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House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, June 20, 2017, at 12 p.m.

Senate

MONDAY, JUNE 19, 2017

The Senate met at 4 p.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal God, our hope for years to come, so much seems to be happening in our Nation and world. Lord, we pray for those affected by the latest London terror attack, for the families of those killed aboard the USS *Fitzgerald*, for the police who were attacked in Paris, and for those recovering from last week's baseball field shooting.

Let Your peace stay with us all during these turbulent times. Surround our lawmakers with Your favor, enabling them to believe that You will empower them to persevere through every challenge, as they trust You to bring them to Your desired destination. May they not lose confidence in the power of Your everlasting arms as You continue to give them a moral and ethical resilience that will not shrink in the heat of testing.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mrs. ERNST). The majority leader is recognized.

LONDON ATTACK

Mr. McCONNELL. Madam President, today we are learning about new attacks in Europe. I would like to start by offering the Senate's condolences to the victims and their families in London. As our allies in the United Kingdom develop a better understanding of the nature of that attack, let me again reiterate that our commitment to our friends in Europe remains very strong. We will continue to stand by you.

HEALTHCARE LEGISLATION

Mr. McCONNELL. Madam President, on another matter, what has happened in the years since ObamaCare was imposed on our country? Year after year, it drove up costs. Year after year, it drove down choice. Year after year, it continues to literally unravel right before our eyes. It is a trend that continues today, one that will only get worse unless we act.

Just last week we got more evidence of ObamaCare's failures as the Centers for Medicare and Medicaid Services released reports that identified a trend of Americans who had enrolled in the ObamaCare exchanges but then canceled their coverage. Often these Americans didn't even pay their first premium. Within just a couple of months of enrolling, nearly 2 million people literally dropped out of ObamaCare.

Why did so many Americans drop their coverage? The reasons shouldn't surprise anyone. The most common explanation these Americans gave for having canceled their coverage was ObamaCare's outrageous costs. These numbers underline what Republicans have been saying all along. ObamaCare is collapsing around us, and the American people are desperately searching for relief. Costs continue to shoot upward, and insurance providers are fleeing from the marketplaces across the country, leaving precious few options.

It is clear that ObamaCare just isn't working. In fact, it is not working for millions of Americans, like those living in nearly 1,400 counties—about 50 percent of all counties nationwide—who would have zero or just one insurance option on the exchanges next year. Of course, one option isn't really an option at all.

These shrinking choices and increased costs under ObamaCare are not an indication of a new pattern; they are just the latest in what has been a years-long assault on far too many families by this failed healthcare law. While this isn't a new trend, it is one that has grown increasingly more unsustainable and one that we must work to change very soon. That is why we have repeatedly called for a different approach to healthcare. That is why we are working hard to move in a different direction on healthcare today.

For months now, the entire Senate Republican conference has been active and engaged on legislation to move beyond the failures of ObamaCare and bring relief to the American people. We

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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have had numerous productive discussions on the way forward. We believe we can and must do better than ObamaCare's status quo.

Working together and listening to our constituents, we are focused on the following: stabilizing insurance markets which are collapsing under ObamaCare; freeing Americans from ObamaCare's mandates, which force them to buy insurance they don't want; improving the affordability of health insurance, which is spiking under ObamaCare; strengthening Medicaid for those who need it most; and preserving access to care for patients with preexisting conditions.

Senate Republicans will continue working because it is clear that we cannot allow Americans' healthcare to continue on its current downward trajectory, taking so many families right along with it.

The ObamaCare status quo is simply unsustainable. The American people deserve relief, and we will keep working to provide it.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

ORDER OF PROCEDURE

Mr. MCCONNELL. Madam President, I ask unanimous consent that the vote on confirmation of Executive Calendar No. 108 occur at 11 a.m. tomorrow morning, with the pending cloture motions ripening after disposition of the Long nomination.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business until 5 p.m., with Senators permitted to speak therein for up to 10 minutes each.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

Mr. SCHUMER. Madam President, I ask to speak under leaders' time.

The PRESIDING OFFICER. The Democratic leader.

CONDITION OF REPRESENTATIVE SCALISE

Mr. SCHUMER. Madam President, before I begin, I want to express how

glad we all are to hear that Representative SCALISE is doing better. Over the weekend, his condition changed from critical to serious. It seems he has a ways to go, but we are all very happy to hear that the signs are more positive and moving in the right direction.

USS "FITZGERALD" TRAGEDY

Mr. SCHUMER. Madam President, I would also like to express my heartfelt condolences to the families of the seven U.S. Navy sailors who were lost in the crash of the USS *Fitzgerald*. The loss of these seven men in peacetime, in such a bizarre and rare accident, is nothing short of a tragedy. I expect the Navy will conduct a thorough and full investigation to figure out what went wrong and hold all responsible parties accountable. For now, our prayers are with the families of the seven sailors who lost their lives in service to this great country.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Madam President, on healthcare, we are only 2 weeks away from the July 4th recess, and my friends on the other side say we are going to vote on a healthcare bill before the break. Democrats still have not seen the bill. The Republican Health and Human Services Secretary has not seen the bill. The American people have not seen the bill. I am sure many Republican Senators have not seen the bill either. The White House spokesman could not even say if the President has seen the bill.

This is a bill that would likely reorder one-sixth of the American economy and have life-and-death consequences for millions of Americans. It is being discussed in secret, with no committee hearings, no debate, no amendments, no input from the minority. This is the most glaring departure from normal legislative procedure that I have ever seen. My friend the majority leader used to sing the praises of regular order and wax poetic about the wisdom of the committee process and an open amendment process.

Republicans criticized Democrats vehemently for passing the Affordable Care Act with only Democratic votes, and that is after we accepted dozens of Republican amendments during a robust hearing process. Now that the shoe is on the other foot and Republicans are in charge, all of those concerns and criticisms have disappeared. No committee process, no hearings, nothing—quite the opposite of what they called for 5 years ago. What gall.

Why are my Republican friends engaging in this farce of a legislative process? Why are Republicans willing to engage in such blatant hypocrisy, contradicting all of the things they have said about good procedure in the Senate? What are they afraid of? There is only one reason Republicans are doing this: They are ashamed of their bill. The Republicans are writing their

healthcare bill under the cover of darkness because they are ashamed of it, plain and simple. They are ashamed that the bill will likely cause millions to lose their healthcare insurance. They are ashamed because it will increase costs for older and sicker Americans—all to pass along a big, fat tax break to the wealthiest among us, the folks who need it the least. No wonder they do not want to show anyone the bill. They are ashamed of it.

This radical departure from normal procedure on a bill of such consequence leaves the Senate minority little choice but to depart from normal procedure as well. Starting this evening, Democrats will begin objecting to all unanimous consent requests in the Senate, save for honorary resolutions. We will seek, in as many ways as we can, as many times as we can, to refer the House-passed healthcare bill to committee, where it can be vetted, debated, and amended in the open for the American people to see, as is their right.

Tonight, Democrats will hold the floor late into the evening in a series of speeches to highlight just how unprecedented this process is. If Republicans are not going to allow debate on their bill on the floor or in committee, Democrats will make opportunities to debate.

These are merely the first steps we are prepared to take in order to shine a light on the shameful TrumpCare bill and reveal to the public the GOP's backroom deal-making.

Of course there is another way. On Friday, I sent a letter to my friend the majority leader requesting that we hold an all-Senators meeting in the Old Senate Chamber to discuss a bipartisan way forward on healthcare. We should all share common goals—improving the healthcare system by lowering costs, raising the quality of care, and stabilizing the marketplaces. Let's sit down together, all 100 of us, and talk about how we can achieve those results together.

That option, I say to the Republican leader, is on the table, and I hope he will not refuse it, but if Republicans will not relent and debate their healthcare bill in the open for the American people to see, they should not expect business as usual in the Senate.

SPECIAL COUNSEL MUELLER

Mr. SCHUMER. Madam President, finally, on another matter entirely, I continue to be alarmed by the wave of criticism from the far right of Special Counsel Robert Mueller. It seems obvious that, because Mr. Mueller—one of the most respected and trusted men in Washington—is in charge of investigating Russian interference in our elections and any other issues that arise out of that investigation, the far-right, special interest partisans have set out on a despicable campaign to smear his character and muddy the waters of his investigation.

I just want to remind my colleagues and the American people that there is no one more qualified or more trusted to do this job than Robert Mueller. He spent almost his entire adult life in service to his country. He is a decorated veteran of the Vietnam war and served as U.S. attorney for 12 years. He was appointed by a Republican President, President George Bush, to lead the FBI in 2001 and served his full 10-year term with distinction, and then he was asked to spend an additional 2 years under President Obama. Congress had to pass a special waiver to allow him to continue in his FBI post, and the vote was unanimous. Every Republican—many in this Chamber—voted unanimously to ratify Robert Mueller for another 2 years as FBI Director. What an endorsement—a great endorsement. That vote made Mr. Mueller the longest serving FBI Director since J. Edgar Hoover and the only FBI Director to serve under Presidents of both parties.

Mr. Mueller represents the best of public service. He will pursue this investigation without regard to politics or pressure of any kind, and that is exactly what America needs.

The chorus of extreme commentators and media personalities who seek to curry favor with the President by trying to tear down this man of great integrity is only heaping dishonor on themselves. Worse yet, they are trying to discredit our most important democratic institution—the rule of law. These critics know Mr. Mueller is a straight arrow, and many of them said as much when he was appointed, but because he is in a position to examine the President's actions and perhaps to take action, they are attacking his character.

This is not, my colleagues, a political game. This is a very serious investigation about foreign interference in our elections—something that eats at, that corrodes the roots of our democracy, the very wellspring of our being and pride as a nation.

The man leading this investigation ought to be trusted by the American people, and over the course of his long, distinguished career, he has certainly earned that trust.

Again, I urge that these attacks on Mr. Mueller cease and that my friends on the other side of the aisle join me in defending his reputation. The critics are going much too far.

I yield the floor and ask that the Senator wait 1 minute so that I might have a word with him.

The PRESIDING OFFICER. The Senator from Indiana.

HEALTHCARE LEGISLATION

Mr. DONNELLY. Madam President, over the last several months, there has been an important debate about healthcare—a debate between those who believe we can strengthen the American healthcare system by improving the Affordable Care Act and

those who believe the law must be repealed and replaced. If you listen closely, however, the question at the heart of both sides of this debate sound oddly the same—how do we make sure Americans have access to quality healthcare they can afford? It is this shared concern about the affordability of quality healthcare and the recent actions of the Trump administration that I would like to discuss today.

For a moment, let's set aside the healthcare reform debate because whether we agree to work together in a bipartisan way to improve our healthcare system, as I strongly believe we should, or whether Republicans push through a partisan proposal to significantly change the way in which Americans receive healthcare, we should all be able to agree that we want to protect the stability of the insurance markets and access to quality, affordable healthcare. Yet, despite this shared objective, protecting the stability of our healthcare system has not been the approach of this administration. Instead, it has done the opposite. It has tried to drive change by creating instability and chaos.

On his first day in office, the President did not ask how he could fix the Affordable Care Act or improve the healthcare system. Instead, he began a deliberate, strategic effort to undermine the healthcare system, to drive up costs, and to create a scenario so painful for regular folks that we would have no choice but to rebuild the healthcare system from scratch.

On the day he was sworn in, President Trump signed an Executive order to exempt, to delay, and to defer the implementation and enforcement of the law, creating instability in the marketplaces where millions of Americans obtained the coverage they needed. The administration canceled enrollment efforts to attract younger and healthier Americans into the insurance markets. This resulted in an estimated 500,000 fewer Americans purchasing coverage. Most notably, the administration has refused to commit to continuing critical payments that lower deductibles and copays for our families. This drives up the costs for our friends and neighbors, and in some States, it drives insurance companies out of the market completely.

To be fair, though, the President has been straightforward about his strategy to undermine the Affordable Care Act, noting that the best thing we can do “is to let ObamaCare explode. Let it be a disaster because we can blame that on the Democrats.”

For the President and many in Washington, healthcare seems to be a political exercise. I can assure you that for the citizens of my State back home in Terre Haute, in Richmond, in Fort Wayne, in Indianapolis, in Lawrenceburg, and in Evansville—particularly for those with preexisting conditions, including children, older Hoosiers, and people with disabilities—this is about a lot more. It is about the health and the

well-being of our loved ones. It is about the financial security of our families. For many, it is a life-and-death issue.

This week, Indiana's insurance companies will submit their proposed healthcare rates for 2018 to the Indiana Department of Insurance. It is the first step in a routine process that determines how much Hoosiers will be paid for critical healthcare coverage in the coming year. The 2018 filings, however, are likely to be anything but routine. Growing evidence across the country shows that the actions taken by the President and the administration, along with legislative uncertainty in Congress, have created instability and have created chaos in the insurance markets, resulting in significant cost increases for consumers.

Let me share just a few examples of what I am hearing from the insurance companies in my home State of Indiana. The president and CEO of CareSource, an insurer that offers plans to Hoosiers through the insurance marketplace, told me that at the beginning of this year, the company was seeing rates stabilize, and if there was certainty regarding cost-sharing payments—those payments I previously discussed—rates would increase by about 2 percent—2 percent—in 2018 compared to 2017.

Now, though, the company is saying that, if the administration stops cost-sharing payments—and they have refused to commit to making those payments—rates for silver plans would increase by a minimum of 15 percent.

This is real money, real families, real healthcare, and real life-and-death decisions.

The president and CEO said: “In addition, we believe that ceasing CSR payments may adversely impact the risk pools, potentially leading to further increases in future years.”

The chairman and CEO of Indianapolis-based Anthem said, in part, in a letter:

As I have stated publicly over the previous few months, without certainty of CSR funding . . . Anthem will have no choice but to reevaluate our approach to filing 2018 rates.

Such adjustments could include reducing service area participation, requesting additional rate increases, eliminating certain product offerings, and/or exiting certain individual ACA-compliant markets altogether.

Let me be clear. These cost increases, limits on product offerings, and market exits are not the result of the current law or even the healthcare system. This is a deliberate choice. They are the result of a deliberate choice by the President to undermine the healthcare law at the expense of real people—moms, dads, sisters, brothers, sons, and daughters.

This makes no sense. If your house needs repairs, you don't set the house on fire. You work to fix the issues.

If we are serious about improving healthcare in this country, we can do it, and we can do it by working together. In my home State of Indiana, I was proud to work with then-Indiana Governor and now Vice President MIKE

PENCE when he used ObamaCare to establish a program we call the Healthy Indiana Plan, or HIP, 2.0. The innovative plan expanded healthcare coverage to over 200,000 Hoosiers, and it helped to reduce the uninsured rate in Indiana by 30 percent—30 percent.

Our Vice President called this program a “national model” to provide affordable healthcare to our most vulnerable citizens and treatment to those struggling with opioid abuse and heroin use, which is an absolute scourge on our country.

We can improve our healthcare system by working together, but the first step is to do no harm—to stop doing damage to the current system and to the people who rely on it.

Healthcare is not a game. It is life and death. This is about people’s health. It is about economic security. It is about real lives.

I hope my Republican colleagues and the administration will immediately stop these efforts to damage our healthcare system and will work with all of us on our shared goal to make quality healthcare more affordable. There is way too much at stake for Hoosiers and for all the people in our beloved country.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 115.

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

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

CLOTURE MOTION

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 Kristine L. Svinicki, of Virginia, to

be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

Mitch McConnell, Orrin G. Hatch, John Hoeven, John Cornyn, John Barrasso, John Boozman, Mike Rounds, Thom Tillis, Chuck Grassley, John Thune, Mike Crapo, Bill Cassidy, James M. Inhofe, Thad Cochran, Steve Daines, Tom Cotton, Roger F. Wicker.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the mandatory quorum call be waived.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Madam President, I ask unanimous consent to resume morning business as under the previous order.

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

The Senator from Oregon.

HEALTHCARE LEGISLATION

Mr. WYDEN. Madam President, the American people have spent the last several weeks hearing that the Senate will vote on its new version of TrumpCare by the end of the month. It is now June 19, and the American people are still in the dark about this bill. There is no text. There is no legislative analysis of this bill and no scoring of what the financial ramifications are. The American people—and much of this Senate—are in the dark. We are in the dark about how much costs are going to rise, in the dark about how many people are going to lose insurance, and in the dark about whether a preexisting condition will once again be used as a weapon against them by insurance companies.

If news reports are to be believed—and that is all we have right now—a vote on this massive proposal affecting the lives of virtually all our people is days away. No one outside of a group of 13 men—all Republicans—knows what is being considered. In my view, this is as stark an example of legislative malpractice as I can remember.

It is time for Americans to get loud, to do their part, and to make sure their voices are heard on an issue that is so personal and so vital to our people and their families.

If and when this bill hits the floor, the debate is going to go by very quickly. By the standards of the Senate, it will be over in a flash. So this afternoon, I want to be direct with a few key points for those across this country to remember over the next two weeks.

First, the Republican healthcare plan is going to raise costs for the typical American. If you are an older person nearing retirement—55, 58, 61—you are going to get hammered with an age tax. You are going to be forced to pay several times as much as a younger person for health insurance.

Under the House TrumpCare bill, 64-year-old seniors of modest means are going to see their premiums shoot up by 800 percent. I would like to hear somebody try to explain to a lifelong trucker or to someone who has spent decades cleaning offices to put food on their family’s table why that is an improvement in American healthcare.

These are older people who already struggle to make ends meet, and they have been told for the last 7 years that repealing and replacing the Affordable Care Act is going to lower their healthcare costs. Now they face the reality of TrumpCare, which says that they will somehow have to spend the bulk of their income on health insurance and, in some cases, it will take up nearly all of it.

It is not just older people who face this age tax that will see their costs rise. TrumpCare cuts middle-class tax benefits for healthcare that were put in place under the Affordable Care Act, particularly in rural areas. That means premiums are going to be a much bigger burden on typical middle-class families.

The Republican healthcare plan ends the air-tight, loophole-free guarantee that protects Americans from being discriminated against for a preexisting condition. Working adults—30, 40, 50 years old—who thought they were home free with employer-sponsored insurance, under this bill could, once again, face some of the worst insurance company abuses, including annual and lifetime limits on benefits.

One new report says 27 million Americans could get hit by annual limits and 20 million could face lifetime limits.

Here is what this means: A 35-year-old, for example, who develops cancer could bust that cap in a hurry. If you have to go through expensive surgeries and chemotherapy, busting those caps could mean facing decades—decades—digging out from medical debt.

Second, TrumpCare is built around the \$800 billion attack on Medicaid. Today, Medicaid comes with a guarantee: If you walk an economic tightrope, are sick or injured, you will get the care you need. You can’t be denied benefits, but slashing the program by hundreds of billions of dollars ends that guarantee because States are going to have to cut benefits. The best way to understand the consequences of that plan is to look at seniors who need nursing home care.

The Medicaid nursing home benefit helps pick up the tab for two out of three nursing home beds in America because, the fact is, growing old in America gets expensive. You can do everything right through a lifetime of hard work, scrimping and saving, putting off vacations or big purchases to be financially prudent, but still, a lot of people go through their savings. That is when Medicaid steps in for seniors to help cover the cost of nursing homes and other long-term care. One year in a nursing home now costs more

than \$90,000, on average. That is two or three times as much as a year of college education. If TrumpCare slashes Medicaid so deeply that seniors are in danger of losing the nursing home benefit, how are families, fighting hard to pay their own bills, going to be in a position to take care of older loved ones?

Of course, Medicaid does a lot more than cover nursing home care. Thirty-seven million kids are enrolled in Medicaid, a vital source of support for kids and adults with disabilities.

Medicaid is the only lifeline that thousands and thousands of Americans fighting opioid addiction have to be able to put their lives back together. No community anywhere in this country has escaped the opioid epidemic. Since Medicaid was expanded under the Affordable Care Act, it has been leading the fight against the opioid epidemic by improving access for millions of people for treatment of mental health and substance abuse orders, but with the Republican plan's enormous cuts, thousands of people could lose their best shot to recover from addiction and lead healthy lives.

Finally, what is especially unfortunate about this legislation is the process for writing this bill. It is being written behind closed doors, no input from across the aisle and particularly from the American people.

