 Navy aircraft commander. I loved the Navy. I feel privileged that it helped me go to undergraduate school and, after Active Duty, to move to Delaware and get an MBA thanks to the GI Bill. I feel privileged to be in the Senate and serve as the commander in chief of the Delaware National Guard for 8 years beyond that. Over half of my life has been involved in the military.

A lot of times when I was younger, I would think about who is helped in healthcare under Medicaid. I used to think that folks who are helped the most by Medicaid are women, poor women, and their children. As it turns out, today, especially as the baby boomers get older, more and more of the people helped by Medicare are in the military. They receive their coverage because they spend down their assets. A lot of them have dementia and have other
disabilities, and they end up in nursing homes. More than half of the money we are spending on Medicaid these days is on those folks. A lot of them are part of my generation and older—our parents, uncles, and aunts.

As it turns out, midshipman, we had only White males in our ROTC. It turned out that is what they had in the Army ROTC and in the Air Force ROTC at Ohio State. When I got to my squadron on Active Duty—in the many years I was in my Active Duty squadron, I think we had just two or three African-American officers. I don’t remember ever having an Asian-American officer. There were no women who were officers or even among our enlisted personnel. That has all changed now. The face of our military corps and enlisted corps looks a whole lot more like America today than it used to.

As it turns out, the folks who are veterans in this country—those 22 million people—look a whole lot more like America now than maybe was the case a number of years ago. They are Caucasian, they are African American, they are Latino, they are Asian American—all of the above. A number of those 22 million veterans who are dependent are minorities. They are going to be adversely affected if we are not careful of what we do in the House or if we in the Senate replicate something like that or similar to that and ultimately in a conference try to represent a compromise between what we do in the Senate and what they have done in the House.

I will close with this: This story can end badly, or it can end in a better way. We have just gotten a good example of that right with the legislation we just passed earlier today, the preemption legislation we just passed. It is very difficult because the budget process itself is broken. And because of that, between now and the end of September, I personally—I am just a business guy, but I have no imagination of what we are going to fund this government by passing 12 appropriations bills. As a matter of fact, since 1974, this body has only averaged passing 2.5 appropriations bills a year out of the 12. Now, you tell me, in the next 43 days, are we going to pass 12 bills to fund this Federal Government? There is no way.

So my call on our colleagues here on both sides of the aisle is, let’s get busy right now. We have about 43 days left in this Senate. I personally—I am just a businessman, and I have offered legislation that I think has probably been shared with the Presiding Officer’s office that seeks to help stabilize the exchanges and the ability of the health insurance companies to have some additional predictability and certainty through reinsurance. My hope is that we will have a chance to share what we have offered and maybe see if that is something the Presiding Officer would be interested in joining us in supporting.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

THE DEBT

Mr. PERDUE. Mr. President, I rise today to speak about a train wreck that is coming to our country right before our very eyes.

Yesterday, the Federal Reserve, for the fourth time in the last year and a half, increased the Federal discount rate by one-quarter point—one-quarter point. That is a rounding error in most people’s imaginations; yet, I think it is a very important number. That is the fourth increase in the last year and a half that amounts to 100 basis points or a 1 full percentage point increase in the discount rate. With a $20 trillion debt, that equates to about $200 billion of net interest that will be required to pay out of the revenue we get off the backs of working men and women in America.

I have frequently come to this floor to speak about the $20 trillion debt, and now, as we see the reality of what has been predicted over the last few years; that is, as we start talking about growth in the economy, we see a demand for capital and interest rates rising. We also see the Federal Reserve talking about adjusting their balance sheet—some $4.5 trillion on their balance sheet, the largest balance sheet they have had in history—they are now talking about unwinding that.

This has all changed now. The face of the military corps looks a whole lot more like America today than it used to. That has all changed now. The face of the veterans in this country—those 22 million people—look a whole lot more like America today than it used to.

I yield the floor to Senator Kaine and I have of-
I believe we are poised to have a turnaround in this economy. Consumer confidence is up. It hasn’t been higher than this level in 13 years. CEO confidence is higher than it has been in 15 years. Manufacturing confidence hasn’t been this high in over 20 years. Why? Because we have regulations being rolled back right now by this administration and this Senate.

We passed 13 bills out of 14 that we brought forward that pulled back onerous regulations. Just this week, we had the Secretary of Treasury tell us that some 70 percent of the limitations on our banks—not the controls that protect us against another 2008 and 2009 disaster but the controls that are unnecessary and keeping capital tied up in small and regional banks unnecessarily.