I serve as the ranking member on the Senate Finance Committee. Our committee has authority over hundreds of billions of dollars in payments for Medicare, Medicaid, and tax credits. We haven't had any hearings. We haven't seen a bill. There is not the traditional process of a committee markup to consider legislation. We are also the committee that on a staff level, always has tried to work back and forth between Democrats and Republicans to try to find common ground, but with the majority leader keeping the process locked behind closed doors, Chairman HATCH and I, along with all of the Democrats and most of the Republicans on our committee, have simply been cut out.

Back in the runup to the Affordable Care Act—the one that President Obama was involved in, in 2009—the Finance Committee held more than 50 hearings and roundtables, and we walked through carefully the healthcare reform bill. When the legislation was introduced, it sat online for 6 days before it was voted on in the committee, 564 amendments were posted online, more than 130 amendments were considered during the markup, more than two dozen Republican amendments were adopted, and the bill passed on a bipartisan basis.

Again, let me highlight: More than two dozen Republican amendments were adopted in the Finance Committee. As of now, there will not be a single Democratic amendment adopted in the Finance Committee. When the legislation went to the floor, the Senate spent 25 consecutive legislative days on healthcare reform—the second longest consecutive session in history.

That is how the legislative process ought to look: The committees do the hard work in the open, gather input from the American people, have a chance—Democrats and Republicans—to work together. That is not what is happening on TrumpCare. This is a bill shrouded in secrecy and the public is kept in the dark. There aren't going to be any hearings on the impact it is going to have on the millions of people who rely on Medicaid for health insurance, no hearings on what it means if you have all these loopholes in the guarantee of protection Americans now have against discrimination for a pre-existing condition, no hearings asking how a 64-year-old of limited means is supposed to deal with an age tax that swallows up most of their income. When the Senate Republican healthcare bill hits the floor, there will be a very short debate before time expires and the final votes are cast.

I am going to close by saying now is the time for Americans to be heard on healthcare. It is the time for Americans to speak out. For those who have a story about how TrumpCare will affect their family, you can share it on my website at wyden.senate.gov or you can use the hashtag "America Speaks Out."

I intend to be back on the floor with my colleagues, and many of us will be here often in the hours and days ahead, but I want to close by way of saying political change doesn't start at the top and then trickle down. Political change is bottoms up, as Americans across the country speak out and speak loudly. Now is the time to do that because this debate is coming fast.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. Madam President, I rise to speak on healthcare, but I ask unanimous consent that I be able to conclude my remarks prior to going into executive session.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. FEINSTEIN. Madam President, I rise to speak against the Republican effort and what it appears to be thus far to repeal the Affordable Care Act and the process they are using to do it.

I just have to say, this is the least transparent process for a major piece of legislation I have seen in my 24 years in the Senate. Former Senate Historian Don Ritchie said that you have to look back before World War I to find another example of such a secret, partisan process for passing a major bill.

The Senate healthcare bill in fact is being written behind closed doors. There is no draft for public review. No Democratic Senator has seen the bill. Republican Senators all say they haven't seen the bill either.

When Republican Senators are asked what is in the bill, unless they are the 13 privileged ones, they say they have no idea. Everyone except the 13 Repub-

licans drafting this bill has been excluded, and these 13 Senators represent just 10 States out of our 50. Health experts and health advocacy organizations have been shut out. No one representing doctors, nurses, patients, children, the elderly, hospitals, community clinics, or health plans is able to provide any feedback at all on how the bill would affect people.

Over the weekend, the Los Angeles Times reported that a coalition of more than 15 patient groups, including the American Heart Association, the March of Dimes, and the American Lung Association, tried to get a meeting with Senator MCCONNELL or his staff and were told no. That is unbelievable.

Think of it. Think of the American Heart Association, the March of Dimes, the American Lung Association asking to meet with either the leader or his staff, and somebody says no. Do my Republican colleagues really believe that groups like the American Heart Association don't deserve an opportunity to weigh in on a healthcare bill when our healthcare system affects every single person in this country? Healthcare is the last subject that should be addressed behind closed doors, hidden from public view. Yet, apparently, Republicans intend to bring the bill to the floor without a single hearing. Senator MCCONNELL wants to vote on a bill by next Thursday, I am told. That is 10 days from now. Well, if there is not going to be a hearing, we shouldn't vote. I think: no hearing, no vote.

It is important to point out the contrast between what is happening now and our consideration of the Affordable Care Act, known as ObamaCare. There were 100 hearings, meetings, roundtables, and walkthroughs of the bill between the Senate Finance and the HELP Committees. There were 25 consecutive days and 160 hours of debate on the Senate floor. There were 300 HELP Committee amendments, including more than 160 Republican amendments.

Was our process in 2009 and 2010 perfect? No, it wasn't, but it was infinitely better than what is happening now. This process is such an affront to our democratic system of government.

Senator HARRIS and I represent California. We are the sixth largest economy in the world. We represent more than 40 million people. That is more than 22 other States combined.

Fourteen million Californians are covered by the Medicaid Program, the program the House bill says we are going to stop the funding for. Fourteen million Californians are more people than the entire population of 9 of the 10 States represented in the secret healthcare negotiations. Four million Californians gained health coverage under the Affordable Care Act—more people than the population of 4 of the 10 States represented in the secret negotiations. Despite the significant effects that any healthcare bill would have on California, both of its Senators have been shut out.

I want to work to improve the Affordable Care Act. I know there are challenges we need to address, and I want to be part of the process, but there is no opportunity to do so.

If the Senate bill is anything like the House bill, the effects would be devastating to my State. If the Senate bill is like the House bill, here is what it would do: It would take healthcare coverage away from 23 million working and middle-class families to finance a tax cut for the richest 5 percent of Americans. This is indefensible. There is no justification for giving millionaires a \$50,000 tax break by taking healthcare away from our most vulnerable citizens. I don't know of any who are asking for it. It is some kind of blighted political agenda that you could leave the elderly and the sick untended, and it justifies a \$50,000 tax break for a millionaire.

This would end Medicaid as we have known it for 50 years by cutting \$834 billion. It eliminates protections for people with preexisting conditions. It defunds Planned Parenthood. It denies all Californians and New Yorkers—all of them—tax credits, unless the States change their laws requiring insurance companies to cover reproductive care, including abortion services. It is almost a blackmail provision.

I am going to talk more about the potential changes to Medicaid, known as Medi-Cal, because they are startling. Everyone needs to understand that the changes Republicans have proposed—and we think are proposing for the Senate bill—go much further than repealing the expansion of the program, which was a big part of the Affordable Care Act.

It has been reported in the media that Senate Republicans are looking at changes to Medicaid that are similar to what is in the House bill. There are rumors that the Senate bill would delay the drastic cuts by a few years. But, regardless, when cuts to the program come, they will be devastating.

Whom does Medicaid provide healthcare for? It is not the wealthy. It is elderly people in nursing homes. It is pregnant women. It is children. It is people with disabilities, and it is low-income adults who typically work but don't get health insurance through their jobs.

Medicaid covers one in three Californians; that is 14 million people. It covers one in two children. It covers three out of five residents in nursing homes. It covers one in two people with disabilities.

Here is something the American people need to understand about Medicaid: The majority of Medicaid dollars are spent on elderly people and people with disabilities. They are the most in need, and they have the most serious health issues.

Let me give you one story. A woman by the name of Kristen from Sacramento wrote to us about her daughter Riley, who is autistic. Riley is covered by Medi-Cal. It provides critical

services that allow her to lead a more normal childhood. Here is what the mother said:

When my daughter Riley was born we quickly learned that she had difficulty with basic tasks like sleeping and eating.

She developed pneumonia multiple times and was continually sick.

After turning three, she was diagnosed with autism. Riley is now eight years old and is thriving thanks to Medicaid-funded support programs like physical therapy, speech therapy, and feeding therapy.

She is now verbal, learning to write, and reading above grade level. She wouldn't be doing this well if it weren't for Medicaid. I am counting on you to protect Medicaid.

Every community in California depends on Medicaid. Let me give you a few examples.

Members of both political parties go to Los Angeles to raise money. Forty percent of L.A. County is covered by Medicaid. Do you know how many that is? It is not a half a million. It is not a million. It is not a million and a half. It is not 2 or 3 million. It is 4 million people who could lose Medicaid funding.

Twenty-eight percent of San Diego is covered by Medi-Cal; that is more than 900,000 people. And 37 percent of Sacramento County is covered by Medi-Cal; that is 560,000 people. Half of Fresno County is covered by Medi-Cal; that is one-half million people.

I was in Fresno just a week ago. There is a wonderful children's hospital. The director of that hospital came over to me and was practically in tears. He said: We treat 300,000 children up and down this area of the State, and if we lose our Medicaid, we cannot continue to provide that treatment—that takes place.

Fresno has 31 assisted living facilities for the sick, for the elderly, and three out of five beds in that facility are Medicaid. Twenty-seven percent of San Francisco County, my home county, is covered by Medi-Cal; that is 230,000 people. What Republicans, we have learned, may likely propose would end the Medicaid program as we have known it for more than 50 years.

Under current law, the Federal Government pays a certain percentage of all healthcare costs for Medi-Cal beneficiaries. We will likely see a phase-out of the current structure of the program that would amount to \$834 billion, cut over 10 years, with 14 million people losing Medicaid coverage nationwide.

They will be in your State, Madam President. They will be in every State on the Republican side of the aisle, and I don't know how a civilized society or a Senate of the United States could do that to people.

The effects of this change could devastate access to healthcare for our most vulnerable citizens and crush State budgets nationwide if they try to replace those funds.

Bottom line, in my State, by 2027, California would need to find \$24 billion to cover those who depend on Medicaid for their healthcare today.

What is going to happen with pre-existing conditions? We all know that

the ObamaCare legislation covers pre-existing conditions, so if you have breast cancer, you can get coverage. But you could be charged \$28,000 more per year if the preexisting condition of breast cancer isn't covered. It goes on and on like this. If you take away coverage for preexisting conditions and you have, as we have, 52 million people nationwide—including 6 million in California—who have preexisting conditions today, that will be a huge problem for them.

Let me give you one case of a woman from Hesperia, CA. She wrote to us about her 37-year-old son. He has battled Crohn's disease for 28 years. Lisa writes:

My son was without insurance for 10 years because of his pre-existing condition.

That was before ObamaCare.

During this time the disease caused severe damage to his small intestine. He was finally able to get insurance through Covered California and received treatment.

That was after ObamaCare passed.

He had surgery to remove various blockages and scar tissue and probably saved his life. I am so scared that his coverage may be taken away.

How can we do that?

Sherry, from Sierra Madre, CA, wrote to me about her two sons. They both have preexisting conditions. She says:

As a single mother of two young men just out of college, each with pre-existing conditions, I fear they will not be able to afford health care under the GOP plan.

One son has Lyme disease and requires infusions every three weeks.

This is a huge expense that is currently manageable under my health care plan and has been a life-saver for him as the Lyme impacted his immune system.

Under TrumpCare this treatment would probably not be financially available for him. That would be devastating for him.

Let me tell you about something we have found out about. I look at my phone calls, and we get a lot of calls. I know something is serious when we get more than 100,000 calls, and we did on this subject. These were largely people between the ages of 50 and 64, and they weren't in the group market. They were in the individual market, which means you go out to find your own insurance company and you pay the premium.

Under ObamaCare, there is a subsidy for these premiums if you earn under 400 percent of poverty; 400 percent of poverty is about \$47,000 a year. If you earn under \$47,000 a year, it is much easier to get healthcare. If you are at \$50,000 a year, you exceed the 400 percent of poverty.

I am told by Covered California that the current premium in my city for someone 50 to 64 would be \$800 a month. That is 20 percent of someone's income—20 percent of an annual income.

This is where the complaints are coming throughout the United States, and this is where we can make an easy fix. A number of us have submitted legislation to do just that. What it would do is take the subsidy, and instead of going off the cliff at \$47,000 a year—so

that at \$50,000 your premium costs 20 percent of your income—we changed it so that an individual would not pay more than 9.69 percent of their income toward the premium.

This is one example of how we could improve current law and, I believe, take away one of the biggest criticisms and fix it rather easily.

Here is another problem. I wish to share a story from Monica of Ocean-side, CA. These are real cases. She was diagnosed with breast cancer shortly after gaining coverage through California's individual market. Her doctor told her she would have been dead, had she not been covered by her new plan. She had cared for her father 10 years prior to his death from Parkinson's disease. She didn't have access to employer-provided insurance and wasn't eligible for Medicaid at the time.

By the time the Affordable Care Act was implemented, she qualified for a plan through Covered California. She wrote: "Without the ACA, I would not be alive to write this post."

I wonder if that means anything to anyone on the Republican side of the aisle. No one comes forward; no one says what they would need. This is such a big issue. It affects every single one of us and every single one of our constituents.

Let me correct something. They also say: Well, ObamaCare is dead; it is imploding.

They say this to build support for repealing the law, but they are wrong. In California, which has worked hard to implement the law effectively, the marketplace to buy health coverage functions at a high level.

There are 1.5 million people signed up through the website Covered California. Enrollments have been stable, and there has been no uptick in healthy people leaving the insurance market.

The general consensus among experts is that the Federal healthcare market is not collapsing. Standard & Poor's said that "2016 results and the market enrollment so far in 2017 show that the ACA individual market is not in a 'death spiral.'" So, please, stop saying that.

In closing, I would like to just say to my Republican colleagues: Don't do this. Don't write a bill in secret. Don't take healthcare away from millions of people to cut taxes for the rich. Don't undermine protections for people with preexisting conditions. Don't allow insurers to go back to the days of selling junk plans. Don't end Medicaid. We have known it for so long. It is working. It is covering poor and elderly all across this country.

Those of us on this side of the aisle want to make the Affordable Care Act better. We want to work to improve our system. We stand ready to work together on behalf of our constituents, but if our colleagues continue down this path, we will fight this bill with all we have. The stakes are too high not to.

Thank you. I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The legislative clerk read the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security.

The PRESIDING OFFICER. Under the previous order, there will be 30 minutes of debate on the nomination, equally divided in the usual form.

The Senator from North Carolina.

Mr. BURR. Madam President, I rise in strong support of William B. "Brock" Long as the Administrator of the Federal Emergency Management Agency, and I might add that supposedly, in 12 minutes, we were going to vote on his confirmation, and unfortunately because of this unbelievable weather throughout the country, we have Members who can't make it back in so this will roll until 11 a.m. tomorrow.

Brock is a fellow North Carolinian, alumnus of Appalachian State University, and currently lives with his family in Hickory, NC. I believe he is an exceptional nominee to lead FEMA, and he is well prepared to lead the Agency as it responds to disasters, regardless of where they are in this country.

When we met in my office a few weeks ago, we discussed the ongoing efforts in North Carolina to recover from Hurricane Matthew. Many might remember that. That was last year. It affected millions of people from Florida to Virginia. The storm caused historic flooding in cities and towns across the eastern half of my State. FEMA was in North Carolina before the storm, and Agency personnel have been in the State ever since that storm happened. As many in this Chamber know, once the camera crews leave, there is a perception by the American people the disaster is over. The truth is, Brock and I both know that isn't the case. Even 8 months after Matthew, there are still over 50 families being housed in local hotels utilizing FEMA assistance. It will take years for my State to fully recover.

Even as the recovery from Matthew continues, another hurricane season has already begun. If not a hurricane on the east coast, there will be fires, tornadoes, and other natural and man-made disasters that FEMA will be called to respond to. A key facet in re-

sponding to these disasters is the cooperation among local and State emergency management officials, as well as the Federal stakeholders led by FEMA.

Brock understands why this cooperation is imperative. He is bringing his own deep knowledge and experience of emergency management to FEMA. He began his career with the Georgia Emergency Management Agency before moving on to FEMA region IV in Atlanta. While at FEMA, Brock was a regional hurricane program manager and hurricane and evacuation liaison team leader.

After leaving FEMA, Brock was selected by my good friend Gov. Bob Riley of Alabama to serve as the director of Alabama's Emergency Management Agency. Brock served in that position from 2007 to 2011, where he led the State's efforts to respond to 14 disasters, including eight presidentially declared events. Specifically, Brock was charged with leading the State's response to the Deepwater Horizon oil spill in 2009.

He is a man of immense qualifications and experience. More recently, Brock has worked in the private sector, where he provided emergency management advice and expertise to his firm's clients. Brock has also served as the private sector chairman for the National Emergency Management Association. I believe we must take advantage of assets in and out of government when preparing for disasters. Leveraging the private sector can supplement State emergency management agencies with knowledge and expertise that is difficult to build independently when State budgets are tight. Brock agrees with this approach and will build on these important partnerships at FEMA.

The combination of his work for FEMA, State emergency management, and the private sector makes Brock Long well suited for this nomination by the President. Because of his experience, Brock understands it is the work done before a storm that saves lives. Helping States and cities establish emergency management plans allows funding and assistance to flow almost immediately after the storm has passed. If public officials are developing plans after the storm, it is already too late.

In closing, let me say to my colleagues again, reiterate my strong support for Brock Long, and urge my colleagues to vote for his confirmation—especially now that we have entered the 2017 hurricane season. It is my hope the Senate will confirm him tomorrow at 11 a.m. with broad bipartisan support, allowing him to quickly begin the work of strengthening FEMA and helping the Agency to respond to the disasters yet to happen.

I thank my colleagues.

I yield back the balance of my time.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO LEE JORDAN

Mr. SULLIVAN. Madam President, for the last few months, I have been coming down to the floor to recognize someone in my State who, through acts both small and large, has made the State better for all of us. I call this person our Alaskan of the Week. What I am going to do is I am going to talk a little bit about baseball as part of the Alaskan of the Week.

We saw how important baseball is with regard to a sport that can bring Americans together. Just last week, I think people all across the country—certainly in DC and certainly here in the Senate—saw how important that is.

We had that great game—Democrats and Republicans last week coming together. I am a little biased here about the Republican team, with Senator FLAKE and Senator PAUL. We didn't win, but it was a good game. I know we are all still praying for those injured last week, Congressman SCALISE and others, but it is important to see how that great American pastime brings us together as a Nation.

There are many great things about my wonderful State. But in Alaska, baseball also brings us together. So I would like to recognize today one of the many people throughout the State who keeps the special institution of baseball alive in Alaska. This gentleman's name is Lee Jordan. He is from Eagle River.

Now, I would venture to guess that most people, when they think of Alaska, think about our spectacular mountains and glaciers. They might think about fishing, our delicious salmon, thousands of miles of State and Federal parks, and our vast wilderness. But baseball probably isn't the first thing that comes to many people's mind when they think about Alaska.

Actually, those who follow baseball understand how important Alaska summers are to taking young college students with raw talent and growing them under the midnight Sun into seasoned, professional baseball players. This is the Alaska Baseball League, and it is one of the premier baseball leagues in the summer in the United States.

Let me give you a few names of those who have come up through the Alaska Baseball League. It has produced some of the most important Major League stars, including Mark McGwire, Barry Bonds, Tom Seaver, Dave Winfield, and Randy Johnson, just to name a few. I think those are all hall of famers.

Alaska's six-team league includes two teams in Anchorage, one in Fairbanks, one in Palmer, one in Kenai, and—thanks to the unrelenting enthusiasm of Lee Jordan—one in Chugiak-Eagle River, AK, a picturesque area about 20 minutes from Anchorage, nes-

tled in the Chugiak Mountains. It is part of Anchorage, but it is also very much its own place, with a sense of pride and people who live there like Lee.

Let me tell you a little bit about Lee Jordan. He was originally from Alabama, where football, not baseball, was king. When he enlisted in the Army in 1947, his choice of overseas assignments was, according to him, "anything but Alaska"—"anyplace but Alaska." But he got Alaska, and he stayed and he loved it, and he settled in Chugiak-Eagle River.

Before long, he owned the local newspaper, the Alaska Star—now the Chugiak-Eagle River Star—and he was coaching his son's Little League baseball team. When they got too old for Little League, he began to form new leagues for them to play in, which his boys did. Eventually, his sons got too old for all the leagues, but Lee kept up the love of the game.

Then he and former State Senator Bill Stoltze, a good friend of mine and another huge booster of baseball in Alaska, hatched a plan to get a team to their area as part of the Alaska Baseball League. So the first Chugiak-Eagle River-Chinook game was in 2011, and it is now called the Lee Jordan Field and the Loretta French Sports Complex, and they have been going strong ever since.

This is such a beautiful place. Right now in Alaska every year, we have a midnight Sun baseball game in Fairbanks played on June 21, the summer solstice, the longest day of the year. That game begins at 10:30 p.m. and goes until the wee hours of the morning under a never-setting midnight Sun.

But there are few more beautiful places in the world than Chugiak-Eagle River. Lee Jordan thinks the ballpark is the most beautiful ballpark anywhere, and I can't disagree.

As I have mentioned many times on the floor, it is all about communities. It is all about communities coming together, and Lee has made that happen for Alaskans and baseball lovers, not only in our great State but throughout the country. For that reason, he is our Alaskan of the Week.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Madam President, we have a number of us gathered here this evening because we are so, so appalled—and that is the word—by the process that is going on with healthcare.

The idea that we could affect one-sixth of the Nation's economy—the life and death, literally, of millions of Americans; the whole structure of our healthcare system, affecting doctors, nurses, and rural hospital workers—and that we could do all of that in such darkness, behind such closed doors is the greatest miscarriage of legislative practice that I have seen since I have been here in the House and Senate.

We heard our colleagues, when the ACA came up, talk about an open process: Read the bill. My good friend the leader will say: Well, we are going to have an amendment process. No, we are not. Unless we change reconciliation, we will have a mere 10 hours of debate on our side and then amendments seriatim for something as important as this? To say that we are having regular order, to say that we are having an amendment process, in all due respect, is a joke.

Let me go over when we were in charge to show the complete contradiction. The Senate Finance Committee held more than 50 hearings—Democrats and Republicans.

How many hearings has the Senate Finance Committee had on this bill, this unknown bill? None. On the House bill—they are using the House bill, as I understand it, as a model. None.

A markup, 8 days—can we get any commitment from our friends on the Republican side that we will have 8 days of markup in the Finance Committee when their bill is ready? I doubt it. Some 130 amendments were considered. Two dozen Republican amendments were agreed to—all in the committee process.

Then, a bill went to the HELP Committee. There were 47 bipartisan hearings, roundtables, and walkthroughs. They considered nearly 300 amendments during the 13-day markup. That was one of the longest in history, as it should have been on such a major bill. There were 160 Republican amendments. Our ranking member on the HELP Committee couldn't be here because of plane delays, but she will augment that when she gets here.

The Senate Finance Committee posted its legislation online for 6 days before the markup. I ask rhetorically of my friend the majority leader: When his bill is ready, is it going to be posted for 6 days prior to debate or markup? Are the American people, our doctors, our nurses, our patients, and the cancer care groups going to get a chance to see it? I doubt it. That is not what it seems like.

The Senate spent 25 consecutive days in session on healthcare reform. Again, I would ask my friend the leader, rhetorically: How many days are we going to spend on it under reconciliation?

So, my friends, this is a travesty. Ask yourself, America: Why are our Republican colleagues rushing through a bill in the dark of night?

I will tell you why. They don't want you, Mr. and Mrs. American, to know about this bill. They don't want you to see that it cuts healthcare for millions. They don't want you to see that it will reduce opioid treatment. They don't want you to see that it will hurt people in nursing homes. They don't want you to see that millions will lose coverage and many more will get such minimal coverage that it will not help them unless, God forbid, they get the most serious of illnesses. That is what they don't want you to see.

They are not going to get away with it because we know one thing: Even if the Senators don't get to see the bill and even if the leader, who is a very good political person, gets 51 votes, the American people will then see the bill, and they will be aghast. They will wonder why they believed President Trump's promises that costs would go down and benefits would go up. They will wonder why they believed the promises that he would not cut Medicaid, Medicare, or Social Security.

It is no conciliation to us, but our Republican friends—House, Senate, White House—will reap the whirlwind. It would be better for them—for them—to debate the bill in open process, even if they keep all their votes, because people will learn about the bill.

When you do a bill in the dark of night, things happen that no one knows about. There are unintended consequences that only a thorough vetting can reveal. When you do things in the dark of night, there are individual accommodations that are made that are going to look ugly when they become public. So the only consolation we will have on this side—small consolation that it is—is the political blunder that our colleagues on the other side of the aisle are making that will not serve them well.

I would make one more point. So why are they doing it this way? Why are they being so irrational, hurting people, doing it in the dark of night? One reason. We know who the paymaster is here, we know who the motivator is—the handful of wealthy Americans who will get a huge tax break, benefiting from taking the dollars of healthcare away from millions of average Americans. That is what really runs the other side of the aisle. I had hoped it wouldn't run Donald Trump. He didn't campaign like that, but it is running him too. That is the reason and the only reason.

We will fight hard to prevent this bill from occurring. We will use the procedural means we have, small as they might be. We will. It is a small consolation to us, again, that our Republican colleagues will pay such an awful price to help their wealthy donors.

Maybe it is not too late. Maybe the leader or maybe some of his colleagues on the other side of the aisle will say that as much as they might disagree with the ACA, to have a process in the dark of night is wrong.

We would welcome discussion. That is why we wrote the leader and asked him to have a closed session in the Old Senate Chamber with Democrats and Republicans—without the press, without anything else—to talk to each other. Maybe he will reconsider his rejection of that.

I have a few parliamentary inquiries.

First, is the Chair aware of the number of consecutive days in session and the number of hours the Senate considered H.R. 3590, the Patient Protection and Affordable Care Act?

The PRESIDING OFFICER. The Secretary of the Senate's office notes that

H.R. 3590 was considered on each of 25 consecutive days of session, and the Senate Library estimates approximately 169 hours in total consideration.

Mr. SCHUMER. Twenty-five days of consecutive session on a bill that was partisan in the sense that Republicans were angry with it, but we still had the courage of our convictions to have a debate on the floor.

The second Parliamentary inquiry: Is the Chair aware that a 25-consecutive-day period of session ranks second in terms of the longest period of consecutive session in the history of the U.S. Senate?

The PRESIDING OFFICER. Yes, the Chair is aware of that.

Mr. SCHUMER. Again, when the shoe was on the other foot, we Democrats, knowing we would take brickbats, knowing there would be criticism, but for the good of the process and the good of the country, we were willing to have debate, hearings, and amendments. Unless there is a dramatic change or I am misreading where my colleagues on the other side of the aisle are going, they are not going there.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Madam President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of a public hearing in the Committee on Finance.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Madam President, reserving the right to object, I remember full well 7 years ago. Senator Reid was the majority leader, and we were called into session the Monday after Thanksgiving, and we stayed here 7 days a week until Christmas Eve. So why did we stay in session 7 days a week, from the Monday after Thanksgiving until Christmas Eve? Our Democratic friends didn't want anybody to go home. They didn't want anybody to go home and have to explain what they were in the process of writing in the majority leader's office.

I think it is pretty safe to say that this subject has been very partisan from the beginning. Not a single Republican voted for the bill, and our friends on the other side have made it perfectly clear that no Democrats will be voting to replace it.

So through that process, when our colleagues on the other side had 60 votes at the time, ObamaCare was imposed on our country. Over the last 7 years, we have all witnessed and debated its many failures. Over the last 7 years, Republicans have offered ideas on a better way forward. Over the last 7 years, Democrats have worked to prevent Congress from acting. Basically, it is the same dynamic that we see today: ObamaCare continues to collapse, Republicans are working to implement better ideas, and Democrats are trying to prevent Congress from acting. I regret that Democrats announced their intention early on that

they didn't want to be a part of a serious bipartisan process to move past the failures of this law. Congress still has a responsibility to act, and the reconciliation process will allow us to do so.

Later, after that period in late 2009, our Democratic friends used reconciliation to force ObamaCare on Americans. It is a process that can be used in 2017, the same way they used it in 2010, to move beyond its failures.

I would remind colleagues of what happens when legislation comes to the floor under reconciliation. The minority leader is somehow arguing that reconciliation is not an open process. It is an open process. There is an unlimited number of amendments.

First, the bill text is received. Then a CBO score is issued. Members will have time to review both. After that, there is an open amendment process and a robust debate. It is the one type of amendment we have on the floor of the Senate on which no one can prevent amendments. Ultimately, at the end of the process, the Senate votes. That is how reconciliation works.

We have been debating ObamaCare's failures and what to do about them for so many years now. Members are very, very familiar with this issue. We have heard so many anguished stories from constituents who have been hurt by ObamaCare. Thankfully, at the end of the process, the Senate will have a chance to turn the page on this failed law.

I object.

The PRESIDING OFFICER. Objection is heard.

The Democratic leader.

Mr. SCHUMER. Madam President, I heard what the leader had to say. I think anyone who has observed the reconciliation vote-arama process knows it is not a robust amendment process. There are ways to correct that. Certainly, we have our differences pretty much on partisan lines between repealing ACA and amending it and making it better, but what we ought to be doing is discussing it with one another.

So I would renew my request to the majority leader. What is the harm in us gathering in the Old Senate Chamber, 100 Senators, Democrats and Republicans, and maybe trying to come together? Is there any harm? I would renew my request that he join us in that because what the American people clamor for is some kind of bipartisan coming together. We have different views on how that should occur.

You say: Repeal. Join us in repeal.

We think that would hurt millions of people.

We say: Make it better.

You say that the ACA is irretrievable. I don't agree. But why can't we join together 100 strong in the Senate Chamber, no press, and just discuss our views with one another? Maybe something bipartisan and helpful could come out of this instead of this dark, hidden process. I would renew my request.

Mr. MCCONNELL. Madam President, I would just say to my friend, we can

have a meeting of all 100 Senators here on the Senate floor with an unlimited amendment process. There will be no failure of opportunity for anybody to offer an amendment, to get a vote on it, to try to change the law. That is the way reconciliation works.

Mr. SCHUMER. I would just renew my request for one other—the leader said no. I get it.

One more. Will we have time—more than 10 hours since this is a complicated bill—to review the bill? Will it be available to us and the public for more than 10 hours before we have to vote for it, since our Republican leader has said there will be plenty of time for a process where people can make amendments? We need time to prepare those amendments.

Mr. MCCONNELL. I think we will have ample opportunity to read and amend the bill.

Mr. SCHUMER. Will it be more than 10 hours? That is my question.

Mr. MCCONNELL. I think we will have ample opportunity to read and amend the bill.

Mr. SCHUMER. I rest my case.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Madam President, as a senior member of the U.S. Senate Finance Committee, which held more than 50 hearings, roundtables, and walkthroughs on health care reform—we spent 8 days just marking up the bill in committee, considered more than 130 amendments, and more than two dozen Republican amendments were agreed to at that time in the committee—a committee that posted their legislation online for 6 days before the original committee markup; a committee that spent, with the Senate, 25 consecutive days in session on health reform—the second longest consecutive session in the history of the U.S. Senate. In total, the Senate spent more than 160 hours considering the healthcare reform legislation.

Based on that, Madam President, I ask unanimous consent that no amendments be considered in order to Calendar No. 120, H.R. 1628, the American Health Care Act, until the bill is referred jointly to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions and reported favorably from the committees. This means no hearings, no bill.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Hawaii.

Mr. SCHATZ. Madam President, I have a parliamentary inquiry. I have information that indicates that approximately 300 amendments were considered and that of those amendments, 161 amendments offered by Republican members of the committee were adopted during the consideration of S. 1679. Is that correct?

The PRESIDING OFFICER. The Secretary of the Senate's office, through

the Senate Library, cannot confirm the total number considered but can confirm that 161 Republican amendments were adopted.

Mr. SCHATZ. Madam President, I ask unanimous consent that Calendar No. 120, H.R. 1628, be referred to the Committee on Finance for the purpose of conducting a public hearing.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New Jersey.

Mr. BOOKER. Madam President, I have a parliamentary inquiry. Am I correct in stating that the text of S. 1796 and S. 1679 were posted on the websites for the respective committees, each for 6 days? The Affordable Care Act was posted on the websites of the respective committees, each of them, actually for 6 days prior to committee consideration?

The PRESIDING OFFICER. The Secretary of the Senate's office, through the Senate Library, confirms that each committee posted its legislation online for 6 days prior to consideration.

Mr. BOOKER. Madam President, with the hope for regular order, the hope for committee process, the hope for transparency, the hope for the chance for the Senate to work as it was intended, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, be in order until the bill has been the subject of executive session meetings in the Committee on Finance, during which amendments from the majority and minority received votes, and the bill has been favorably reported from the committee.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Illinois.

Ms. DUCKWORTH. Madam President, I ask unanimous consent that it shall not be in order in the Senate to consider H.R. 1628 or any amendment offered to H.R. 1628 unless the Director of the Congressional Budget Office certifies that H.R. 1628 or any amendment offered to the bill will not cause a single veteran to lose health insurance coverage as a result of the bill's Medicaid cuts, potential loss of marketplace tax credits for veterans, or removal of critical patient protections.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Pennsylvania.

Mr. CASEY. Madam President, this past Friday, when I was back in Pennsylvania, I had the opportunity to meet a family whom I have referred to very often on the floor—the Simpson family. Rowan Simpson, their son, is on the autism spectrum. I have talked a lot about Rowan's disability in the context of the healthcare debate.

We have now the beginnings of a debate about what will be in the Senate bill, if one emerges. If we are going to be up front about what happens to families and individuals like Rowan, I think it would be important to know what happens to a family who has a loved one with a disability in the context of both the Senate bill and the House bill merging.

Madam President, on behalf of Rowan and families who have loved ones with disabilities, I ask unanimous consent that no motion to proceed to calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill is jointly referred to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Minnesota.

Ms. KLOBUCHAR. Madam President, one of the things that I would most like to work on is the cost of prescription drugs. I think we should be making sensible changes to the Affordable Care Act, but the bill that came over from the House does not really do that at all. Whether it is bringing the cost of drugs down for seniors by having negotiations under Medicare Part D or whether it is allowing for less expensive drugs to come in—probably generic drugs or from other countries—the bill just does not do that. Now, supposedly, a bill is being considered here, but it is being done in secret. So I cannot have my say.

For any bill in the Senate, committees meet and debate and vote on amendments that are offered by Senators on both sides of the aisle. We need to hear ideas from Members of both parties as to how to fix this bill—in the HELP Committee, for starters. I ask that we agree today that the bill will not come to the floor until the HELP Committee has had an open meeting and has considered amendments from both parties.

Mr. President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of executive session meetings in the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and minority will have received votes and the bill will have been reported favorably from the committee.

The PRESIDING OFFICER (Mr. LANKFORD). Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from California.

UNANIMOUS CONSENT REQUEST—S. 1376

Ms. HARRIS. Mr. President, this healthcare bill will affect over 5 million Californians. That is why it is so important that this bill goes to the

committees that are in charge of healthcare. It is so that it can get a hearing and members can discuss it and consider changes, and so that the public can understand what is in it. Any bill that is going to bypass our normal floor procedures and be voted on with only one party being heard and being on board should at least go through committee and have an open hearing process.

The Democrats introduced a bill to change our process in order to say exactly that any bill that gets the expedited, simple majority reconciliation process of passing the Senate has to at least go through committee and have a hearing.

I now ask my colleagues to agree to immediately consider that bill so that we can fix this process before this healthcare bill comes to the floor.

Mr. President, I ask unanimous consent that the Committee on the Budget be discharged from further consideration of S. 1376 and that the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Mr. MARKEY. Mr. President, last year, nearly 2,000 people in Massachusetts died from opioid overdoses. If the same number had died in America, it would have been 100,000 people. Thank God that because of the Affordable Care Act, many of those people received treatment who otherwise would have passed away last year. The number would have been a much larger number across our State and across the country. Because of the Affordable Care Act, the number was low, but that number was still much too high.

I want to be able to tell the people in Massachusetts what the impact of the Republican healthcare bill will be on their families in terms of getting access to the opioid addiction treatment they will need so that the number does not continue to go up but to go down. I want to be able to tell them what that coverage will be before I vote upon it, but the majority will just not let that happen. They are keeping the bill hidden. They do not plan to make it public until the very last minute, with our having less than a day to view it before we vote upon it. That will be catastrophic for those families who need opioid addiction treatment—absolutely catastrophic.

Mr. President, I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and minority received votes and the bill has been reported favorably from the committees.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I am very worried about people who have preexisting conditions. I have watched two of my best friends survive cancer this year. They have both had intensive treatments, surgeries, and chemotherapy. They both have young daughters. I cannot imagine how worried they are right now because they do not know what is in this healthcare bill, and they do not know whether or not they will actually be able to afford any insurance coverage. I am worried about millions of Americans who may not have access to affordable insurance under this bill because we have not read it.

Mr. President, I ask unanimous consent that it not be in order to proceed to Calendar No. 120, otherwise known as the American Health Care Act, until the full text of the bill is available to the public for review and comment for a minimum of 30 days—that is the same amount of time we give everyday regulations that come out of our agencies—because this bill could have such a negative effect on millions of Americans.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

Ms. WARREN. Mr. President, I do not think we should vote on a bill that would touch every single human being in this country when one party is locked out of the debate—not able to read the bill and not able to discuss it and help make suggestions and changes. I think that families all across this country should be able to see this bill and be able to evaluate the impact on themselves and on their families.

I am here today, in part, because of a little boy named Nicholas, who was born way too early, who is 2 years old, and who just received a diagnosis of autism, in addition to his other medical challenges. Nicholas is a recipient of Medicaid. I talked to his mother today. She wants to know whether this bill is going to cut Nicholas' care and what this means for Nicholas and his future.

I think it is wrong for Republicans to push through a bill when Nicholas' mother cannot evaluate what the impact will be on her and on her child. So I believe we should post online any bill that is going to affect families like theirs.

Mr. President, for that reason, I ask unanimous consent that a substitute or perfecting substitute amendment offered to Calendar No. 120, H.R. 1628, not be in order if the text of the amendment has not been filed at the desk and made available on a public website for at least 72 hours, along with an anal-

ysis by the Congressional Budget Office of the bill's budgetary, coverage, and cost implications.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Hawaii.

HEALTHCARE LEGISLATION

Mr. SCHATZ. Mr. President, we Democrats are here on the floor to take a stand against a bill that is a disaster for our Nation's healthcare—Medicaid patients, families with loved ones in nursing homes, people who struggle with opioid addiction, women who rely on Planned Parenthood, and people who work in the healthcare industry. We stand with them and for them tonight, but we also stand for the American public, who is being left in the dark about what TrumpCare will mean for them.

This is not the normal order of Senate business. The Republicans are going about this in a way that is so procedurally flawed that it is an embarrassment to democracy itself. They are hiding this bill. They are hiding this bill because people will be outraged when they find out what is in it.

That is why a Republican aide said that they are not releasing the bill—because “we aren't stupid.” Think about what that statement means. First, it means that they have a bill. Second, it means that they think it is political suicide to make the bill public. So they are bypassing the normal and necessary process that is needed to make good legislation.

The way you make legislation is to allow the Sun to shine in, and that starts with hearings. Every legislative body in the country—from a school board to a county council—has hearings because we have figured out over the centuries—for all of our flaws—that you need hearings, not just to placate the masses but to figure out whether your legislation is any good or not.

Republicans have not held a single hearing on TrumpCare. No one who knows anything about healthcare is allowed to say anything about this bill because they are not even allowed to see it, but anyone who has ever tried to understand the American healthcare system knows that it is complicated. The President said so himself. You need expert testimony, public input, and time to talk to your home State. That is the way you get a good product, but Republicans have totally bypassed the two committees that exist in order to consider legislation like this.

Think about it. Under normal circumstances, this legislation would be in the Finance and HELP Committees' jurisdictions. There would be hearings, and there would be a markup, but that is not the process that is being used. There is no markup. There are no committee hearings. It is just 13 dudes, and they are rushing to pass a bill without

women, without Democrats, and without input from the American people. Here is the order of the people who get to see the healthcare bill: 13 men in secret, Republican lobbyists, POLITICO, Republicans, Democrats, and, then, the American people.

This is shameful. This is a violation of the way democracy itself should work. When they are done, the product will be the fruit from the poisonous tree. It will not be good because the process that will have produced it will have been so flawed.

There are many, many Americans who do not support this bill, and I am going to highlight just three groups who stand to lose.