We have some $6 trillion not at work in this economy because of bad fiscal policy right here in Washington. What we are trying to do is unwind that, get it back to the American economy. By the way, if the Federal Reserve releases their $4.5 trillion and we don’t find a way to unleash this $6 trillion, tell me where the capital is going to come from.

I am here to tell you that I believe we are on the brink of an economic turnaround if we can, in fact, effect a reasonable improvement in healthcare, get on and fund the government in a responsible way before September 30, and then we can get a tax package done this year.

People right now are working on their budgets for business for fiscal year 2018—right now. By the end of their Q3, they will have that done. Their capital budgets, which go out many years, are being done too. So they are handicapping right now whether we will in fact get that tax package done.

My argument is this: Let’s get these things dealt with right now on a timely basis—the deficit ceiling, funding the government—and move on to this tax package so we can, in fact, get that done so that business entities and our free enterprise system can, in fact, budget accordingly so that we can get some of these benefits into the economy as early as late next year. If we don’t get that tax package done before Christmas, I don’t believe we will have any impact in fiscal year 2018 from that.

Mr. President, with the events this week, I hope our body could find a way to lower the vitriol, to lower the hysteria when we have a difference of opinion and to find a way to look at what we might agree on, on an issue, as well as what we might disagree on. Yet, as I stand here today listening to some of the speeches, just today I am shocked because it is business as usual in this body. The vitriol is at a very high level. The misinformation is at an extremely high level.

Remember when then-President Obama said: If you like your insurance you can keep your insurance; if you like your doctor you can keep your doctor; premiums will go down under ObamaCare; deductibles will go down; everybody will have insurance. The CBO overestimated by 20 million the number of people we would sign up for ObamaCare. Oh, by the way, we are going to institute a 30-hour workweek limitation to define “full-time work” and we are going to limit it so anybody with over 51 employees has to comply.

We now know—both sides even agree—that it is failing. What they are saying now, though, is that they are relying back on the argument: Let’s move to regular order now; let’s make sure we all get this done together. Where was that conversation in 2008 and 2009, when behind closed doors a supermajority crammed down the throat of the minority this thing called ObamaCare? Remember that in the House of Representatives then-Speaker Pelosi said to put an end to it in what is in the bill, you have to vote for the bill. I think it was a matter of hours that day before when the Senate got the bill. They had to look at the bill before they had to vote on it that night.

But let’s look at the reality. ObamaCare is collapsing under its own weight. We know rates are up over 105 percent nationally. In my State alone, they have more than doubled in the last three years. Deductibles are up even more than that. Forty-five percent of the counties in the United States are down to one carrier. In my State alone, Georgia, we have 159 counties and 96 are down to one carrier. States like Ohio, Virginia, Iowa, Tennessee, and Missouri are told now that they are losing their last carrier in the individual market.

But let me highlight the reality here. Before the Affordable Care Act, 48 million people in the United States did not have insurance. That was a catastrophe. We all agree with that. Today, however, what nobody on the other side talks about is that 28 million people today in America—the richest country in the history of the world—still do not have healthcare coverage. I can’t see how that is a success by any measure. Of the 20 million who got insurance over the last 6 years, 16 million of them did not get it through ObamaCare, because these were the Med–Lar–productivity explosion. Of the remaining 4 million, 2 million are like me and my wife, who were canceled and then had to come back into the Affordable Care Act unwillingly. That was our only choice. Oh, by the way, we had to have a program that had had so many other features in it that our rates doubled over that period of time. It just seems to me that what we have before us today is an opportunity to clean up this mess and provide for the type of healthcare in 2008. We know we have to cover preexisting conditions. We don’t want people to have their insurance canceled just because they get sick. That is not the American way. That had to be fixed, and we are going to continue that.

People have to have access, though, and right now, with the cost, many people are coming off of healthcare in the individual market because they simply can’t make the financial equation work. The premiums are too much. In my own family, one of my sons can’t understand the deductibles. So the financial equation for the very people who need it doesn’t make any sense.

We can do things to get premiums down by allowing the free market to provide the types of services inside insurance products that people actually want and not ask them to pay for products they don’t need.

We have to make sure Medicaid can be sustained long term.

Lastly, I think we have to make sure that, as we deal with the preexisting conditions, we make sure that everybody in America has access to healthcare. Nobody is talking about taking away access from the American people in terms of healthcare.

Whether it is healthcare, the military, the VA, or any of our domestic priorities, we have a funding problem. Our mechanism that funds the programs is broken. It has never worked since 1974, except for four times, and that was prior to 1980, and we have to fix it. But right now, in 43 states—between now and September 30—we have to fund this government, or all the other rhetoric will be idle chatter.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent to be recognized for such time as I may consume as in morning business.

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

Mr. INHOFE. Mr. President, first of all, let me say that I am really glad the junior Senator from Georgia has taken this on. This is something that some of us who have been around a little bit longer have gone through before.

I think everyone realizes that what was attempted to be done by President Obama was a single-payer system. Ultimately, that is what liberals want. I remember back in the 1990s what was referred to at that time as Hillarycare. It was not going to work here. We have to fund this government, or all the other rhetoric will be idle chatter. They are taking place.

Sometimes I go back to my State of Oklahoma just to be around logical people, and they will ask the question: If this system is not working in Canada, is it not working in Sweden, and is it not working in Great Britain, why do they think it will work here? Liberal individuals will never tell you this, but what they are really thinking is this: It would work if I were running the shop.

So we are going through a similar thing again, and I am so happy we have leaders, as the occupier of the Chair,
and we have more doctors right now in the Senate. This is the time to make these changes and really accomplish things. But that is not why I am here.

**Climate Change and Paris Agreement**

Mr. President, I noticed in the news this morning one more of these incidents where they have told us of the number of people going to either the Antarctic or the Arctic to try to reaffirm their positions that somehow the world is coming to an end because of global warming and global warming is because of gases, which, of course, we know is not the case. The interesting thing about yesterday was that a group of some scientists, some individuals, and some environmental extremist activists was going to the Arctic to show that things were melting, and they got stuck in the ice. This is the fourth time this has happened in the last 4 years because they didn’t anticipate the fact that we have actually some areas where it is increasing.

I thought, well, it is time to make one last compliment to the President when he had the courage to pull out of the Paris climate agreement.

A lot of people don’t know what these climate agreements are. This was the 21st meeting of the United Nations. In 2009, a climate agreement was made. It was all started by the United Nations some 21 years ago. The idea was to go to exotic places around the world and invite all 192 countries to come in to convince them that they need to reduce their greenhouse gases, CO₂ emissions.

Toward the end of the Obama administration, after eight such meetings they decided this wasn’t going to work. They finally decided they would go ahead and try to make one—like an agreement, and, hence, there was the Paris Agreement—not a treaty but an agreement, not anything that would come through ratification, obviously.

I have been over there for some of these debates. What is interesting about this is that most of the 192 countries involved in these meetings think that if the President says something, it is going to happen. They forget about the fact that we have another branch of government called Congress, and we have to ratify some of these decisions.

So I do want to make a couple of comments about what the President has accomplished by getting out of this agreement.

First, since there is a deliberate effort to make people who are reluctant to believe one narrow view, in terms that the world is coming to an end is a reality, they try to make it change into the argument that as to climate change, anyone who is against the idea that we are having these problems out there is opposed to the idea of climate change.

Look, we have said so many times on the floor that the climate has always changed. All the evidence—historic evidence, scriptural evidence, archeological evidence—shows very clearly that climate is always changing. The arrogance is that somehow climate change can be managed by man. Did man ever cause the ice age or any of the other extreme weather patterns the Earth has seen just over the last few thousand years? The answer is no.

But earlier this year, a climate change study was released which found that little agreement is found with climate modeling simulations and consistently overstate recent summer warming and underestimate preindustrial temperature changes. That was the state. It is no surprise that they found forecasts to be inaccurate. According to the environmental extremists, every summer is going to be the hottest. I have yet to see a summer that wasn’t going to be the hottest. Every year they say that is going to take place.

In one of the charts from the study I have here, all you have to do is go back and look historically at what has happened in this country. We go through warming periods. We go through ice ages. We tell ourselves interesting about this chart. The largest increase we had in global warming happened right after World War II, in 1945. That was the year we had the largest number of CO₂ emissions that took place.

Historically, that was the year we precipitated not a warming period but a 20-year cooling period. So we have been going through this for a very long period of time now.

Essentially, the findings of the study show that the climate patterns we see now are not significant in the grand scheme of things, as we can see by this chart. People like to vilify those of us who talk about this subject and openly question the inaccurate statements and so-called findings of fearmongering scientists who tell everyone the world is ending because of manmade gases. They think that just because many of us recognize that science is not settled and we question exactly how much man affects climate, corruption must be involved, and so forth.

But we look at the real science. I have not yet met him personally, but I know about a guy named Dr. Richard Lindzen. Dr. Richard Lindzen is an MIT professor. He arguably could be considered the most knowledgeable person in this field. He made this statement: Regulating CO₂ is a bureaucrat’s dream. If you regulate CO₂, you regulate life. So that is what is behind this, and we have been stuck about how for about 20 years. To question the idea that man is single-handedly responsible for the changes in climate and doomsday is near due to the fact that we burn fossil fuels is entirely inappropriate and, frankly, unnecessary.