First, you have people who are going to pay more for insurance, lose their insurance altogether, or lose the ability to choose their providers. Families will not be able to afford nursing home care for their loved ones or to pay the hospital bills for a parent after she has had a heart attack. Americans who have preexisting conditions will struggle to buy insurance because insurance companies will be able to charge more for conditions like diabetes or cancer or asthma. Women will be blocked from getting annual checkups or cancer screenings at their local Planned Parenthood clinics. All of these people stand to lose if the bill moves forward.

Second, you have people whose jobs may be at risk. Healthcare makes up about one-sixth of the American economy, and it does not exist in a vacuum. It is an industry that impacts millions of workers, and you can bet that those jobs will be affected by this bill. One study found that TrumpCare will take away nearly 1 million jobs by the year 2026. We are supposed to be helping American workers, not taking away their jobs or making it harder for them to get healthcare.

Finally, this bill hurts the working poor. These are the people who will struggle even more under TrumpCare, and I do not know why we would punish them. Why would we leave them with nowhere to turn? I know that millions of Americans feel the same way that I do. They care deeply about the poor, the vulnerable, and the sick among us, because they have made news in standing up for their neighbors.

One woman named Jessie went to a town hall to make her voice heard on TrumpCare, and I want to read what she said:

It is my understanding the ACA mandate requires everybody to have insurance because the healthy people pull up the sick people, right? And as a Christian, my whole philosophy on life is pull up the unfortunate. So the individual mandate, that's what it does. The healthy people pull up the sick. If we take those people and put them in high-risk insurance pools, they're costlier and there's less coverage for them. That's the way it's been in the past, and that's the way it will be again. So we are effectively punishing our sickest people.

Look, we may not agree on policy, but I hope we can agree on the process.

So what will it take? What will it take for this process to be restored and for TrumpCare to be considered in the way that it ought to be considered?

The answer is actually very straightforward. We need three Republicans. It only takes three Republicans, and you can be a person who hates the Affordable Care Act or has mixed feelings about the Affordable Care Act or anywhere in between. It only takes three Republicans in the U.S. Senate to restore the U.S. Senate itself—to restore the hearing process, to restore public confidence, and to restore bipartisanship.

All we need are three Republican Senators to say: I will not vote for anything if there hasn't been a public hearing. I will not vote for anything that is being jammed down Americans' throats. I will not vote for anything without being able to go back home and figure out how it will impact my State's hospitals.

This is not an unreasonable task. We are just asking for three Republicans to say: Let's be a Senate again. Let's restore order and transparency and do things the right way because that is the only way this bill will not be a total disaster.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. BOOKER. Mr. President, I am grateful for the recognition. I am grateful for my colleague from Hawaii and for my colleagues from across the country who are going to be coming to the floor tonight.

This is going to be a long evening because there are a lot of folks who are frustrated. There is frustration not just about the actual bill itself, a lot of this frustration right now is building because of the brokenness of this process. It is a process that is right now about secrecy. It is a process that has been conducted behind closed doors in back rooms. It is a process that is not reflective of our history, of our traditions, or of the many calls from both sides of the aisle, in my short time in the Senate, hearing echoes of a chorus from my colleagues on both sides of the aisle who talk about regular order, regular order, regular order.

Several of my colleagues and I earlier were asking for unanimous consent—trying to use the process of the Senate to bring about a better process—a process that would bring this legislation out into the light of day and create an opportunity reflective of the Affordable Care Act, where we would have people able to put input into this process. A debate would happen. Discussion would happen. Actually, we would come forward with a bill the American public would see go through the debates.

In fact, through the process, the very Constitutional Convention of this country—perhaps some of the biggest issues of humanity—were debated in an open forum. We have records of those discussions, records of those delibera-

tions. Everything from the representation that each State should have to issues as profound as slavery were right there, out in the open. Tonight, it is remarkable to me, it is almost tragic to me, to see a process that is so broken, a process that is so secretive, a process happening in back rooms—everything Americans dislike about politics of old—people working in secret on a bill they are going to try to force through Congress with no public input, no hearings, no meetings, no markups, no debate, no public accountability.

So there will be a lot of voices tonight speaking about the realities of this legislation. I am one of those folks. I came from a children's hospital this afternoon with parents and with children who suffered accidents—car accidents and more—telling me how they were relying on Medicaid. I think it is one of the most terrifying things that is about to happen because people look at the House bill—a bill our President even called mean—and they are fearing for their own communities, fearing for families like theirs.

I understand the substance of this bill should have many people afraid about what kind of country we are going to be when we look at the House version of the bill and see that it violates our common values and ideals as a nation—to give massive tax breaks worth hundreds and hundreds of thousands of dollars to the wealthiest and, at the same time, cut the social safety net to a degree we haven't seen in my lifetime. The substance of this is frightening, but the process, to me, violates the values I know so many of my colleagues hold and that any of us, watching this happen in an objective way, would criticize.

We know the starting place in the House. We know the details of that bill—23 million Americans losing health insurance, the gutting of Medicaid by \$800 billion, throwing one-sixth of our economy into crisis, but it is the process that is fundamentally at odds with the principles and the values of especially this body, the Senate. When I was running for this office, I had so many people come to me and say: This is the greatest deliberative body on the planet Earth—the Senate—which slows things down, the saucer that cools the tea as our ancestors said. This body has a history of grappling with issues. This process is so at odds with everything I believe about this body and how it is supposed to operate. The Senate is meant to be a place of powerful consideration of debate, of discussion.

Now, the history of this body and its debates and discussions is really interesting. The longest consecutive session in Senate history was a debate during the First World War about whether to arm merchant ships. That is the record. By the way, issues of war and peace I would hope would bring about substantive, deliberative debate, discussion, open air. This body is probably—in fact, the elder statesmen and

women in this body I have spoken to on both sides of the aisle, sometimes the most difficult decisions they have made are involving war and peace. What is interesting, if you look at the history of the body, the longest consecutive session debate was about war and whether to arm merchant ships in the First World War.

What was the second longest debate? The second longest consecutive session in Senate history was actually healthcare, or, more specifically, it was the healthcare debate in 2010 about the Affordable Care Act or so-called ObamaCare. In fact, here we are looking at a process that seems to be screaming something to the floor: No hearings, no markups, no committee sessions—screaming to the floor in the shadow of the second longest consecutive session of debate. That, to me, is a contrast that speaks volumes about the wrongness of this moment in history. Anyone objectively standing back would agree and concur that for something that is so deeply at the core of what our country is about—we literally founded this Nation because of life, liberty, and the pursuit of happiness—life. What more fundamental aspect of life is there?

A critical constituent part of that has to be how we preserve life, how we embolden life. What is the state of our healthcare? For this great, historic, deliberative body to be doing that without so much as a pause, with the brilliant minds on both sides of this aisle, with the thoughtful people on both sides of this aisle, people who have come through portals and processes where they expose themselves and their lives to public discussion, public debate—that is what a democracy is, and that is what this Republic was founded upon, not secrecy, not back rooms.

This body reflects the best of what democratic principles are. Now we are rushing something through that fundamentally affects life, and we are pushing it to the floor with an insult to our history, an insult to our values.

It has been said before, but I remind my colleagues that the Affordable Care Act had a lengthy process before that near recordbreaking consecutive days of session. The Senate's HELP Committee held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs, and considered nearly 300 amendments. The Affordable Care Act actually accepted over 160 amendments—160 Republican amendments to shape the bill.

The Finance Committee held 17 roundtables, summits, and hearings; 13 bipartisan Member meetings and walkthroughs, 38 meetings and negotiations, and then a 7-day markup on the bill—the longest markup in over 20 years. That is our history. In the end, the Affordable Care Act went through a lengthy process, through which the policy experts, market experts, medical professionals, health nonprofits, insurers, hospitals, and families all

came to this Senate and put forward their input and their ideas.

This wasn't a Republican bill or a Democratic bill by the politicians themselves. America was invited to the table. Hours and hours of hearing records show that people—whether the bill ended up reflecting their ideas or not—had their say. That is what is beautiful about this democracy, is that the dignity and the voice and the opinions of others is brought into the process.

I was mayor of Newark during the time that this process was going on. People in my community were riveted by it. They knew that issues that would affect their lives were going on here in the U.S. Senate, at a time when the No. 1 reason for personal bankruptcy in my State was because people were declaring bankruptcy because of their healthcare bills—something that is not happening now at those levels.

People were caring and concerned about what was going on, and representatives from my community came down. I saw how that process shaped the bill. I saw how Republican ideas shaped the bill. I saw how hospitals and insurers and advocates and doctors and nonprofits, the AARP, and others let their voices be heard, shaped the process, had input, had voice, and their dignity and perspectives were respected.

Mr. MERKLEY. Mr. President, will my colleague yield for a moment? The majority leader has returned to the floor to hear a unanimous consent request—actually two of them—which we will make very brief and then yield back to the Senator from New Jersey.

Mr. BOOKER. I fully yield to the majority leader.

UNANIMOUS CONSENT REQUESTS—H.R. 1628

Mr. MERKLEY. Mr. President, this weekend, I was out doing townhalls in rural Oregon. I was in Klamath County and Lake County—counties that on any map would be described as solidly red. At my townhalls, people were turning out with one huge anxiety; that is, the healthcare bill that might be considered next week, with no consideration in committee, no consideration for amendments, no opportunity for experts to weigh in, and, most importantly, no opportunity for the citizens of America to weigh in.

So two veterans came up to me after one of the townhalls, at the Paisley Saloon, and they asked: Does DC understand the despair, the anxiety in rural Oregon over this healthcare bill plan? The answer, of course, at this point is no, but we hope the answer will be yes.

Then I was visiting a nursing home, and two different individuals I spoke to noted that virtually everyone on long-term care was there through Medicaid. They said: You know, if we lose Medicaid, we are out on the street. As one woman said: I will be out on the street, and I can't walk so that is a problem. Well, yes, it is a problem for folks on long-term care to be dumped onto the street.

That is why, at this moment, I am asking for our normal process for any

bill, any modest bill, but certainly a major bill to get thorough democratic consideration in this beautiful, “we the people,” democratic Republic, and that means committee hearings, that means experts testifying, and that means input from citizens.

Mr. President, that is why I ask unanimous consent that no motion to proceed to Calendar No. 120, H.R. 1628, the American Health Care Act, be in order until the bill has been the subject of executive session meetings in the Committee on Finance and the Committee on Health, Education, Labor, and Pensions, during which amendments from the majority and the minority have the opportunity to be presented and considered, and the American people have the chance to weigh in, and the bill has been reported favorably from the committee.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Massachusetts.

Mr. MARKEY. Mr. President, when I was home in Massachusetts this weekend, I constantly had people coming up to me and asking me about the secret Republican healthcare bill—what is in it and how it is going to affect their families—because, to use Donald Trump's words, they are afraid that it is going to increase premiums, and that would be mean; that it is going to make it possible for insurers to deny coverage for preexisting conditions, and that would be mean; that it would create an age tax for older Americans, and that would be mean; that it would cut Medicaid coverage for grandma and grandpa to get a nursing home bed if they had Alzheimer's, and that would be mean.

So the question that kept coming to me all weekend was, is this secret bill really meant to cut all of the funding that goes for the poor, the sick, the elderly, and the disabled so they can give tax breaks to the wealthiest people in America? Can we get that out so people can see that?

They also said to me that they didn't want to be fooled, because their fear is that TrumpCare is as much a healthcare bill as Trump University was a college institution and that there really isn't any healthcare in it and that it is cruel, inhumane, and immoral.

So we are demanding that the Republicans show us the bill so the American people can see the bill and understand what is in it because the consequences for their family's health are so dramatic.

As a result, I ask unanimous consent that Calendar No. 120, H.R. 1628, the American Health Care Act, be referred jointly to the Committee on Finance and the Committee on Health, Education, Labor, and Pensions with instructions to report the bill with changes to eliminate provisions that, No. 1, increase health insurance costs;

No. 2, reduce coverage; No. 3, make healthcare less affordable for those with preexisting conditions; and No. 4, reduce tax liabilities for corporations and individuals with incomes over \$1 million.

The PRESIDING OFFICER. Is there objection?

Mr. McCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New Jersey.

Mr. BOOKER. Mr. President, I recognize my more senior Senator is here from Delaware, so I suspend at this time in deference to an opportunity for the senior Senator from Delaware to have a few words.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. CARPER. Mr. President, I thank my friend for yielding. I take the train back and forth from time to time to my home State. I am going to try to get on a train later tonight to go home. Thank you for letting me have a few minutes.

HEALTHCARE LEGISLATION

Mr. President, I was elected to the Senate in 2000. I came here in 2001. Two days after I was elected, I called Tom Daschle, the Democratic leader in the Senate, and I said: I understand I need to explain my choice and preferences for committees to you.

He said: Yes. You should give me a letter today that tells me which committees you would like to be on.

I am not sure how they work it on the Republican side, but that is the way we did it here and, I presume, still do.

I said: My first three choices to be on committees would be—my first choice would be the Finance Committee, my second choice would be the Finance Committee, and my third choice would be the Finance Committee.

He said: You want to be on the Finance Committee, don't you?

I said: Yes, I do.

He said: So does everybody else. You have to get in line.

So I did. It took me 8 years. I got on some great committees in the interim, including the Banking Committee, Commerce, Environment and Public Works, Homeland Security, Governmental Affairs, and others as well, even Aging for a while. Eventually I got on the Finance Committee—in 2009. That was the year we had a new President, Barack Obama, and a new Vice President, Joe Biden. The hope from our new leaders was that we would do something Presidents since Harry Truman have wanted to do, and that was to provide healthcare coverage for just about everybody in our country. We weren't sure exactly how to go about it.

We did our homework and found that in 1993, when First Lady Hillary Clinton came up and worked on something called HillaryCare, the Republicans felt like they had to come up with an alternative, which was provided by the people at Heritage, a Republican think

tank. What they came up with had five components to it and was introduced as stand-alone legislation by John Chafee and cosponsored by ORRIN HATCH, CHUCK GRASSLEY, and I think about 20 other Republican Senators.

In the end, HillaryCare didn't go anywhere. The Chafee bill didn't go anywhere, but it lived on beyond 1993 and that Congress. When Mitt Romney was Governor of Massachusetts and was going to run for President, he took that 1993 legislation, which called for creating exchanges in every State and marketplaces and large purchasing pools where people who didn't have healthcare coverage could buy healthcare coverage in their State. The 1993 legislation had sliding-scale tax credits so people buying coverage on the exchanges could get a tax credit to help buy down the cost of their coverage. The idea was that folks whose incomes were low would get a bigger tax credit, and those whose incomes got larger and larger would eventually not qualify for anything at all. But there was a sliding-scale tax credit.

Another provision in the 1993 legislation Mitt Romney borrowed was the idea of having individual mandates so that people had to get coverage in Massachusetts, and if they didn't, they had to pay a fine. The idea was that we need for folks to get coverage. We need to make sure these exchanges—if they were going to have them in the State, that they wouldn't have people just sign up for coverage in the exchanges when they get sick and run up the tab a lot for the insurance companies. The insurance companies said they couldn't make money doing that. So in Massachusetts, they had the individual mandate.

They also had an employer mandate that employers with a certain number of employees had to provide coverage for their people. They didn't have to pay for it all, but they had to offer them coverage.

The last thing Governor Romney took from the 1993 legislation by Senator Chafee and others was the idea that insurance companies could not deny coverage to folks with preexisting conditions.

Mitt Romney thought those were pretty good ideas and made them sort of the centerpiece of what they called RomneyCare in Massachusetts, which became the law and ultimately extended coverage to a lot of people who didn't have it.

Initially, they didn't do a very good job on affordability. I am told by folks in Massachusetts that one of the reasons was that the fine associated with the individual mandate wasn't very big. Eventually it was scaled up, but it took a while to get to a point where young people said: I am paying this fine; I may as well get coverage and stop paying the fine and get something for my money.

RomneyCare ended up being pretty successful. He ran for President, and one of the linchpins he used is, look, we

have already done what Barack Obama wants to do. We are already providing healthcare coverage for people in my state.

In any event, in 2009 I ended up on the Finance Committee. We spent a huge amount of time in 2009 trying to figure out what this healthcare plan should look like that our new President and new Vice President wanted us to do. It looked a lot like what was offered in 1993, and it looked a lot like what was actually adopted and I think worked with relative success in Massachusetts.

We held a lot of hearings. I remember being on the Finance Committee. It seemed like for week after week after week, we had hearings, we had roundtables, we had discussions, we had meetings off the floor and on the floor to talk about whether it made sense. We went for an extended period of time where we had three Democrats and three Republicans on the committee who met endlessly to try to figure out what the reasonable compromises were that would enable us to extend coverage to everybody in an affordable kind of way.

We ended up having an extensive markup, voting, and debating the legislation in both the Finance Committee and the HELP Committee. People had the opportunity to offer amendments, a number of which were offered and adopted by Democrats and Republicans alike. I don't remember exactly, but I seem to recall that in the Health, Education, Labor, and Pensions Committee, something like 300 amendments may have been offered, 160 by Republicans that were adopted.

Long story short, we finally had a chance to finish the debate, and it became law.

I know our Republican friends don't feel like they had much of a chance to be involved, but my recollection is that there was a lot of involvement by both sides. I thought at times that the debate on this legislation would never end. It finally did, and we finally passed it on a close margin.

The reason I bring this up is that was my first year on the Finance Committee. I loved it. I was on there with Senator STABENOW and a number of others, and we were actually legislating. It was fun. It was challenging. We were trying to develop consensus. I want us to do that again.

As good as we think the Affordable Care Act is, I know it is not perfect. I think everybody in this Chamber knows it is not perfect. But the idea of preserving what needs to be preserved and fixing what needs to be fixed is what we ought to be about.

As smart as our Republican friends are, they can't do this by themselves, and as smart as we like to think we are, neither can we. In this case, we would be a lot better off doing this together. I know Senator SCHUMER has asked the Republican leader for us to meet later this week—maybe Thursday—in the Old Senate Chamber and just talk it over.

John Kennedy used to say that we shouldn't be afraid to negotiate. He had a great quote about being afraid. He basically said we should never be afraid to negotiate or talk. I think that probably pertains to us today.

I thank the Senator from New Jersey for yielding his time to me to give me a chance to say something again to my Republican colleagues.

I was in Tanzania, Africa, a couple of years ago for an Aspen Institute seminar with Democrats and Republicans, House and Senate. I learned a lot about Africa. One of the things I learned was a great African proverb. A lot of people have heard it; I had never heard it before. It goes something like this: If you want to go fast, go alone. If you want to go far, go together. On something this important, we need to go together, and we will be glad we did.

The PRESIDING OFFICER. The Senator from California.

Ms. HARRIS. Mr. President, Senator CARPER talked about Tanzania. It reminds me of a greeting I have often heard from people who live in various African countries. When you meet someone for the first time, instead of what we would normally say—"Pleased to meet you"—the greeting is "I see you." I see you. I think that really is part of our concern here: Do we see the people who will be impacted in the way they are actually living their lives, and do we understand, if we see them, that this bill will not be in their best interests?

Right now, for example, we know 13 Senators—all Republicans—are crafting a bill. This bill would restructure our Nation's entire healthcare system, which, when we add up what Americans spend on hospitals, doctors, prescription drugs, and all the rest, we understand it makes up one-sixth of our economy. It would affect the lives of everyone—our parents, grandparents, those who are in need of caregiving, our children struggling with asthma or opioid abuse, our spouses, who may be battling cancer.

What is equally distressing is that this bill is being written in secret. The chairman of the Finance Committee says he has not seen the bill. The Secretary of Health and Human Services says he has not seen the bill. The American people, the people we all represent, have certainly not seen the bill.

I think the American people deserve better. This bill is being written entirely along partisan lines without any attempt to bring Democrats on board, and the American people deserve better. This bill is being written and rushed through the Senate with hardly any time to debate the cost or the details of this proposal, and the American people deserve better.

I remember when our colleagues across the aisle said the Affordable Care Act was being rammed down the American people's throats in the middle of the night. The ACA, in fact, went through 106 public hearings. It incorporated more than 170 Republican

amendments. The whole process took an entire year. But this healthcare plan involves no hearings, no bill text, and no transparency at all.

As Senators, we were sent here to represent the American people. We answer to the American people.

Why are my colleagues from across the aisle trying to put one over on the American people? I have met folks all across California and this country, and they see what is happening. They know that if this bill were as wonderful as its proponents would like us to believe, it would be out in the open.