I remember very well a climate fanatic named Michael Mann. I mentioned that Paris was the 21st meeting the United Nations has had. In 2009, that meeting was held in Copenhagen. At that time, I chaired the Environment and Public Works Committee.

The first year of the Obama administration, I remember getting ready to go to Copenhagen to explain to people they had been lied to. At that time, Obama was going over, Hillary Clinton was going over, John Kerry was going over, and all the rest, saying we in the United States were going to pass cap and trade. I wanted to make sure they kind of understood we were not going to be passing cap and trade.

I was getting ready to go over. Lisa Jackson was the first Obama designee to be the Director of the EPA. I looked at her, and I said: I have a feeling that she is going to try to make one look like there is an endgame finding so you can start regulating this stuff. She kind of smiled. I said: When that happens, it has to be based on science. So tell me, what science will you base this on? She said: Well, it is going to be based on the IPCC.

IPCC stands for the Intergovernmental Panel on Climate Change. That is the United Nations.

As luck would have it, right after that, a matter of days after that statement was made by her, we had climategate. Do you remember climategate? Not many people remember it because the media didn’t play it up like they did in Europe and around the world. Climategate was where they caught two scientists—one was Michael Mann and one was Phil Jones—who had rigged—there was evidence of this through communications that were disclosed—they were actually rigging the science. They didn’t pay much attention to it here in the United States, but I remember at the time that Christopher Booker of the UK Telegraph—that is one of the biggest communication operations in the UK—they called this the worst scientific scandal of our generation. That is climategate. That is cooking the books on science to make people believe things that weren’t true.

Clive Cook of the Financial Times said:

The close-mindedness of these supposed men of science, their willingness to go to any lengths to defend a preconceived message, is surprising, even to me. The stink of intellectual corruption is overpowering.

That is the science on which they have relied for a long period of time. In fact, to give you an example of the hockey stick—that was what Michael Mann came up with in trying to show, instead of what we are showing on this chart here, that somehow this all happened in a recent period of time. It is another research exploration that was wrong.

I started off talking about what happened on the climate change research exploration that just took place in the last few days. Many of these were postposed in the Arctic because of the uncertainty of that which has taken place. Before a research team could embark on their exploration to study climate change—keep in mind, this group went there to try to show what things are happening, the ice is melting all over the world. Their ship, the Canadian research icebreaker Amundsen, had to be borrowed by the Canadian Coast Guard for search and rescue.
efforts to help fishing boats and supply ships that were trapped in the unexpected, large amount of ice.

This is at least the fourth time this has happened in recent years to research ships around the world. There was a situation a few years ago, for example, when a Russian ship carrying climate scientists and journalists and activists and tourists and an entire crew became trapped in ice that was at least 10 feet thick. An Australian icebreaker arrived 6 days later to rescue them, but it was very late, because of the ice. A few days after that, a Chinese icebreaker sent out a helicopter that was able to airlift 52 of the passengers from the Russian ship to safety on the Australian icebreaker. Unfortunately, during the rescue effort, the Chinese icebreaker became trapped as well.

I tell you these stories because all of these expeditions that were going to the various posts were doing so to try to prove that ice was not accumulating so fast that it was not stuck in the ice. Most of the predictions that have been published over the last few decades have been widely inaccurate, but most have been accepted by the environmental groups and some of the extreme left wing media. They are making headlines over their war on fossil fuels although Trump has ended that.

I have to say that one of the reasons I go back to my State of Oklahoma every weekend is to talk to real people. They will ask a question. I remember that during the Obama administration, he had a war on fossil fuels—fossil fuels are coal, oil, and gas—but he also didn’t like nuclear. You don’t get these questions asked in Washington. They asked me: Inhofe, explain this to me.

We have a President who is trying to do away with fossil fuels—coal, oil, and gas—and nuclear, and we are currently dependent upon coal, oil, gas, and nuclear for 89 percent of the power it takes to run the machine called America. What is going to happen if we are not able to do it?

Of course, as I said, you don’t hear those questions around Washington.

Anyway, by fearmongering techniques, environmental extremists and the Al Gore fan club can easily convince a large number of people that regulatory burdens like the EPA’s Clean Power Plan, the Quad Oa, the venting and flaring rules, and the water and oil drilling rules are a good thing and that we can save the Earth without any consideration of the effect these rules have on energy.

By the way, for any conservatives who are out there, I would like to remind them that even though it didn’t get much play in the media, this President in the first 100 days in office has been able to do away with some 47 of the regulations. The two ways of doing away with a regulation—one is through Executive Order, and the other is through CRA, the Congressional Review Act. In fact, I was proud that the first signing ceremony our new President had was signing a bill that I had passed. It is one that has really made an effort to try to save enough of the oil and gas industry to run this machine, as I mentioned, called America.

Now we are actively working to face the problems inherited from the previous 8 years under the Obama administration, the American economy suffered under the effects of his climate agenda. That era is over. President Trump has delivered on his campaign promises since he was sworn in. The strongest signal of this was his decision to pull out of the Paris climate accord.

It was just a few weeks ago that I was on the Senate floor urging President Trump to pull out of this Paris Agreement. That same day, 21 of my Senate colleagues and I sent a letter to the White House with that same request. Our message resonated with the President, and it was clear that our voices were heard because it was exactly 1 week later that the President announced to the world he was getting out of a bad deal.

Let me mention one thing about this Paris Agreement. The Paris Agreement supposedly is something that 192 countries—each said what it was going to promise, and then 3 years later, they are making their war on fossil fuels, although Trump has ended that.

I have to say that one of the reasons I go back to my State of Oklahoma every weekend is to talk to real people. They will ask a question. I remember that during the Obama administration, he had a war on fossil fuels—fossil fuels are coal, oil, and gas—but he also didn’t like nuclear. You don’t get these questions asked in Washington. They asked me: Inhofe, explain this to me.

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I commend the Senate and its leadership for working together to resolve their potential differences and creating this opportunity for us to have a debate, a discussion, both on public policy—that I think is important to the security of the world—and the safety of American citizens, in the United States.

I am here, in part, to express my support for the Countering Iran’s Destabilizing Activities Act, the legislation we addressed today. It permits our government to target those individuals and institutions responsible for a foreign policy that puts American lives at risk and undermines the security, particularly in the Middle East, but really of the globe.

The theocratic, autocratic regime’s survival in Iran depends currently on the human rights abuses and political oppression. Eight years after the Green Movement’s protests, the group’s leaders remain under house arrest. Members of that movement were tortured. Still, Americans are unreasonably detained without hope for release in Iran. The Iranian regime’s survival depends further on its control of its economy. When it was brokered, proponents of the Joint Comprehensive Plan of Action, or JCPOA, I was an opponent to the JCPOA, but today’s actions are unrelated to undermining that agreement, which is now in place. They are designed to hold back further activities by the Iranian regime against America and its interests. It is really a requirement that Iran act within the nation-states’ Code of Conduct—the normal behavior of a country around the globe.

Previous administrations, in my view, failed to challenge Iran on way too many fronts. With this legislation, the Senate is intent on pushing back further activities by the Iranian regime against America and its interests. It is really a requirement that Iran act within the nation-states’ Code of Conduct—the normal behavior of a country around the globe.

President Obama negotiated—and this Congress, this Senate, failed to reject the JCPOA—one of the arguments about its benefits is that every day we would enjoy greater economic opportunity. Instead, a recent Reuters study shows businesses directly tied to the Supreme Leader and the IRGC are the main beneficiaries of those changes in our relationship with Iran. Despite renewed economic growth, Iran’s unemployment rate is estimated to be as high as 12 percent, and that figure could be as high as almost 30 percent among Iranian youth.

Survival of Khamenei’s regime depends on stoking hatred of America as a way to whip up support. Iran uses small boats to swarm American Navy ships protecting the free navigation of the Strait of Hormuz in the Persian Gulf. This is disturbing for a number of reasons, but the importance of that Strait’s role in global economy certainly is one of them. In addition, it is linked to scouting soft American targets for terrorism.

So we need to see bad behavior, threatening behavior by the Iranian government toward the United States and our global interest in the Strait of Hormuz and the suggestion that Iran is preparing and looking for opportunities for terrorist attacks against the United States and its allies within the Middle East.

Last week, two Hezbollah operatives were arrested here in the United States. They were doing surveillance on targets in New York and on our embassies, as well as in Israel and Panama. Two team members and specialists from Stratfor, Scott Stewart of Georgetown and Scott Stewart of Stratfor, tweeted in reaction to this news that this could be a case of Iran sending us an ominous message: that Iran can play the terror card if it wants to. If that is indeed the signal Tehran is sending to us, it is important—it is imperative, in fact, that we send a message of our own that no civilized country resorts to planning to kill their citizens. Legislation we passed today informs that regime that the JCPOA does not provide impunity for Iran to make such plans.