The American people deserve greater transparency. Even though the authors of this proposal have tried to conceal the details of their plan, we know enough to know this bill would be nothing short of a disaster. We know because we have been told it is about 80 percent the same as the bill that was passed by the House—a bill so catastrophic that even the President of the United States who hailed its passage now calls it "mean."

We know it would throw 23 million Americans off their health insurance within a decade, including putting 4 to 5 million Californians at risk of losing coverage. We know it would raise costs for middle-class families and seniors. In every county of California, average monthly premium costs would go up while financial support to pay premiums would fall.

We know it would put Americans with preexisting conditions at risk and leave people who need maternity care or opioid treatment without coverage or force them to pay huge out-of-pocket costs. We know it would cut about \$834 billion from Medicaid, which means less money for families to pay for nursing homes, to support children with special needs, or to treat substance abuse. We need the Affordable Care Act to be in place, in a way that we fix what is wrong, but we mend what is broken and not repeal it altogether.

I recently visited a really remarkable treatment clinic in Los Angeles. It is called the Martin Luther King Jr. Outpatient Center. Everyone from the doctors to the patients can tell you that when 4,600 Californians are dying every year from substance abuse and opioid overdoses, it is wrong and irrational to cut Medicaid.

It really makes you wonder why anyone would support this bill. How does this bill help real people with real challenges?

At a healthcare rally in Los Angeles in January, I met a woman named Tonia. Before the ACA, she had signed up for insurance just long enough to see a doctor, have a few tests done, and fill a prescription. Then she would realize she couldn't pay and couldn't afford to pay for the insurance beyond that. She said:

It's the worst feeling in the world to have to tell your doctor—who is trying to make you well—that you cannot afford the treatment prescribed.

Tonia told me:

Before the Affordable Care Act, living without health coverage was a nightmare in this country.

She went on to say:

But that has all changed, and thanks to the ACA I can now see a doctor when I need to, monitor my condition, and stay healthy so that I can keep working and contribute to our nation's economy. If the Republicans in Congress repeal the law, I don't know what I will do.

I ask, How does the Republican healthcare plan help Tonia?

Another woman, Krista, told me:

I am married with four children, one of whom is a 10-year-old type one diabetic. He requires daily active insulin management to stay alive—24 hours a day, 7 days a week.

She went on to say:

Healthcare is not optional for us; even with health insurance, diabetes management is the type of thing that can bankrupt you. Without health insurance, I can't imagine. ACA is a huge relief for my family.

I ask, How does this bill help Krista and her family?

Then, there is Rhett, in Marin County. More than 7 years ago, he was diagnosed with leukemia. Rhett is 9 years old. He says:

Cancer cells are the bad guys.

This is what he wrote me.

For 3½ years I took chemo to get the bad guys out. I had more than one thousand doses of chemotherapy. . . . My parents had to tell my sister that I might die of cancer.

And then he went on to write:

Thanks to my doctors and nurses, my family and friends, my church and my community, and the Affordable Care Act . . . now I'm Gone-with-the-Cancer. I have a pre-existing condition. Thanks to the Affordable Care Act, my parents don't worry about losing coverage.

A 9-year-old Rhett is showing us the way. How does this bill help Rhett?

I don't know the party affiliation of any of these folks. I don't know if they are Democrats. I don't know if they are Republicans. I don't know if they are Independents. I don't know if they are members of the Green Party. I am not asking them those questions. I am asking them: How are you doing? What is helping you? What do you need? How will this impact you?

I know I am one of two Senators whom they have. When it comes to their needs and their need to be represented in the U.S. Congress and their need to be heard and their need to be seen, party affiliation should not matter. What should matter are the needs of the American people.

Regardless of whom they vote for in a partisan election, I am certain of this. This healthcare plan that is being proposed by my colleagues from across the aisle will not solve their problems. It will only create more problems and potentially devastate people's lives.

To my colleagues I say, this shouldn't be a matter of supporting this bill automatically if you are a Republican or objecting just because you are a Democrat; this is about what is right and what is wrong.

If you know this bill is bad, stand up and stop it. Speak that truth. Now is not the time to keep quiet and hope nobody notices. Forget the politics. Forget partisan pressure and talk radio and primary ads. Instead, just listen to the voices of the American people, not just in California but in Nevada, in Arizona, in Ohio, in Alaska, in Maine, in Pennsylvania, in West Virginia because they have made themselves overwhelmingly clear. Only 20 percent of Americans support this bill.

A majority opposes it in every State in this country. It is the least popular piece of legislation in modern history. I am asking you to think about the American people. I am asking you to think about Tonia. Think about Krista. Think about Rhett living with leukemia since he was just 2½ years old, undergoing 2½-hour infusions every night with such incredible bravery.

Let the determination of Americans like Rhett bring us together—a 9-year-old boy who tells us, in his words: “Don’t repeal the Affordable Care Act, Improve it!” We all agree, the ACA can be improved. It must be improved. It isn’t perfect. I am ready to work with anyone who really wants to make it better.

Instead of playing politics, instead of playing politics with public health and people’s lives, we can actually work together to strengthen our healthcare system.

In fact, I am proud to have recently cosponsored a bill with Senator DIANNE FEINSTEIN and a number of my Democratic colleagues. Our bill would make it safer and easier for middle-class Americans to buy insurance if they currently don’t qualify for any help paying their premiums.

These are the kinds of solutions Democrats can get behind. These are the kinds of solutions that would help and not hurt the people we represent. We took an oath to represent all the people. I am asking every Member of this Chamber to think long and hard about the consequences of this bill. Think about the responsibility we have been entrusted with.

We owe it to the American people to tell the truth, not to hide it. We owe it to the American people to solve real problems, not to manufacture new ones. We owe it to the American people to do the job we were sent here to do.

I urge my colleagues to vote down this bill and stand up for the people we represent and serve.

I yield back.

The PRESIDING OFFICER. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, I rise to join my colleagues to speak out on the secret healthcare legislation that Republicans are attempting to jam through the Senate without any public review or consideration.

This is an insult to the American people. It is a shameful abdication of the role of a U.S. Senator to represent the concerns and priorities of the people of a State and country. We were

elected to be a voice for the people of our individual States. What I am hearing loud and clear from my State is: Keep the Affordable Care Act. Do not repeal it. Keep it, and work together to improve it.

Like my colleagues, I wish to share the story of one of the many Nevadans who have contacted me to share their story about the ACA and why they so desperately want to avoid its repeal.

Jessica and her husband own a brewery in Reno, NV, and I was lucky enough to get to meet and speak with her in person when I was home last month touring the Community Health Alliance Center.

After meeting with her, I had the opportunity to sit and talk with so many incredible people—doctors, nurses, people who care about the very faces of women, men, and children we are talking about tonight. This is Jessica’s letter to me, and this is what I would like to share with you, what she wrote to me.

Dear Senator Cortez Masto,

I am a resident of Nevada, a small business owner, and a mother. I am writing to express my views about the Affordable Care Act. The Affordable Care Act has had a tremendously positive effect on my life, and I would like to share my story with you.

The Affordable Care Act saved my small business.

When the Patient Protection and Affordable Care Act (ACA) was signed into law in 2010, and when it was upheld by the Supreme Court in 2012, my husband and I were in the planning stages of our small business. At the time, my family was provided health insurance through my corporate job. Knowing the ACA would take effect gave me the peace of mind to leave my job and become a full time small business owner. Today, our business, Under the Rose Brewing Company, is celebrating our 4th year in existence, and we are in the beginning stages of a large expansion, which will create many new jobs in Reno. This business would not have survived without my full-time dedication. I would not have been able to leave my corporate job without the ability to procure affordable healthcare for my family.

The Affordable Care Act allowed me to start my family in a healthy way.

As my husband and I prepared to sign up for our first year of health care with the ACA, we found out that I was pregnant. Prior to the ACA, health insurers were allowed to consider pregnancy a “pre-existing condition.” Instead of being denied coverage or charged higher premiums, I was able to receive appropriate and affordable care during my pregnancy through the ACA.

The Affordable Care Act saved my life and my baby’s life.

30 weeks into my pregnancy, at a regular checkup with our midwife, my husband and I were advised to see a doctor. Since I didn’t look sick or feel sick, we hesitated, but our midwife was positive it would be for the best. Our insurance through ACA allowed us to see the recommended OBGYN. Half way through our appointment he became very concerned and rushed me into the hospital. My son was born by emergency C-section a few hours later. Several doctors agreed that neither the baby nor myself would have survived a further 24 hours of pregnancy. Having health insurance through the ACA allowed my husband and I to seek treatment and care without having to worry about the affordability of following doctor’s orders. This is the first

time I could say that the ACA saved my life and the life of my beautiful baby boy.

The Affordable Care Act saved my baby’s health [and provided us with health insurance].

Thus my son was born 9 weeks early and was admitted into the NICU. He stayed in the NICU for 32 days and was under constant doctor care. By the time he left the hospital, we had incurred well over 1 million dollars in total costs. The ACA allowed him to start his life without a cap on his total lifetime healthcare coverage. Prior to the ACA, many NICU babies reach their lifetime limits before even feeling the sunshine on their faces. I am eternally grateful for this provision of the ACA.

One week after bringing our beautiful baby boy home from our hospital’s NICU, I found myself in need of emergency care for a second time. I suffered a postpartum stroke. I was taken to the emergency room and admitted to the hospital for the second time in 2 months. Again, the ACA allowed me to seek treatment and care without worrying about coverage.

The Affordable Care Act will save my son’s healthcare. My son now has a medical issue with his growth. Should the ACA be repealed, amended, or replaced with something less inclusive, this issue will be considered a preexisting condition. The thought of my 18-month-old son being denied coverage, or potentially not being able to afford the healthcare offered to him, makes me sick to my stomach. Why would our lawmakers vote to take this away from him? I implore you to consider the great lengths the Affordable Care Act has gone to not only improve and save lives in my family, but families across the Great State of Nevada. I further implore you to consider the children currently covered and benefitting from the ACA as you contemplate your vote on this significant matter. I strongly urge you to defend this crucial legislation. Too many of your Nevadan constituents rely on this lifesaving, health-saving and financial-saving legislation.

Thank you for reading my story and considering my views. I am happy to speak directly with you.

Sincerely, [Jessica] and family.

Mr. President, I know Jessica’s story is one of thousands. I hope my colleagues across the aisle think of Jesse and her family and the millions of Americans like her who have so much at stake while continuing to secretly rewrite our country’s healthcare laws.

Thank you for listening.

I yield the floor.

The PRESIDING OFFICER (Mr. DAINES). The Senator from Michigan.

Ms. STABENOW. Mr. President, first, I want to thank the Senator from Nevada. We are so pleased that she is here and her voice is so strong for the citizens of Nevada and appreciate very much her comments this evening.

I am rising this evening to talk about an issue that affects every single person, every single family in Michigan and all across the Nation, and that is healthcare. I feel very confident that I can say that each one of the 48 members of the Democratic caucus—each and every one of us would love to be on this floor working with Republican colleagues across the aisle to lower the costs of prescription drugs, to lower the out-of-pocket costs of healthcare, to create more competition and more

insurance choices for people in the insurance pools than are there now—to basically fix the problems.

I am proud to be with colleagues tonight because we are not willing to support anything that unravels the healthcare system, raises costs, takes away healthcare for people, and, on top of that, gives a tax cut to the wealthiest Americans, insurance executives, and pharmaceutical companies with the dollars that are cut.

So here we are. The House has passed a bill that, in fact, raises costs, takes away healthcare, gives the tax cuts I talked about. Now we are in the Senate. The Republicans have a healthcare bill, but they will not let us see it.

I am the ranking Democrat on the Health Subcommittee of the Finance Committee. You would think someone would have reached out to have conversations with me and members of our subcommittee—members of our whole committee—but that has not happened. They are letting the Trump administration see it, but not the American public. They are letting K Street lobbyists see it. That is probably where I will get a copy first—through lobbyists—but not the American public, who will lose their healthcare and pay more.

If you have cancer and you are not going to be able to get coverage, if you are going to potentially be dropped or have preexisting conditions or get caps put on the number of cancer treatments you can receive, I believe you have a right to see this bill. If you have epilepsy and will lose your insurance, you have a right to see this bill. If you are a woman who will be charged more for insurance and be considered to have a preexisting condition just because you are a woman, you have a right to see this bill. If you are senior whose rates are going to go skyrocketing upward, you have a right to see this bill. But the sad fact is, Republicans don't think the American people have a right to know or to see this bill or to review it or to comment on it—to have a chance to give their opinion on it.

The difference in process couldn't be more clear between the way the Affordable Care Act was originally worked on for about 18 months and then passed and what is happening right now. In 2009, Republicans called for a fair, collaborative, and deliberative legislative process. I agree. In fact, we all agree.

From 2009 to 2010, the Senate Finance Committee held more than 53 hearings on health reform—hearings, open committee meetings, work sessions. As a new member of Finance at that time, I was involved in every single one of those, with hours and hours of listening, deliberating, people sharing their opinions, and debating. Counting the HELP Committee deliberations, there were 100 hearings and committee meetings before the bill was finalized and debated to be reported out of committee.

The Republicans have had no hearings—zero hearings. They have had no public meetings—zero public meetings.

During the Finance Committee markup, when we were working through and voting out the bill, we considered 135 amendments, often late into the night. The final Senate bill included 147 Republican amendments. In the end, we were trying to do everything we could to get bipartisan support, when it was clear that politically there was not a desire—even with 147 Republican amendments in the bill—to have a bipartisan healthcare bill.

Republicans will not even allow us to see the bill, let alone amend it. Our position is very clear. If there is no hearing, there is no vote. We need them to show us the bill.

There is, I think, a really good reason they will not show us the bill. They will not let us see it because it is a disaster for the American people. It is a disaster for the people in Michigan whom I represent.

From the House bill, we know that 14 million fewer people will be insured after the first year; 23 million fewer people will be insured after 10 years. This may change somewhat back and forth. We have no idea. But we know the general framework the Senate is working in is the same general framework as the House. We know that in 2026, according to the Congressional Budget Office, 51 million people under the age of 65 will be uninsured—no insurance.

We are told that premiums would go up 20 percent next year, and States would be allowed to opt out of key insurance laws that protect consumers. To really understand what that means—that means all of the decisions about your care go back to the insurance companies, not your doctor. Laws that protect people with preexisting conditions are gone. Rules that prevent women from being charged more are gone. Laws that prevent seniors from being charged more are gone. And the way it used to be is that if you got sick, the insurance company could decide to drop you. It was the insurance company that said how many cancer treatments you were able to receive or mental health visits, if any, you would receive. You always paid more than for physical health—the same with addiction.

This all goes away with what is being talked about here. In other words, costs are going to go up, and care is going to go down. To add insult to injury, all of this is going to go to tax cuts for multimillionaires and billionaires, to drug companies and insurance companies—while someone is losing nursing home care, cancer treatments, maternity care, and children will be unable to go to the doctor and parents forced to go back to using the emergency room.

I want to share with my colleagues what these changes would mean for people in Michigan. There are so many people I have talked to, so many stories I have heard. I received a letter from a woman named Amy who owns a small retail business in Michigan. She

has health insurance through her husband's job—a small business owner. Amy has chronic myeloid leukemia. It is managed with a medication that costs \$20,000 a month—not a year, a month. After her deductible and 10-percent copay, she said she quickly reaches the maximum out-of-pocket expense on her insurance each year. Amy wrote:

Preexisting conditions, maximum out-of-pocket costs and lifetime cap costs are important to me. . . . [Without them] I could never afford my health care. Without the ACA, I could quickly bankrupt my family and still die. . . . Please consider my situation when deciding your vote on any changes to the ACA. I need your help. I want and need to stay alive and raise my children.

Healthcare reform allows Amy to stay on her husband's insurance plan and pay for the cancer treatments that are keeping her alive. The Republican plan would put people with preexisting conditions like cancer at the mercy of health insurance companies.

Here is another way the Republican plan would hurt American families. Thanks to the Medicaid expansion, 650,000 people are newly covered under what we call the Healthy Michigan Plan. The good news is, 97 percent of Michigan children can now go to the doctor. They don't have to wait and go to the emergency room. If they have a cold, their mom or dad can take them to a doctor. They can get preventive care, rather than waiting until something awful happens and going to the emergency room. What is the good news for the State of Michigan out of that? Michigan will end up, this year going into next year, with \$432 million more in the treasury. Taxpayer dollars aren't going to have to be used on healthcare because the right thing was done—creating a way for children to see a doctor. What has happened? We have a 50-percent reduction on folks who don't have insurance going into the emergency room, and it saves money when you do that. The number of people treated has gone down 50 percent—the number of people treated without insurance.

The great thing about healthcare to understand is that if we ignore it, it doesn't mean people don't get sick, that they don't get cancer, that they don't need a nursing home or that their child doesn't get sick. If you just ignore it, the costs go up because people ultimately use the most expensive ways to get treated.

If you actually plan it out and do the right thing on the front end and people can see a doctor and they can get the checkups and the care they need and the treatments they need, you actually save money. That is the example of the State of Michigan.

The Republican plan would end the Medicaid expansion. Healthy Michigan would go away. One young man in Michigan only 19 years old shared his story of living with his single mom when he was diagnosed with testicular cancer. He was working, but his employer didn't offer health insurance. He

didn't have transportation to get to his appointments or treatments.

Thanks to Healthy Michigan, he got insurance and treatment at Munson Healthcare in Traverse City. He is now free from cancer, has a job with benefits, and is engaged to be married, and we wish him well. Healthy Michigan and the Medicaid expansion saved this young man's life.

The Republican plan would end the Healthy Michigan plan, ripping coverage from 650,000 people in Michigan, including cancer patients. And for what? And for what? To pay for tax breaks for drug companies and the ultrawealthy one more time. This means Michigan families will be unable to care for their loved ones when they need it most.

In January, I led a forum on Secretary Price's healthcare policies, and a woman came from Michigan to tell her story. Ann was diagnosed with multiple sclerosis when she was 40 years old, and she has very limited use of her arms and legs. We are so grateful that she made the trip to DC to share her story. Medicare and secondary insurance cover most of the cost of her medication, which costs an astonishing \$75,000 a year. That is nearly her entire household income, including Social Security benefits.

Ann had been caring for her aging mom when her mom's dementia worsened. Ann didn't know where she would find the \$6,000 a month for nursing home care. How many families are in that situation?

Fortunately, Ann's mom qualified for Medicaid. By the way, three out of five seniors in Michigan are able to get their nursing home care through Medicaid. Three out of five are getting nursing home care because of Medicaid, including Ann's mom.

This nursing home care paid for the final 3 years of her life. Here is what Ann said:

It was only because of Medicaid that she was able to get the help that she needed at the end of her life. I don't know how I could have cared for my mother on top of managing my own care. My family would have lost our home and all our savings in trying to keep up with their bills.

Medicaid helped Ann care for her mom at the end of her life. This is a good thing.

Again, the Republican plan would cut Medicaid by \$834 billion. That is the House plan coming over. We don't know how much would be cut here, but we know whatever will be cut will be used to pay for tax breaks for drug companies, insurance CEOs, millionaires, and billionaires. How does that reflect American values?

In conclusion, Republicans are hiding their bill because they know it is a bad deal for American families. It is a bad deal. The President of the United States called it "mean." I agree with him. It is mean, and it is definitely a bad deal for the people I represent in Michigan. Costs go up and care goes down, all to cut taxes for millionaires

and billionaires. We are better than this as a country. Our Nation is better than this.

It is time for Republicans to show us the bill so we can work on it together. Give us a chance. Give the American people a chance to have input, to say what they think before it is forced on them in a secret process that is rammed through this floor. It is time to move beyond partisanship to get something done for the American people.

Again, I know that the 48 Democratic Senators in this Chamber want to work on lowering the cost of prescription drugs, reducing out-of-pocket costs, helping small businesses that want to provide coverage for their employees, and making the healthcare system better.

Let's stop this bad bill and work together on behalf of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, when a Pope dies, the cardinals meet in secret to select the next Pope. A white cloud goes up in smoke. When the Senate Republicans meet in secret to craft a healthcare bill, coverage for the sick, the disabled, and the elderly is what goes up in smoke—all of that coverage. The only thing more secret than the Republican healthcare bill is Donald Trump's tax returns.