Iran threatens its neighbors with its ongoing investment in terrorism, which was not part of the JCPOA. Hezbollah is armed with tens of thousands of rockets, threatening Israel’s security. This is the same group which has been instrumental in propping up the Assad regime in Syria and which is responsible for the deaths of hundreds of thousands. The head of the IRGC forces was seen on the Syria and I ran border just this past weekend. We know Assad’s regime would have not survived without Iran’s continued financial and military support. Again, this legislation underscores the Senate’s belief that the Iranian regime must not be allowed to continue conducting and destabilizing activities under the shield of the JCPOA. I think it is wise and prudent, it was an opportunity to the JCPOA, but today’s actions are unrelated to undermining that agreement, which is now in place. They are designed to hold back further activities by the Iranian regime against America and its interests. It is really a requirement that Iran act within the nation-states’ Code of Conduct—the normal behavior of a country around the globe.

This legislation plays a part in doing what Dan Byman, the professor—the terrorism expert—testified to our House counterparts last month. His words were to “highlight the costs of Iran’s adventurism in the Middle East and beyond. By imposing appropriate sanctions and requiring the Secretaries of State, Defense and Treasury, as well as National Intelligence, to formulate a coherent strategy to counter Iran’s influence in the region, we say to the regime that their activities will be countered every step of the way.”

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There remains more that can be done to challenge Iran and constrict its resources. Many amendments were filed to strengthen this legislation that were not ultimately considered. One of those was mine. Last year, the Obama administration announced it would pay $1.7 billion to Iran in an effort to settle a longstanding financial dispute. Transferring cash to a leading state sponsor and vendor of terrorism ahead of the recent elections. Perhaps there will rise an equivalent to the 2009 Green Movement that offers Iranian citizens one more opportunity to throw off the yoke of theocratic rule of tyranny and get the government they deserve—one that respects their rights and has the desire to coexist peacefully with its neighbors and right.

While my amendment was not one of those considered by the Senate yet, we will be introducing this concept as freestanding legislation in the near future.

I know sanctions alone will not change Iran’s regime’s behavior. Incidentally, we need our allies and friends to join us in this sanction effort. Yet we know the Countering Iran’s Destabilizing Activities Act remains an important tool to impact the regime in Iran and, hopefully, to encourage more of the discontent we saw during the recent elections. Perhaps there will rise an equivalent to the 2009 Green Movement that offers Iranians one more opportunity to throw off the yoke of theocratic rule of tyranny and get the government they deserve—one that respects their rights and has the desire to coexist peacefully with its neighbors and right.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, I want to start my remarks on healthcare and what is ahead over the next couple of weeks in this way.

For almost 7 years before I got elected to the Congress, I was the director of the Oregon Gray Panthers, which is a senior citizens group, and I ran a legal aid office for the elderly. I made the judgment then that healthcare was and always would be the most important issue. I made that judgment because I have always felt that if you and your loved ones do not have their health, then pretty much everything else does not matter.

The Presiding Officer of the Senate, of course, is a skilled healthcare provider and knows a lot about these issues, and I am really going to use that as my reference point today in making the judgment that having quality, affordable healthcare for your families and yourselves is paramount to everything else.
My view is that the proposal being considered here in the Senate of cutting hundreds of billions of dollars in funds from the social safety net—the Medicaid Program, which is the lifeline for seniors and kids with special needs and for the uninsured—is going to put at risk the health and well-being of millions of Americans if it is passed.

It is why I want to take some time to explain what it actually does so that people can see why I am disabled—is going to put at risk the health and well-being of millions of Americans if it is passed.

We haven't seen that either. We haven't seen anything. Something has gone there been no hearings, we have not been asked to do any analysis of this body will have heard, loud and clear.

I have a special interest in this proposal, and I do not think that that assessment is going to be too kind.

Now, the House passed their version of TrumpCare. So I am going to—despite your desire to put it in a pleasant way, over here, Senators looked at it and said: No way. No thanks. My colleagues in the Senate majority said: We are throwing this bill out, starting fresh, and we are going to do it right. So I am going to start with where that process got lost.

The majority convened a special working group made up of 13 Republican Senators, all of them men, and it turns out, based on comments that have been reported, the Senate bill isn’t going to be all that different from what the House was talking about. So Republicans in the Senate are pretty much picking up where the House left off on and the legislation that is being crafted stays hidden—stays behind closed doors and in a position where, for example, if you are a Democrat on the Finance Committee, you don’t even know what is in it. It is not going to be a markup. It will not be put forward for amendment in a markup. With barely any public notice, the bill will hit this floor for 28 hours of debate—that is that.

I will just briefly describe a session we had in the Finance Committee this week where there was discussion from the other side of the aisle that maybe there was a big bipartisan divide with respect to healthcare. I listened a bit. Finally, I said: I don’t know how you can have a partisan divide about a bill that you can’t read.

I am the senior Democrat on the Finance Committee. The Finance Committee is the committee that has jurisdiction of billions of dollars in payments for Medicare and Medicaid and the various tax credits that are part of the Affordable Care Act. This is the committee with the authority to address the management of hundreds of billions of dollars in payments for Medicare and Medicaid, tax credits—and we see nothing. Not only have there been no hearings, we haven’t seen anything. Something has been sent to the Congressional Budget Office. Who knows the answer to that. We haven’t seen that either.

So that is the process that would dictate a radical transformation of one-sixth of the American economy—the American healthcare system—afflicting millions and millions of Americans.

That is what we are looking at right now for the next couple of weeks, and it is pretty different than what happened to ACA. It is not a repeal of ACA.

I want to focus on a few points just with respect to that. The first is especially important, as I have said, to the Finance Committee that deals with Medicare and Medicaid and these crucial health care acts in America.

The Senate Finance Committee has been cut out of this process. The chairman, Senator HATCH, I, and 24 other committee members—there has been nothing for us to examine as a group to do what the Finance Committee tries to do best, which is to work in a bipartisan way. That is what we have done so often in the past, which is to sit down and try to take the good ideas that come from both sides, from the staff who knows healthcare inside and out, with your experience working on healthcare matters.

I have a little bit of a special interest in this because I wrote something called the Healthy Americans Act before the Presiding Officer was here in this body and eight Republican Senators and eight Republican Senators joined together in comprehensive healthcare reform for the first time—for the first time ever before.

We had a lot of good work on issues that represent the big challenges ahead. We know, for example, Medicare today isn’t the Medicare of 1965, when it was about broken ankles, Part A or Part B, a bad case of the flu. Today Medicare is about chronic illness—diabetes and heart disease and strokes and cancer. We have worked on that in a bipartisan way. Bipartisanship is what the Finance Committee is all about.

So in the runup to the Affordable Care Act, we held more than 50 hearings, many with both sides. It wasn’t exactly exciting. We always used to say: If you are having trouble sleeping, come by for a while and you will be knocked out in a matter of minutes. But that is where you do the hard work of legislating.

When the Finance Committee finished the drafting process, the legislation sat online for 6 days before we went through the formal committee consideration—what we know up here is a markup. A markup of 506 amendments were posted online before the markup began for all to read. The markup lasted 8 days. There were 130 amendments in the longest markup in 22 years. Two dozen Republican amendments were adopted, and the bill passed with a bipartisan vote.

We all got pretty sick of the hearing room by the time it was over. I will just read a quote from Senator Grassley with respect to the Finance Committee markup of the Affordable Care Act. Senator Grassley is the chairman, of course, of the Senate Judiciary Committee and the former committee chairman of the Finance Committee, and a very careful, thoughtful legislator. He said: “This was the most open and inclusive process the committee has undertaken in its history.”

He went on to say: “...I believe, since I have been on the committee.”

So the Senate Committee has heard what is the Senate Judiciary Committee. I am sure Senator Murray has similar accounts of the process under the late Senator Kennedy. That legislation was online for days as well.

That is what the legislative process is supposed to look like. It is a process that starts from the bottom up, and it is out in the open. Sunlight has always been the best disinfectant. You get hearings. You get study. You get debate. You marry the best ideas of both sides.

I have always felt that bipartisanship is not about taking each other’s lousy ideas; bipartisanship is about taking each other’s good ideas. Because of the process the Republican leader is insisting on, that is not what the majority has on offer. What is in the works is hidden away so the public and Americans across this country who might be sitting in a coffee shop and would like to know how to protect themselves, they can’t do it, and there aren’t any hearings on what might be going in the bill as well. That, in my view, is the wrong way to build a sweeping, massive proposal like this, which for so many people right now in this economy is an economic tightrope, balancing their food against their fuel and their fuel against their medical care, this isn’t some abstract issue for them. It is a matter of life and death.

This proposal is built around an attack on Medicaid. The last version of the bill that anybody has been allowed to see cut the program by more than $800 billion, but there haven’t been any hearings on what that would mean for the millions of Americans who get their healthcare coverage through Medicaid. Nobody has been brought before the Finance Committee to talk about how you would not endanger the Medicaid nursing home benefit with this proposal, and that benefit pays for two out of three nursing home beds in America.

There hasn’t been a hearing examining the effect of the staggering implications of Medicaid cuts on 37 million kids enrolled in the program, particularly what it means for kids with disabilities and kids in special education classes.

At home in Oregon, when we had town meetings and roundtables on it, I just brought up—just raised the issue very gently—about the prospect of those special needs kids being hurt with this proposal, and the room just broke out in sobs.