We might need ultimately to have a special counsel to go and to find out what is inside of that healthcare bill because right now the Democrats don't know, the American public doesn't know, and no one knows what is in that bill. While we may not have details on the Republicans' secretive proposal to repeal and replace the Affordable Care Act, we know that they are not completely rewriting the House-passed legislation that eviscerates the Medicaid Program and reduces coverage and increases costs for most Americans and for the individuals, the families, and the communities caught in an opioid crisis. This bill will be a complete calamity, and it is being done totally in secret.

Right now, the press is being stifled. The White House didn't even let reporters audiotape the press briefing today. Last week, the Senate Republicans tried to keep the press from asking questions of Senators in the hall. They don't want the press to know about this bill or to cover it.

But for families who need treatment for opioids, the Republicans want to take the money from substance use disorder coverage and care and use it to offset a \$5.5 trillion tax cut for the healthy wealthy and for massive corporations. That would be cruel. It would be immoral. It would be inhumane. Like President Trump himself has said, it would be "mean."

We know the opioid epidemic knows no demographic, economic, or political boundaries. It has ruined the lives of

men and women from Lexington, MA, to Lexington, KY. It is an equal opportunity destroyer. That is one of the reasons why, over the last year, combating the opioid epidemic has been a bipartisan issue.

Eleven months ago, this body passed and sent to the President's desk the Comprehensive Addiction and Recovery Act. Known as CARA, this bipartisan law strengthens the States' responses to the opioid crisis, and it passed the Senate 92 to 2.

Six months ago, the Senate passed the 21st Century Cures Act 94 to 5. This bill quickly became law and allocated \$1 billion to States to provide much needed resources to help them address the opioid epidemic on the ground and in their communities.

Yet today Senate Republicans are singlehandedly attempting to betray that progress and to erase it from the history books. They are doing so by crafting in secret a bill to gut Medicaid and repeal the Affordable Care Act and replace it with a shell that hides a massive tax break for the wealthiest people in our country—people who do not need or deserve a tax break, especially if it is coming from the healthcare coverage of those people who are sickest, those people who are oldest, those people who are most disabled, those people who are most vulnerable to having an addiction to opioids and need treatment. It would be wrong to take their money for that healthcare coverage and give it as a tax break to the wealthiest billionaires in America, who already have enough money for their healthcare coverage.

This would be a death sentence to the 2.8 million Americans with substance use disorders, including 220,000 with an opioid use disorder at risk of losing their insurance coverage altogether in order to ensure that their family member can get treatment.

For those who do manage to get insurance coverage, TrumpCare will make it more expensive to get the treatment and the care they need. The Congressional Budget Office explicitly said that out-of-pocket spending on mental health and substance abuse services could increase by thousands of dollars per individual in any one given year. For a disease as critical as an opioid use disorder, any delay in treatment can be the difference between life and death, not to mention that, because TrumpCare reduces protections for people with preexisting conditions, even those with insurance may find out that the coverage they have won't work for them when they need it the most. Under the Republican proposal, a substance use disorder could be classified as a preexisting condition and, therefore, you couldn't get coverage for it.

The Congressional Budget Office also said that TrumpCare would slash Medicaid by \$834 billion, permanently decapitating Medicaid. They say they are moving to a per capita system. Another way of saying that, if you are an

ordinary person, is decapitation of Medicaid for the families across our country who need it.

If this becomes law, there is no Narcan for Medicaid. Once it is cut by TrumpCare, it is dead.

Those devastating cuts would grind the progress we have made in expanding access to opioid treatment to a screeching halt and kick people currently in treatment to the curb. Medicaid spent \$7 billion on substance use disorder treatment alone in 2014. That money facilitated access to care, access to recovery, and access to hope for millions of Americans. Medicaid can cover in-patient detox treatment, care coordination, access to naloxone.

Additionally, Medicaid pays for one-third of the medication-assisted treatments in the country, more than any other payer. In Massachusetts, Medicaid pays for nearly one-half of the medication-assisted treatment provided in the Commonwealth. So think about that. One half of the people who get medication-assisted treatment for opioid addiction will lose their coverage, and, then, the Republicans are going to take the money they save and give it to the wealthiest people in our country, who also need the same coverage, leaving them with the money needed for those who are the one-half who won't have it. What happens to those other individuals? It could be a death sentence without treatment.

Those of us from States hardest hit by the opioid epidemic hear time and again how Medicaid coverage of those services saves lives.

Dawn from Swansea, MA, shared the story of her son, who became addicted to opioids after experimenting with prescription pain pills from a family member. Through Medicaid, he was able to access medication-assisted treatment to help treat his substance use disorder. Dawn said:

He has done very well with his recovery so far but I fear that without insurance coverage that will allow him to continue obtaining his medication and counseling . . . he may lose all that he has gained and fall back into the cycle of addiction. His medical insurance is literally his lifeline. Please don't abandon my son and others like him who need Medicaid assistance to continue their fight against addiction.

Instead of recognizing the importance of Medicaid for families like Dawn's across the country, Republicans are proposing to starve this life-saving program from Federal funding through TrumpCare by cutting more than a quarter of its budget. Because that is not enough to fund the massive tax breaks that Republicans want for their donor friends, President Trump has proposed in his budget to cut the program by an additional \$600 billion, leaving Medicaid a shell of its former self.

Although Republicans refer to the changes as capping the Medicaid Program, for Dawn's son, what that really means is they will decapitate his access to medication-assisted treatment, decapitate his ability to seek coun-

seling, and decapitate the peace of mind Dawn receives in knowing her son is accessing the help he needs.

We also have to consider the Affordable Care Act's Prevention and Public Health Fund and its role in the opioid epidemic. It is the Federal Government's single largest investment in prevention.

Since 2010, Massachusetts has received more than \$95 million through the prevention fund. Importantly for Massachusetts, nearly \$4.5 million has been given to the preventive health services block grant that has helped the State respond to the heroin, prescription drug, and fentanyl drug crisis. Eliminating this fund will only hurt our ability to respond to the opioid and other drug epidemics popping up in every one of our communities.

We should not be building bridges to recovery with money that is stolen from those programs in order to be spent on a wall that is going to pretend to block the drugs from coming in from overseas. We should be building bridges to recovery, not walls to isolation.

Instead of more commissions, we need more commitments from the administration and congressional Republicans to not undo the progress we have made in preventing and treating substance abuse disorder. It is unfortunate that Republicans who touted our progress on opioid issues aren't standing up to the policies in TrumpCare that would negate their hard work. By supporting this, they are betraying the families and communities who have suffered from the relentless grip of substance use disorders. When discussing the opioid crisis, the only thing the GOP stands for right now is Gutting Overdose Prevention. That is the new GOP—Gutting Overdose Prevention.

While devastating, this isn't surprising for those of us who have been watching many congressional Republicans salivate over ways to annihilate Medicaid for decades. Republicans harbor an ancient animosity toward Medicaid. Raiding the Medicaid coffers achieves two of their goals: First, it kills a lifeline for more than 70 million low-income and working-class Americans. Second, it provides the GOP a piggybank to aid their donors and pay for these tax breaks for their friends. In fact, TrumpCare alone would provide the wealthiest individuals and national corporations with over \$660 billion in tax breaks over 10 years. Included in this figure is the repeal of the health insurance tax, which gives a \$145 billion tax break to insurance conglomerations and their CEOs. Millionaires will get a tax break of \$50,000 a year—more than three times the income of most Medicaid beneficiaries—and the top 400 highest income earners would save \$7 million in taxes annually. All of this comes at the expense of the 23 million Americans who will lose health insurance coverage under TrumpCare.

Don't let the GOP fool you—TrumpCare is not about creating

health, it is about concentrating wealth in the hands of a small number of Americans. It is about making middle-class and working Americans pay for a tax break for people who need it least.

We can do better than this. We owe it to the families of the 33,000 Americans who died from an opioid overdose last year. The proposals under consideration with Republicans is going to only add to the tally of overdose deaths. We are hearing that Senate Republicans could create an opioid fund as a paltry attempt to appease those who have called out the cruelties in this bill. That extra funding would be crumbs. It would be like trading a full-body cast for a bandaid, like trading land for a couple of beads, like trading a Cadillac for a tricycle.

We will not be fooled. We know it took Republicans more than 1 year to agree to providing the funding for emergency opioid response in the CURES bill. One can only imagine how long it will take to get any money the Republicans are promoting as a consolation prize out to the communities who need it. We know that a vote for TrumpCare is a vote to perpetuate overdose deaths. Passing this bill will be just aiding and abetting one of public health's most wanted and most notorious serial killers.

Americans from both political parties are not fooled by President Trump's tax cut shell game on the backs of families and communities who have been ravaged by opioids. That is why Democrats will continue to be a public megaphone and shout from the rooftops that eviscerating Medicaid to give a tax cut to the healthy and wealthy is mean, inhumane, and immoral, and we are not going to stand for it, and the American people are not going to stand for it.

The best vote I ever cast in my political career of 41 years in Congress was for the Affordable Care Act. The second best vote I will ever cast is to block the repeal of the Affordable Care Act because of the good it has done for tens of millions of families in our country who otherwise would not have the coverage they need.

Mr. President, I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me thank the Senator from Massachusetts for his very cogent and important remarks.

Let me just start off by asking the Chair, asking the leader of the Republican party, what are you afraid of? What are you afraid of? Health care constitutes one-sixth of the American economy. It impacts every man, woman, and child in our Nation. Yet we have 13 Republicans, all men, working behind closed doors to produce legislation that will be brought to the Senate at the last moment so the American people don't know the disaster that it is.

You know, what politics is about or should be about is, if you are proud of what you do, you tell the world about it. You explain to the American people and to your constituents why this is what you are proposing, this is how you voted, and this is why it is good for the people in your State and your country.

It should tell every American—whether you are a Democrat, a Republican, or an Independent, whether you are conservative or progressive, it should tell you something that major legislation is being written at this moment and that most Republicans don't have a clue as to what is in that legislation, let alone the Democrats, let alone average Americans.

So I say to the Republican leadership, what are you afraid of? Bring out that bill.

I am a member of the Health, Education, Labor, and Pensions Committee, the HELP Committee. The HELP Committee is supposed to be the committee that deals with health issues.

I see Senator MURRAY is here, the ranking member of that committee. She will concur with me that the HELP Committee has held zero hearings.

It is the HELP Committee. We have had not one hearing to ask members of the administration, people throughout this country, what the impact of this legislation will be on the children, on the elderly, on working families, on those who have chronic diseases, on ordinary Americans. What impact will this legislation have on the lives of 300-plus million people? We have not had one hearing, not one open discussion. I would think that every Republican would be embarrassed by this. I know many of them are embarrassed by it.

So before there is any vote on any health care legislation, we need to have a series of hearings to discuss the implications of what the legislation is about.

Mr. President, as I think you heard during the debate on the Affordable Care Act—and I am a member of that committee, and we had 47 bipartisan hearings, not only in the Health, Education, Labor, and Pensions Committee but also in the Finance Committee and other committees. There were roundtables and there were walkthroughs of the Affordable Care Act. There was consideration of more than 300 amendments. Some 150 amendments offered by Republicans were accepted.

In 2009 and 2010, the Finance Committee held 53 hearings, meetings, negotiations, and walkthroughs on the Affordable Care Act. That committee marked up the Affordable Care Act for 8 days. A markup means you accept amendments and you have debates on amendments. That was the longest markup in 22 years, and adopted during that process were over 10 Republican amendments.

When the bill was considered on the Senate floor, the Senate spent 25 con-

secutive days in session on health reform—the second longest session in history. Oddly enough and interestingly enough, many of my Republican colleagues, during that process—after 25 consecutive days on the Senate floor and after numerous hearings in the HELP Committee and in the Finance Committee, there were Senators who said that wasn't enough time. They said: This is such an important piece of legislation, and it is going to impact so many people. We need even more time.

Senator ENZI said that “cutting off Senate debate and deliberation with a budget reconciliation process would shortchange legislation with enormous impact.”

Senator LAMAR ALEXANDER said:

I don't think people are going to feel as good about a bill that restructures one-sixth of our economy, that affects every single American's health, and the healthcare bill is being written behind closed doors in the Democratic leader's office.

In other words, you had Republican leaders thinking that the hundreds and hundreds of hours of discussion and debate on the Affordable Care Act was not enough. I find it amazing that those same Republicans seem to think it is OK for legislation to be written behind closed doors and not have one single committee hearing.

Now the truth is, I can understand why Republicans do not want open discussion and open debate on this issue—because the bill they are working on, which is based on the disastrous bill passed in the House last month, is a bill that would do incalculable harm to people all over our country and really should not be considered as a healthcare bill.

How do you talk about a so-called healthcare bill when you are throwing 23 million people off of health insurance? When we talk about a healthcare bill, the assumption is that we are improving healthcare in America, not doing what the Republican House bill does—wants to throw 23 million Americans off of health insurance. Surely that is not improving healthcare for the American people.

Cutting Medicaid by over \$800 billion—and God only knows what the implication of that will be for the children, for the elderly, for people who are in nursing homes.

You are not improving healthcare when you defund Planned Parenthood. After all the rhetoric about choice, choice, choice—we want the American people to be able to go to their provider of choice—oh, 2.5 million women who today get their healthcare through Planned Parenthood, I guess their choice doesn't matter.

We hear about the needs of working-class people. We had the candidate Donald Trump who talked about the needs of working-class people. The House Republican bill—and we think the Senate bill will be very close to it—substantially raises premiums for older workers. That is why, among other groups opposing the House bill, the

AARP made the point that this would be a disaster for older workers.

The truth is, this is not a healthcare bill; this is a tax break for the rich and multinational corporations bill. This is a bill that would provide over \$200 billion in tax breaks to the top 2 percent. This is a bill that would provide hundreds of billions of dollars in tax breaks to the drug companies and the insurance companies. Last information I received, the pharmaceutical corporations, the major drug companies, made over \$50 billion in profit, but this legislation would throw Americans off of health insurance to give drug companies even more profit.

This legislation, the House bill—and, I think, similarly, the bill being worked on behind closed doors—is not only opposed by the AARP, which is the largest seniors group in America, but it is opposed by the American Cancer Society, the American Heart Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National Multiple Sclerosis Society, and the American Medical Association because the doctors know what a disaster this will be for healthcare for millions of Americans—also, by the American Nurses Association and the American Hospital Association. You have all of these groups that are the pillars of healthcare in America saying: No, no, this is a disastrous bill. Yet we have the Republican leadership and a dozen or so Members who are working behind closed doors.

Nobody here has suggested that the Affordable Care Act should not be improved. In my view, it should be improved. In my view, deductibles are too high, copayments are too high, and premiums are too high. Certainly, the fact that we are paying twice as much as any other country for prescription drugs has to be dealt with also.

The task right now, among sensible people, is to put it on the table and to be honest about it. What are the problems of the Affordable Care Act? How do we lower deductibles? How do we lower copayments? How do we control the escalating cost of healthcare?

Those are reasonable questions that honest people should debate, but the answer is not to throw 23 million Americans off of health insurance. That is not a solution to the problem. That is an insult to the American people.

Let me just conclude by stating this. Our job right now is to make sure that this disastrous Republican proposal never sees the light of day. I would urge my Democratic colleagues, on behalf of the American people—the vast majority of whom know how bad this legislation is—to stand up and fight in an unprecedented way to make sure that that legislation never sees the light of day.

After we win that struggle, I would hope that we would come forward as a nation and join every other major country on Earth, whether it is Canada—and I live 50 miles away from the

Canadian border—the United Kingdom, France, or Germany—and say that healthcare is a right of all people, not a privilege. If you are an American, you are entitled to healthcare. You should not be one of the 23 million people thrown off of healthcare, bringing the total of uninsured in America to over 50 million people. That is outrageous.

I think you are going to hear the American people stand up loudly and clearly and demand transparency and demand serious debate on an issue of this consequence. I think, at the end of the day, this legislation will be defeated.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, Democrats come to the floor this evening as a voice for the people we represent, to fight back against Republican plans to jam TrumpCare through this Senate, increase healthcare costs, and hurt families across the country. Republican leaders may hope that nobody pays attention. They can hope that they can go into these secret rooms and cut secret deals and come out with a TrumpCare bill that they can jam through before anybody notices.

We are not going to allow that to happen. We are here. We are going to fight back. I can only hope that just a few Republicans will decide to listen to their constituents, reverse course, and work with us to improve healthcare instead of standing with President Trump to destroy it.

I start by talking about a constituent of mine whose story I heard and whose voice and perspective should be a part of this debate.

Her name is Lisa. She is from Spokane, which is in my home State of Washington. Lisa served our country in the Navy for 6 years. She goes to school. She works part time, and she says she relies on Medicaid to afford the healthcare she needs. She is very worried that, if TrumpCare passes, she will not only suffer from cuts to Medicaid, but she will lose her coverage altogether because, like many Americans, she has a preexisting condition—asthma.

Lisa is not alone. There are millions of people just like her in Washington State and across this country, and each of them—every patient, every family—has a stake in this fight. They deserve to be a part of this debate, and they have a right to know how TrumpCare would impact them if it is signed into law.

That should not be a partisan sentiment. I have heard Republicans come to the floor time and again, demanding transparency, railing against secrecy, calling for hearings. One Republican Senator who is now the chairman of the Senate HELP Committee came here to the Senate floor back in 2009 to blast Democrats for writing an amendment “in secret.” He said: “None of us on the Republican side knew what was

in it,” and he accused Democrats of trying to pass our bill “before the American people find out what’s in it.”

My friend, the chairman of the HELP Committee, is certainly not alone. Back then, the current Republican majority leader said: “This massive piece of legislation that seeks to restructure one-sixth of our economy is being written behind closed doors, without input from anyone, in an effort to jam it past not only the Senate but the American people.”

That was not true back then. We held dozens of bipartisan hearings and meetings over months and months and months. But it is what Republicans are doing right now.

The chairman of the Senate HELP Committee, whom I respect and would never think would be a part of an effort like this, told me that he was not planning to hold a single hearing on TrumpCare. The chairman of the Senate Finance Committee, which is where a lot of work on this bill should be getting done, told my friend the Senator from Missouri that he was not going to hold a hearing either.

There are reports now that Republicans actually have the text of their bill—something is written and almost ready. Democrats do not get to see that bill. People across the country are being kept in the dark. Republican leaders are treating it like President Trump’s tax returns and are not allowing it to see the light of day. It is absurd, and it is unprecedented.

We could be just days away from a massive bill being jammed through this Senate, and many Republican Senators are telling press and constituents that they could not even say what was in the bill if they wanted to because they have not seen it either. This bill is so secret that even President Trump’s top health adviser, the Secretary of Health and Human Services, told us in a hearing last week that he has not seen how TrumpCare is being changed in the back rooms of the Senate.

Let me ask this. Why are Republican leaders so focused on keeping their TrumpCare work secret? Why are they keeping it locked down so tight and not letting people see what is even in it? What are they so ashamed of?

One Republican Senate aide was quoted as saying: “We aren’t stupid.” In other words, Republicans know it would be “stupid” to put this bill in the public because they know that people across the country—the people they are supposed to represent—would hate it.

That explains a lot.

Republican leaders—those who are writing this TrumpCare bill in secret—know that they would not be able to go back home and defend it. They know that the more people who learn about what is actually in it and what the fine print might mean for them and their families the more people back home are going to rise up and fight back. So they want to keep it wrapped up tight,

under lock and key—no hearings, no scrutiny, no public input. When they first announced their secret working group, not even any women were in it. Republican leaders are in their back rooms, desperately trying to cut those final deals, doing whatever they can to bully those last few Republicans into supporting something they know their constituents will hate.

We are here tonight to say that enough is enough. This has to end. Healthcare is too important, and TrumpCare would be too devastating to allow this kind of secrecy to continue.

We do not know exactly what is in the TrumpCare bill that is being written in secret, but—do you know what?—we have a pretty good idea. No matter how much lipstick they put on this pig, based on everything we have heard, this is going the same way that TrumpCare went in the House, and the impact on patients and families would be just as bad. There would be higher costs for families, especially seniors and people with preexisting conditions. Insurance companies would no longer be required to cover basic healthcare—things like maternity care or mental health services, and much more. Women would lose access to see their doctors and the care they need at Planned Parenthood, and millions of people across the country would see their Medicaid coverage taken away.

That means that, nationwide, people who are finally getting treatment for substance use disorders, like opioid addiction, or mental healthcare or access to a primary care doctor under Medicaid are going to lose that access.

This would be so devastating for families across the country. Over the past year, I have had so many families in my home State who have lost a loved one to the opioid crisis. In Bellingham, in Spokane—in community after community—the story is always the same. I have heard directly from people on the path to recovery, like Tyler in Yakima and Mechele in the Tri-Cities, who told me how getting treatment changed their lives for the better.

I could not imagine that any Senator would want to go home, look in his constituents’ eyes, and tell them that he helped pass a bill that would take away the tools that those communities need to fight this crisis, but that is what my Republican colleagues are planning to do as we speak.

Let’s remember that all of this damage would be done—why?—to give a massive tax break to special interests in the health industry and to hand President Trump a hollow political win. It is truly shameful and it needs to stop.

Last week, we learned that President Trump is now saying that the House bill is “mean.” That is, certainly, an understatement from a President who does not often do subtlety, and it is pretty surprising to hear after we all saw him celebrate the House bill at the White House when it passed.

Here is the truth: The House TrumpCare bill is not just mean; it is

devastating. The Senate TrumpCare bill is going to be just as bad, no matter how they try to spin it or how many side deals they cut to claim it has changed.

I have a message for Senate Republicans who are so ashamed of what is in this bill that they are keeping it secret: It is not too late to change course. It is not too late to bring this process out from the shadows. It is not too late to be honest with people across the country about what you are doing. It is not too late to listen to the voices of people like Lisa. It is not too late to abandon this plan to jam TrumpCare through Congress. If you do that, if you stop, Democrats stand ready, as we always have, to work with you to actually make healthcare more affordable and accessible for patients and families across the country.

People across the country are watching. They are paying attention to this. They are not going to allow Republicans to slip this through without any scrutiny, and we Democrats are here to say, loud and clear, that we are going to keep fighting to make sure they have a voice.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am proud to join my colleagues tonight because this Nation stands at a precipice—on the verge of a tragic mistake, about to embark on a travesty that mocks the democratic process. Truly, the combination of secrecy and speed are a toxic recipe in our democracy. Secrecy and speed will bring us recklessly over the edge of that precipice to tragic mistakes that belie and betray the people of America and the values that we all share in this Chamber, because they are basic to the American way of life.

Healthcare is a right, and it should be recognized as a right. The goal of extensive and comprehensive insurance coverage has to be, ultimately, a goal that we share in common, but, right now, we are speeding secretly toward a betrayal of American values and even of our constitutional duties. I am deeply disappointed that the secrecy employed by my colleagues has brought us, recklessly and reprehensibly, to the verge of gutting the Affordable Care Act.

The absence of hearings before the committee, the absence of public debate, the absence of any text of a bill that can be debated and offered for public comment leaves us without the democratic bedrock principle of listening to the people of America and listening to the people who are most affected, who know the most—the experts and the patients. In fact, it is the patients who deserve to be heard here perhaps most of all. Yet my colleagues on the other side of the aisle seemingly will go to any length to suppress the cruelty that lies in their alleged healthcare bill. President Trump has called it mean, and that is an under-

statement. It is cruel beyond words and costly in lives and in dollars and cents because it will deepen and worsen healthcare issues that can be prevented and made curable or more palatable.

Let's be clear. This secrecy—a small group of men making decisions about our entire healthcare system, with no input from women, from Medicaid beneficiaries, from people with substance use disorders, from patients struggling with mental health illness, or struggling with any disease at all—is irresponsible and deadly and truly cruel and costly to our democracy.

The way these discussions have been done are a stain on this body and a slap in the face to every American who relies on us to make decisions that are in the best interests of their family as well as themselves. My colleagues seemingly would prefer to ram and rush a deeply flawed and unpopular bill through this body, ignoring the needs and will of the people they represent. That is a sad day in this Chamber.

We need public hearings, not for their own sake, not for our sake but for the individual recovering from substance use disorder thanks to Medicaid; for the mother of a little girl with a pre-existing condition, terrified of how she will pay for her care and able to do so now because of the Affordable Care Act; for the woman who is at a Planned Parenthood clinic today receiving a mammogram and other cancer screenings and other preventive healthcare testing, as well as men, because of the coverage provided to them by Medicaid and the Affordable Care Act. Defunding Planned Parenthood, risking, again, preexisting conditions, eliminating the guarantee of essential health benefits, such as maternity care, is a war on women's healthcare and a disservice to our democracy done in secrecy.

My colleagues across the aisle may succeed in gutting our Nation's healthcare system, but the people who pay the highest price will be ordinary Americans, working men and women and their families who now have healthcare coverage to prevent more serious illness and who will now go without it.

Secrecy is the reason I convened an emergency field hearing on healthcare today in Connecticut, on very short notice—literally 24, 48 hours—and people came from across Connecticut at 9 a.m. on a Monday morning. My staff did yeoman's work putting together the logistics. The outpouring of anxiety and anger was remarkable, as was the eloquence and power of the insights offered by people about their own situations as well as about others whose interests they advocate. Many decided to stay and stand, even though the room afforded inadequate numbers of seats for everyone. It was standing room only, and they literally streamed out the door. The stories they told are worth hearing, and we have an obligation to listen to these Americans.

I told them I would personally bring their voices and their faces to this

Chamber, to the floor of the U.S. Senate. In the coming days, that is exactly what I will do because people need to hear the story of a beautiful young woman who now is incapacitated because she suffered from an overdose after seeking treatment, and the effect on others similarly seeking treatment will be so dire and damaging if coverage for addiction treatment and abuse treatment is eliminated.

They need to hear the story of Sean, who similarly sought to overcome a substance abuse problem. They need to hear about individuals who would suffer from preexisting conditions. Those stories are what I will be recounting in the coming days, as I share word for word their fears, their anxiety and apprehension, and their worry for America about what will happen if the Affordable Care Act is repealed and gutted.

We must build on that act. We must improve its defects and make sure it is worthy of the great goals we share but not destroy it or decimate it, and building on it, acting constructively, coming together is what we owe the American people.

The folks who came today to the State capitol in Hartford at my emergency healthcare hearing recognized that if they fail to stand up for Planned Parenthood or mental health or those people with preexisting conditions or Medicaid or their loved one who is battling a dreadful disease, no one will.

I am so proud of them and the people of Connecticut who have spoken up and stood up for the Affordable Care Act, and I am proud to bring their voices to the U.S. Senate—literally bring their voices here, as I will do over the coming days, as I read into the RECORD and put in the RECORD their testimony. I will hold a second hearing, probably later this week, because we couldn't hear from everyone who came to speak out and stand up.

I hope my Republican colleagues will stop their denial, cease ignoring and disregarding those voices, and come to listen to them instead and recognize they cannot conceal the fact that the Affordable Care Act has helped our Nation's health.

Gutting it without any hearings or public debate is unconscionable and reprehensible. It is a move they will regret. I stand ready to build on the great strides made by the Affordable Care Act, and I hope my colleagues are ready to do the same.

If this Chamber proceeds down this reckless and reprehensible path of secrecy and speed toward repeal and gutting the Affordable Care Act, I promise to do everything in my power and use every tool at our disposal to stop this process. We cannot go about normal business in the U.S. Senate while so many back in our States demand that we fight, and we must fight.

I will stand with hundreds of thousands in Connecticut who will lose their insurance—more than 220,000. I

will stand with the people of Connecticut who will lose billions of dollars in investment in healthcare. I will stand with more than 20,000 people in Connecticut and 1 million around the country who will lose jobs. According to a study recently done by the Commonwealth Fund, job losses are inevitably the result, at some point in the future, of gutting this program. I will stand with the people of America and my colleagues who will resist—indeed, resist—this secrecy and speed that so disrespects the values and betrays the ethos and traditions of this body.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to the floor tonight to join my colleagues to raise concern about a proposed Senate healthcare bill that might move through the U.S. Senate, as my colleagues are pointing out, without a hearing, without attention to details, actually almost in secret. I guess it would be secret—if we didn't know exactly what was in the House bill, it would be even more secret. People have said it is probably going to be 80 percent of what is in the House bill.

I can tell you, I agree with President Trump. That was a mean bill. So if it is just 80 percent mean, I guarantee it is still going to be mean.

I say that because I have been at home listening to my constituents, and they do not appreciate it one bit. If you are Harborview Medical Center and you are a public hospital and you are going to cut \$627 million out of their budget because of your cap on Medicaid and you are going to leave a regional hospital without resources, they are mad.

If you are talking about children's hospitals and they see children who are on Medicaid and they are not going to be able to see those children or get coverage, they are mad.

Just Saturday I was with veterans in Vancouver, WA. People don't understand, but veterans of the United States of America do not get all of their healthcare coverage through the VA. They get it with Medicaid at individual clinics for services. I have met several of these people in my State, and they have told me point-blank, without access to Medicaid, they would not get the benefits they need as veterans of our country.

I think it is mean to break our promise to veterans and not give them access to Medicaid. I think this whole discussion is basically the fact that we are trying to box with these guys on a proposal. If their proposal is so great, they should come to the Senate floor and just—don't even talk about the bill, talk about the principles.

I want to know, in the Republican proposal, what ideas do you have to lower costs, increase the quality of care, or improve access. Those are the milestones by which you should be debating healthcare.

Now, if your goal is to just cut Medicaid and cut people off Medicaid and

cut their benefits so you can give tax breaks to the rich, OK, you might convince me that, yes, you have a proposal—because I think that is exactly what their proposal is—but if your proposal is about reducing costs, then come out here and debate it. Don't even tell me what is in the bill; just show up on the Senate floor and debate us and say: Here is our idea for reducing costs.

I will tell you what my idea of reducing costs is because I wrote it into the Affordable Care Act and some States are doing it and it was a good idea. It was called give the individual who doesn't work for a big employer the ability to negotiate with clout and be bundled up with other people. That is what they did for the working poor in New York. So 650,000 people in New York are now on something called the Basic Health Program. Why? Because they didn't work for an employer that could negotiate a big discount for them.

We asked, on our side of the aisle: Why would we let poor people just get thrown around in the market and not be able to drive a decent price? I call it the Costco model. So we said to them: We are going to let you be bundled up like the big employer is and you are going to be able to drive a decent price in the marketplace. That plan is giving a family, with \$40,000 a year of income and four individuals in the family, a yearly annual premium of about \$500 instead of \$1,500 on the exchange.

So that is an idea. So come out here and discuss that or, if you want to tell me you have figured out a way to give better quality of care, I would love to hear that idea. I would love for you to come out and tell me how you are going to deliver better quality of care because I can tell you there are things in this bill that are about quality of care. They are about improving the way that organizations deliver care so they are rewarded for achieving better outcomes for patients.

The whole idea of accountable care organizations are that you put the patient at the center of the delivery system, and you reward them for doing a good job of delivering better outcomes. We have innovated. We have innovated in the Affordable Care Act. If you are talking about access, come out and tell us what proposal you have that is about increasing the access to healthcare. I would love to hear it because in the Affordable Care Act, we already did that too. We said: You know what. It is kind of crazy and expensive to think that everybody who ages, particularly in Medicaid, should spend time in a nursing home. Why? It is more expensive, and I don't think I have met one Washingtonian who told me they really wanted to go to a nursing home. They want to stay at home.

So we wrote into the Affordable Care Act incentives for States to change the delivery system, as we have done in the State of Washington, and deliver affordable care to people at home in

their communities. By gosh, actually some States—Texas, Arizona, Indiana, other States—took us up on it. They said: What a great idea. We want to reduce costs.

So if that is such a great working aspect of the Affordable Care Act and you think it works and it increases access to care by giving people community-based care and reduces Medicaid costs, come out here and talk about it. Talk about what you want to do to put that program on steroids so more people in America can benefit from better access to care and not think they are going to spend their last days in a nursing home. That is what we should be debating. But we can't even see or hear or have a hearing about what this proposal is. Yet my colleagues can't even come out here and throw a concept on the table.

But the fact that you want to affect over 1 million veterans who have fought for our country and you are going to cut many of them off of the Medicaid care they deserve to have access to—that is a broken promise. It is just as broken a promise as what President Trump said. President Trump tweeted: I was the first and only GOP candidate to state that there will be no cuts to Social Security, Medicare, and Medicaid. So I am not surprised that he calls it a mean bill. But he should also own up that it cuts Medicaid.

We all have an office budget. I see my colleague from Virginia here. If we took our office budget and said: We are going to cut it and cap it, and next year it is going to be lower, and next year it is going to be lower, and next year—in perpetuity—that is what their idea is, it is to put a cap on Medicaid and cut it in perpetuity and basically cut it out of existence.

I don't know why they are beating up on Medicaid, because Medicaid has provided great stability to so many people in our country. It has lifted people out of poverty, provided healthcare, stabilized communities, and raised the economic standard of living in many communities in our country.

I received a letter from a superintendent from the Vancouver School District. He wrote to me about the devastating impacts that capping Medicaid would have on his students. He wrote:

Our school-based Medicaid programs serve as a lifeline to children who can't access critical healthcare and services outside of their school.

He goes on to say:

Restructuring Medicaid to a per capita cap system would undermine Vancouver Public Schools' ability to provide America's neediest children access to vital healthcare [insurance].

So why would we do this?

I met a veteran, Kristina, who is 46 years old and a full-time student. She suffers from chronic and disabling injuries and needs a high level of care. The care she gets from Medicaid helps her access the medication that manages her chronic care and keeps her going,

and she is working toward that degree. Why would we cut somebody like that—a veteran—off of Medicaid just because someone's idea over here is to cap and reduce Medicaid?

These stories are from all over the country, and people are wondering: Why would you take this level of investment in Medicaid out of our entire economic system? Why would you impact our school districts, our regional hospitals, our veterans, our Medicaid population? Why would you affect a community that has a large Medicaid base?

And that is the way they serve them. Our hospitals have told us: We have stabilized private insurance premiums because more of the population is covered and has access to Medicaid.

You rip that back, and we will be back to skyrocketing costs, with people in the emergency room, no access to care other than that facility, with impacts on everybody on private insurance and on Medicaid. It is just not a good idea.

So I ask my colleagues, come out here. Don't say you want a patient-centered healthcare delivery system, because we are all for that, and we actually put things in the Affordable Care Act that did that and are working. If you want to make that claim, come out here and say what it is that you don't like about the patient-centered delivery system that we are working on promoting, and how you want to change it. If you say your proposal increases access to Americans, let's hear it, if it is about better quality. But I don't hear any of that. I just hear a drumbeat by some people who want to be heartless and cut people who have access to healthcare, people who are less fortunate in our society, because they want to cut Medicaid.

The President promised he wasn't going to do that. I ask my colleagues to live up to that, and let's start talking about the substance that truly will increase access, lower costs, and give better care to our constituents and the people of the United States of America.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I also rise to talk about the healthcare of every American. This is critically important to every person and every family in this country. It is critically important to every local, State, and Federal budget in this country. It is also critical to the economic productivity of our Nation.

In a purely partisan move, the House barely passed a bill that would take health insurance away from 23 million American people over the next 10 years, dramatically increase premiums to seniors, jeopardize coverage of people with preexisting conditions, and impose huge burdens on States.

One of the reasons the House bill was so bad—condemned even by President Trump, who labeled it “mean”—was because it flowed from a bad process.

The House held no hearings on the final bill. There was no meaningful testimony from patients or healthcare providers. They did not accept any amendments from Democrats. They rushed the bill through to vote before the Congressional Budget Office could score the bill. So no wonder. No wonder the House bill is opposed by the American Medical Association, the AARP, nurses, hospitals, patient organizations, Democratic and Republican Governors. Yet the Senate is poised to make exactly the same mistake—preparing a secret bill, with no testimony, no public scrutiny, no opportunity for meaningful amendments, no opportunity for Democrats to participate.

We have the opportunity to get this right, and we have the responsibility to get this right.

There are so many problems with the House bill. As a member of the HELP Committee, I went on Friday to the Culpeper Free Clinic about 75 miles from here to talk about the need for real improvement in our healthcare system, not a repeal that would hurt vulnerable people. At this clinic, which is celebrating its 25th year, I saw dedicated staffers and volunteers, and I talked to patients. I talked to them about how this organization has provided compassionate care to working people in this region of Northern Virginia who don't have health insurance.

The fact that Virginia has refused to expand Medicaid is one of the reasons the need for their care is so significant. Fully 70 percent of the free clinic patients in Virginia would be eligible for Medicaid if the State would just join the 35 other States that have expanded Medicaid.

What I heard at the Culpeper Free Clinic is that they are already bursting at the seams because we haven't expanded Medicaid.

If there are additional cuts to Medicaid, it would overwhelm the ability of the 60 free clinics in Virginia to provide compassionate care.

Just a few hours ago, earlier today, I went to Albemarle County near Charlottesville and had a roundtable session with educators, families, and children's advocates to highlight another key problem with the Republican approach. By dramatically cutting Medicaid, who is the most likely victim? Children. The most numerous victims of Medicaid cuts are children.

In Virginia and nationally, nearly 60 percent of the recipients of Medicaid are kids. Yet the President, through the TrumpCare bill and the President's submitted budget, proposes to cut Medicaid by \$1.3 trillion over the next 10 years—\$1.3 trillion over the next 10 years—and this deeply frightens parents, educators, and kids I talked to today.

I heard from parents of kids with cerebral palsy and autism, parents whose kids are receiving support through Medicaid to buy a wheelchair or get services so they can learn to adjust with autism. This will help them grow

into adults who have a chance of living independently. These parents had heartbreaking stories, often telling me: I had no idea of the challenges of parenting a disabled child until I had one myself. They view Medicaid as absolutely critical to their children's educational and life success.

They talked about the current shortfalls in the Medicaid funding that leave their kids on waiting lists for services. One mom has been on a waiting list for a developmental disability waiver. I asked her what they told her about the waiting list, and this was her quote: “They have told me my child will die before he is off the waiting list.” And that is under the current program, before \$1.3 trillion is cut out of it.

I heard from school administrators who talked about the importance of Medicaid funding for their programs that serve students and special ed teachers who are worried about the effect on their work if Medicaid is slashed.

Local superintendents and school board members talked about the difficult challenges of funding their school budget if Medicaid funding is cut. They posed it as a difficult choice. If the Feds cut \$1.3 trillion out of Medicaid, do they reduce their funding for their students with disabilities, or do they take local funds away from other important programs to backstop those programs, or do they have to raise their own State and local taxes to make up for the Federal cuts?

I heard from child service advocates today who would see their program slashed if Medicaid is cut. Here is an example. Many of them serve court-involved young people—not kids charged with crime but kids who are in court because of difficult home lives and challenging situations with their parents or guardian, and they are in danger of being pushed into the foster care system or into institutions because of problems at home. Medicaid pays for support services to help stabilize their family lives. If these services are reduced and more children get institutionalized, how does that help anyone? How does it help these kids? How does it help society? How does it help our budget? It is much more expensive to put a child in a group home or an institution than to provide a few hours of Medicaid services in their home once a week.

The 60 percent of Virginia Medicaid recipients who are children and the parents and teachers and nurses and others who worry about them and help them don't see this as a partisan issue. It is fundamentally an issue of compassion. We will and should be judged by how we treat our children. Why slash funds that are used to help our kids? Is it really important to cut Medicaid by \$1.3 trillion, hurting millions of children, so we can give a few adults a \$900 billion tax cut?

I am on the Budget Committee. We had a hearing recently with OMB Director Mulvaney, within the last 2

weeks. Director Mulvaney tried to reassure us in his opening statement that the Medicaid cuts were really about doing people a favor—about doing people a favor. He testified: We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid; we are going to measure compassion by the number of people we get off these programs and back in charge of their own lives.

I want to repeat that, from the President's chief budget official: We are going to measure compassion by the number of people we get off these programs and back in charge of their own lives. What a cruel thought. That reads like something a villain in a novel by Charles Dickens would say, but that is the philosophy of this administration and this effort. Will we now tell a kid who loses the wheelchair that is partly paid for by Medicaid "You are now back in charge of your own life"? Will we tell a single mom whose child is receiving services to help with autism but now loses access to these services "Guess what. You are back in charge of your own life"? Will we tell a teenager in a broken home whose Medicaid services are the only difference between staying in the community and being put in an institution "Guess what. You are now back in charge of your own life"?