There haven’t been any hearings on how much worse the opioid epidemic will get in States across the country if people enrolled in Medicaid lose access to treatment for mental health and substance abuse disorders. Just this morning, I talked about a...
brand new idea that seems to be picking up some interest in the majority about basically coming up with kind of a separate way to fund the coverage for opioids. Instead of it being a guarantee of being able to get access to services, it would sort of be a separate program, which is a line of the Senate’s healthcare policy. As the Presiding Officer knows, so often those addicted to opioids have multiple conditions. In other words, if you are a young person who is addicted to opioids, you might well have other health services. And if you are an older person who is addicted to opioids, you might need services relating to chronic illness.

So I want everybody in those States across the country—particularly in the Midwest and in the industrial Northeast—although opioid addiction has hit this country like a wrecking ball from Portland, OR, to Portland, ME. There are a lot of people paying attention to what is going to happen with respect to coverage for those addicted to opioids, and based on this proposal I have been reading about that is being floated, this is a prescription for trouble for those trying to come back from opioid addiction.

I also want to mention the bill’s provisions on preexisting conditions. When the Affordable Care Act was written in committee, the bedrock guarantee of protection against discrimination for those who have preexisting conditions, and based on that proposal I have been reading about that is being floated, this is a prescription for trouble for those trying to come back from opioid addiction.

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The majority leader has said he pretty much is not interested in input from Democrats. The Republican healthcare plan is going to move by reconciliation. That is a Washington word, folks—when you are at a coffee shop, nobody is talking about reconciliation, but it is basically our way or the highway. We are going to do it our way, and that is it. It is the most partisan road you can go down in the Senate. It relies on moving as quickly as possible with the light.

As far as I can tell, the Senate bill is going to be hidden until virtually the last minute, at which point it will come straight to the floor for a very short, abbreviated debate. That is a problem when the Affordable Care Act came up. The Senate spent 25 consecutive days in session on healthcare reform, the second longest consecutive session in history—week after week, spirited debate, midweek after vote after vote. In total, the Senate debated the Affordable Care Act for nearly 220 hours. That kind of extended give-and-take from both political parties you just can’t have under this partisan “our way or the highway” approach known as reconciliation.

When the Senate plan hits the floor, there will be 20 hours of debate before time expires and the final votes are cast. That is it. That is it. We won’t have seen a bill until the last minute, and then one-sixth of our economy is going to be handled and framed for decades to come in a short and regrettable partisan debate.

I have said from day one that the Affordable Care Act is not perfect. No major piece of legislation ever is. For major legislation to work and for it to last, it has to be bipartisan. That is why I mentioned that I put in a bipartisan bill—eight Democrats and eight Republicans. But you don’t get it exactly your way. So I was very glad when the Affordable Care Act took that portion of our bill—the portion of the bill that had airtight, guaranteed protection for Americans from discrimination when they had preexisting conditions.

The reason we felt it was so important—the 16 of us, eight Democrats and eight Republicans—is that if we open up the opportunity for discriminating against people with preexisting conditions again, we take America back to the days when healthcare was for the healthy and the wealthy. That is what happens if you allow that discrimination. If you are healthy, there is no problem. If you are sick, there is no problem, either. You can just write out the checks if you have preexisting conditions.

The process the Senate is headed down now is as partisan as it gets. Unfortunately, I think what Senate Republicans are doing now makes what the House was up to almost transparent.

I am going to close here with just one last comment. Now is the time for the American people to get loud about healthcare—really loud—because the well-being and health of millions of Americans is at stake here in the Senate over the next 2 weeks. For older people who could need nursing home care, for seniors who aren’t yet eligible for Medicare who are between 55 and 65 and could also get premium hikes, for the millions who work for employers who thought they were safe, the House bill removes the caps on the out-of-pocket expenses they have. If somebody gets cancer in America, they bust those caps in a hurry. Yet that is what the House is willing to do, and I don’t see any evidence the Senate is willing to change.

This debate didn’t end when the theatrical production on the South Lawn of the White House took place a few weeks after the vote in the House of Representatives. My hope is—and I sure heard about it from Oregonians last week when we had townhall meetings across the State; there is concern, there is fear, and there is frustration about why they can’t be told what is in this bill—that there is still time for Americans to make a difference because political change doesn’t start from the top and go down. It is bottom up. It is not top down. It is bottom up. There is still time for American people to be heard and to make sure their Senator understands how they feel about this, what is at stake, and, in particular, to get an explanation about why they can’t be told now what is in this bill.

I yield the floor.

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Texas, the majority whip.