Since Medicaid also provides funding for our parents and grandparents who can no longer care for themselves and have to be cared for in nursing homes, will we go to those seniors who lose places in nursing homes and say "Guess what. Now you are back in charge of your own life"?

Slashing Medicaid isn't about putting anyone back in charge of their own life. Medicaid enables kids to go to school and succeed. Medicaid enables disabled people to function well enough to go to work and pay taxes. Medicaid enables seniors to receive compassionate care when they can't care for themselves, and cutting Medicaid jeopardizes the ability of people to live with independence and dignity.

No, folks, let's not kid ourselves. This is not an effort to empower anyone. It is about casting them aside because they are too young or too old or too sick or too poor, and it is about giving a tax break to some people with the very funds we are taking away from the most vulnerable members of our society.

That is why I oppose this "mean" effort by the majority as a secretly crafted bill to repeal the ACA. We can improve healthcare if we work together. Let the Finance and the HELP Committees discuss any bill, hear from patients and providers, allow amendments and debates before rushing anything to a vote that would so cruelly affect the lives of millions and millions of people.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I get letters and emails every day from families begging me not to let Republicans in Congress tear up healthcare in this country. People aren't writing because they find themselves with a lot of extra time on their hands. They are not writing because they are professional activists or political organizers. They are not writing because they like writing letters and emails. They are writing because they are scared. They set aside all the other things they need to do in their day—the sink full of dishes, the load of laundry, the overflowing inbox—and they steal some time to write these letters.

They write these letters because they are terrified—terrified down to their bones that if they don't speak out, their family is going to lose their healthcare coverage, their children will be shut out from care, their elderly parents will lose the assistance they need to pay for nursing home care, their own insurance costs will be going up, and their financial security could be hanging by a thread.

A lot of people write letters and send emails, and a lot of people make calls too. Every week since the Republicans started their cruel effort to take away healthcare from tens of millions of people in this country, my office has been getting phone calls from worried constituents.

Last week, something changed. We went from our regular quota of calls about this terrible Republican healthcare bill to an avalanche of voice mails and phones ringing off the hook.

Since last week, I have gotten more than a thousand phone calls from people who are pleading with me to do whatever I can to stop Republicans who are going forward with their brutal plans. People are literally in tears on the phone. They are scared, and they are angry. They are calling because they know that 13 Senate Republicans—13 men—are locked away in a secret room, behind closed doors, writing a secret plan to trade their health insurance for tax cuts that will go to the wealthiest Americans in this country.

The bill the Republicans are negotiating behind closed doors isn't a healthcare bill. It is a tax cut for billionaires bill, and it is paid for by cutting healthcare for tens of millions of other Americans.

The Republican healthcare bill has \$663 billion in tax cuts in it—\$663 billion in tax cuts for the richest people in this country and for wealthy corporations, tax cuts that would blow a giant hole in the American budget.

The Republicans didn't let that slow them down. They kept their eye on the prize. For the Republicans, the most important thing about this healthcare bill is the tax cuts for the rich. They decided to cut Medicaid by \$834 billion in the same bill so they can pay for their tax cuts.

This is a straight-up trade. The Senate Republicans say that Americans

should cut health insurance for little babies or for seniors in nursing homes or for people getting treatment for opioid addiction—all so that millionaires and billionaires can get their tax cuts.

That is not a healthcare bill. That is a statement of values. And it says that tax cuts for a handful of millionaires and billionaires are more important than healthcare for millions of hard-working Americans and their families. There is only one word for what the Senate Republicans are doing with this bill—"shameful." It is shameful.

The Republicans negotiate in secret, behind closed doors. They refuse to let anyone see the bill. They will not tell anyone what is in it.

Senator MCCASKILL asked Chairman HATCH on the Finance Committee if he would hold a hearing on the bill, and he said no. Senator MURRAY asked Chairman ALEXANDER on the HELP Committee if he would hold a hearing on the bill, and he said no, no plans to do so—no, no hearings, no reviews, no public look at what the Republicans are up to.

What is going on here? I will tell you what is going on. Senate Republicans don't dare let the people back home see this bill. They don't dare let voters see this bill. Instead, they have decided to try to ram this bill through with no hearings, no public discussion, and get it signed into law.

They hope, once that is done, people will not see much point in learning about the details and holding Republicans accountable. They hope that if they can do a quick vote, everyone else will just give up.

I have news for Senate Republicans. That is not going to happen. Senate Republicans may not want to hear from families who are worried about losing their insurance coverage in the middle of a battle with breast cancer. They may not have time for stories about premature babies who need Medicaid so they can get lifesaving care. And maybe they don't want to hear about the grandparents with Alzheimer's who could get kicked out of nursing homes.

Senate Republicans may not want to hear from these people, but I have a message for these Senate Republicans. We don't care how long we have to stand up here. We don't care how many times you try to dodge the question about what is in your secret healthcare bill. Democrats are here to keep demanding that you show us this bill, and we are going to keep insisting that you account for its shameful contents.

I know you would prefer to take the phone off the hook so you don't have to hear it ring, and I know you would like to pretend that there aren't families in your State who would be hurt by this bill, but I am going to take some time to read you a handful of the letters I have been receiving about exactly what is at stake in this debate about healthcare. These families deserve to be heard.

A few months ago I received a letter from Jenny in Worthington, MA. She wrote to me about how she and her husband got good healthcare coverage through the Affordable Care Act and how Medicaid was there when they needed it most, when Jenny was diagnosed with breast cancer.

A few days after President Trump's inauguration, Jenny's son Liam wrote a letter to the President. Liam asked President Trump not to take away his mother's healthcare. I don't know if President Trump ever read that letter, but I am going to read it right now into the CONGRESSIONAL RECORD.

Dear President Trump,

My name is Liam Barry, and I am ten years old. My mother has been very ill. Thanks to the ACA, my mother has been able to have the care and medication she needs. If you repeal the ACA, my mother will not be able to get the care she needs. I know there are millions of kids in the same situation as me. Please think of them when you read this.

Sincerely,
Liam Barry

Thank you for speaking out, Liam. We are fighting for your mom, and we are fighting for you.

Kristine from Cambridge also wrote to me about her fight against cancer. She wrote:

I ask that you and fellow Senators PLEASE fight for the Affordable Care Act. I am a cancer survivor. When I was 28 years old, I got the news no one ever wants to hear, "You have cancer." Luckily, for me, I had a job that had wonderful insurance, and I was able to get medication, surgeries, and treatment to win the fight—and to not go broke doing so.

However, I know many young people and old people and children who would not be here today if it was not for ACA. I know people who are still fighting their battles with cancer. They are frightened and losing hope, not because of cancer, but because they don't know whether they will be able to continue to get the treatments necessary to stay in the fight.

I am now 30 years old, and have my whole life in front of me. Because of what [President] Trump is proposing, I am now afraid that if I lose my job or if I wish to change jobs, I might not be able to get the necessary coverage, because I no longer qualify.

I really didn't think this is what I would be worried about two years ago after having been through 8 rounds of chemo, 20 rounds of radiation and surgery to clear me of this disease.

Please, I ask that you fight for us. Fight for those who are in the chemo chair right now, at this very moment, who are miserable, bald and bloated. Fight for the cancer warrior who is now crying with worry because she doesn't know, come a month from now, if she will be able to continue to receive the life-saving treatment she is entitled to!

That is why we are here tonight. We are fighting for you, Kristine. We are in this fight. Thank you for speaking out about your own fight against cancer and for others who are currently battling cancer and worried about the future of their healthcare.

I also heard from Sarah, who lives in Shrewsbury, MA, and who wrote to me about her concerns that the Republican healthcare bill would endanger coverage of birth control and access to

services at Planned Parenthood. Sarah wrote to me this past weekend, while I was out dancing in the Boston Pride parade.

As I type this you are at Boston Pride, which I would have loved to be at to support my friends, but, due to my endometriosis pain, here I sit.

I am extremely concerned about the GOP plan to reduce or strip away insurance coverage for birth control. As a 21-year-old woman suffering from endometriosis, a very common disease among young women, I know firsthand that birth control does more than just prevent pregnancy—in fact, for many, it is the only treatment for them.

In 10 days I will be undergoing endometriosis surgery, and for the past 6 months since I've been diagnosed until the surgery, birth control was the only thing enabling me to stand up straight most days. Even while taking oral contraceptives, there were many days I was unable to get out of bed (today being one).

I am so lucky to have access to an amazing endo specialist at Brigham & Women's Hospital, and to have access to the medication and surgery that I need. But every time I groan about having to go to an appointment, I think about how many women are suffering from the same debilitating pain, but without the resources to overcome it. Many women rely on Planned Parenthood not just for abortions, but to provide them with the medicine that will enable them to stand up straight in spite of the pain they deal with every day. Endometriosis doesn't discriminate, and it cannot be cured, only treated. Until endometriosis becomes a prominent focus of medical research, which I feel it should be, we must protect the right to be treated for it, which means protecting insurance coverage of birth control, and protecting Planned Parenthood.

I know that you are a warrior for women's rights, and you are the patron saint of Planned Parenthood. I know these are issues you fight for, and I cannot even begin to thank you enough for all you have done thus far. I hope that by adding my voice and my personal story, I can fuel your fire and somehow be a small part in protecting my fellow females and my fellow endometriosis sufferers (1 in 10 women in the US).

Thank you for fighting for us. Thank you from the bottom of my heart.

Sarah, thank you for writing, and thank you for fighting. We are going to fight to save your coverage, and next year I expect to see you on the parade route at Pride.

I also heard from Dr. Hemal Sampat, who is a doctor at MGH in Boston. He wrote in with his personal story, and I want to read parts of his letter.

I actually grew up in a low-income family myself. My parents immigrated to the U.S. My mother is brilliant but only had a 7th grade education because my grandfather couldn't afford to send her to school. My father is college-educated, but struggled frequently with unemployment. My older brother has multiple disabilities. He's blind and brain-damaged from a stroke during childhood, epileptic, intellectually disabled, and has a transplanted kidney. I am fortunate enough to have been healthy my entire life.

For most of my life, my family was on Medicaid, as well as other forms of public assistance. . . . My brother, additionally, due to his kidney disease, got Medicare as well, but Medicaid was always his secondary insurance. He sees multiple different specialists and has done very well over these years.

In spite of us having multiple financial struggles, we never had to worry about his healthcare being paid for. His transplant from childhood lasted 19 years, and then about 10 years ago he was transplanted again and has done well with that.

My parents still live in the same house I grew up in, in Maryland. Right now, they're cared for by Medicare and Medicaid. My brother lives with them, receives SSI, and his health needs are met by Medicare and Medicaid. Although none of his chronic medical conditions can be cured, they are all well taken care of.

In the meantime, I grew up healthy, was able to attend Georgetown through need-based financial aid, was able to get into medical school at the University of Maryland and pay for it using Federal student loans (which I'm repaying through the Public Service Loan Forgiveness program), got into a dual-specialty residency of Internal Medicine and Pediatrics at Penn State, and am now working at Harvard and MGH.

My family's story goes to show that Medicaid is about helping families that struggle, about helping children with complex medical needs, and about how providing for the good health of a family can achieve positive outcomes for the long-term future.

Today, Dr. Sampat works at Harvard at MGH. He makes sure his patients on Medicaid get excellent care. He told me about one of his patients who came in to urgent care in Chelsea. This little girl wasn't even 2 years old yet and was wheezing and had a fever. Here is what the doctor said:

This child and her mother were on Medicaid through MassHealth. [As] I asked questions, I found out more about this mother. She was working two to three jobs in order to make ends meet. Her daughter was in daycare during the day and then [the] grandmother took care of [the little girl] most evenings. This mom took care of her daughter on the rare days she had off and clearly loved and cared for her daughter.

This young girl's wheezing was probably some of the earliest signs of what will become asthma. [Her] mom has asthma, too, and it runs in their family. Asthma is a completely controllable illness with medication, but it requires monitoring by a doctor and access to medication. Because the child has Medicaid, I feel much more confident that, in spite of how much the mother is struggling financially, the child has a good shot at growing up healthy. Without Medicaid, this child could live a life in poor health from a treatable condition.

These are some of the people the Senate Republicans want to kick to the curb so they can deliver a big tax cut for millionaires and billionaires—a 10-year-old kid with a sick mom, a cancer survivor, a woman with endometriosis, a boy kept healthy by Medicaid so he could grow up to become a doctor at one of the best hospitals in this country and help a little girl with asthma.

Senate Republicans are willing to tear away health insurance from these families to deliver tax cuts for their buddies, but we are not going to let that happen. We can't let that happen. You are fighting back, we are fighting back, and we will keep right on fighting.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I will start tonight with one of the questions

that we have, and this will be a procedural question. I want to alert the Chair, I am going to pose this question initially before I make my remarks about the debate we are having on healthcare.

Is the Chair able to confirm that the Committee on Finance considered S. 1796, the America's Healthy Future Act, which was ultimately incorporated into H.R. 3590, the Patient Protection and Affordable Care Act, in executive session on eight separate calendar days prior to reporting the bill favorably?

The PRESIDING OFFICER. The Secretary of the Senate's office, through the Senate Library, confirms that.

Mr. CASEY. Thank you.

Mr. President, I rise tonight to provide some context about what is at stake for children in the United States with regard to the debate we are having on healthcare and, in particular, what would happen—some of the adverse impacts on children with disabilities.

I will start with the broad view, but I think it is important to frame our discussions. Sometimes our debate on healthcare comes down to a discussion of big numbers. How many people will be impacted? For example, the Congressional Budget Office told us that 23 million people would lose their healthcare coverage over the course of a decade if the House bill were to become law. So healthcare coverage would be ripped away from 23 million people or we hear about the impact on the deficit one way or the other or we hear about broad numbers. Probably the best way to think about the impact of these policies is, if the House bill were to become law or some version of it because of what a few Senate Republicans are working on right now—maybe the better way to think about it is in terms of a couple of individuals, children.

I will give you two examples for now. Angelica and Rowan—two different children, two different stories. We received a letter in the last couple—I am sorry. Angelica is the parent. I should have said Amaya. Amaya is the child whom her mom wrote to us about. Her mom is Angelica.

She wrote to us and said:

I am writing to you because I am appalled by all that is happening to this country. I have an amazing story about my daughter Amaya. She was basically born with no bones and she received a miracle drug that regrew her bones. She will have to take this medicine for the rest of her life but the fact that she is doing so amazing has to do with all the help that she received from Medicaid. She is the youngest patient in the U.S. to take the drug. I don't only want to talk about her but I am concerned about the future of our party. Looking forward to hearing from you.

So said Angelica. Then, later on, she talks about what happened in her case to her child. She says she decided with a counselor to check with the Allegheny County officials about whether or not Medicaid expansion would cover

Amaya's treatment. She said they made an inquiry. She said by the next day, "Someone from the State had called me, and later that week her treatment was approved. Thanks to the Medicaid expansion, my daughter receives her lifesaving treatment."

So I make that reference to one letter about one child, Amaya. Then, of course, there are so many other letters. I will just highlight one I received months ago now from Pam Simpson. She is from Coatesville, PA—South-eastern Pennsylvania just outside the city of Philadelphia. Now you are talking about Rowan in Southeastern Pennsylvania and Amaya in Southwestern Pennsylvania, two corners of the State—two children facing challenges that most of us can't even imagine.

In this case, Pam Simpson wrote to me about her son Rowan and talked about his life before a diagnosis of autism and before he was getting the help he is getting now. Pam talked about all of the challenges she and families like her face. She talked about the fact that he was having all kinds of difficulties, but then they finally got the word that Rowan would be covered by Medical Assistance. That is the Pennsylvania version of Medicaid at the State level. She said she applied in January of 2016. After Pam got the word that Rowan would be enrolled, she said:

We were able to obtain wraparound services, which included a behavioral specialist consultant—so-called BSC—and a therapeutic staff support worker. The wraparound services have been a godsend—

Referring to the services provided to her son Rowan. Then she goes on later in the letter and says:

Without Medicaid, I am confident I could not work full time to support our family. We would be bankrupt or my son would go without the therapies he sincerely needs.

Here is how Pam concludes her letter:

Please think of my dear Rowan and his happy face, his big blue eyes, and his lovely strawberry blonde hair. Please think of me and my husband, working every day to support our family, and please think of my 9-month-old daughter Luna.

I will stop there just to explain. She is talking about Rowan, who is a couple of years older. The reference here is to his younger sister Luna.

Please think of my 9-month-old daughter Luna who smiles and laughs at her brother daily. She will have to care for Rowan later in her life when we are gone. Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

That is what Pam Simpson wrote to me months ago. After referring to her story and Rowan's story over the last couple of months, I finally had the chance to meet her and to meet Rowan and his dad and his sister Luna. So I met this family—four people in a family. I met them on Friday. It is one thing to read about it and to get a sense of what a family is up against every day, and it is another thing to meet them. Right now, the Simpson

family has what they need for Rowan. That doesn't mean they don't have challenges. It doesn't mean it will not be difficult in the years ahead, but they have the benefit of Medicaid right now—Medical Assistance, as we call it in Pennsylvania.

Rowan now, because he has autism, has the benefit of those behavioral specialists and Medical Assistance. There was a person with whom the day I met them, to work with Rowan every day so the parents can work and have the peace of mind to know they can go to work, and they can raise their family with the benefit of the kind of healthcare every child should have. Some might say: You know what. If the Republicans get their way on this bill, maybe the Medicaid provisions will not apply to Rowan. Maybe he will be protected or maybe in Allegheny County, maybe Amaya will be protected. Maybe it will not reach that far. Maybe when the Congressional Budget Office—I will read directly from page 17 of the report by the Congressional Budget Office analyzing the House bill when it says: Medicaid enrollment would be lower throughout the coming decade, culminating in 14 million fewer Medicaid enrollees by 2026, a reduction of 17 percent relative to the number under current law. That is what the Congressional Budget Office says about the impact of the House bill on Medicaid—14 million people lose their Medicaid.

Some might say: Let's assume for purposes of this argument that those two children we just spoke about might be protected from those cuts. We don't know that, of course, and they can't guarantee that because what they are doing when they go at these Medicaid provisions is taking away the guarantee that has been there for 50 years and, over time, eliminating the Medicaid expansion. That is what we expect to happen. That is certainly what the House bill did.

Let's assume for the sake of argument that they could come in here and make an ironclad guarantee that those two children, Rowan and Amaya, won't be affected. You know what. That is not good enough. That is not good enough because there are a lot of other children who will be affected, children who might have a disability.

Sixty percent of children with disabilities are enrolled in Medicaid. We know that. We know that millions of other children who come from low-income families get the benefit of Medicaid. We know that a lot of seniors depend upon Medicaid to get into a nursing home. But no family who has a child with disabilities who benefits from Medicaid should have to worry for 15 minutes about what would happen in this Chamber—because a small group of Republican Senators are meeting in secret, and they are supposed to produce a bill that we are all supposed to consider in a short timeframe—no product of that secret process should in any way give any parent who has a

child with a disability any concern at all that that benefit will be taken away. That is not who we are as a country. We are America. We take care of people who need those kinds of services, that kind of benefit.

So if a child like Rowan, who is receiving the benefits of Medicaid today because of his disability—if a child like that is receiving those services today, we should guarantee that he will receive those benefits for as long as he needs those benefits. Even if it goes the length and breadth of his life, we should guarantee that, take it off the table so that family doesn't have to worry.

That, I hope, would be the result of this process undertaken by a small group of Republican Senators. I have been waiting to hear that, waiting to hear whether they will guarantee that to that child, to give that family some peace of mind with all the challenges they have, even with Medicaid, even with the great support they get. It is not easy. It is a very difficult life many families lead when they have a child with a disability. But we should do everything we can to make sure that if a child with a disability—just one category of people who benefit—any child with a disability who gets the benefit of Medicaid should have that protection for as long as they need it. And I will be waiting to hear that from our colleagues when they finally emerge from this secretive process with the bill. So I hope that is what they are working on in their meetings because we know that it affects a lot of children.

As I said before, Medicaid covers 60 percent of all children with disabilities, ranging from autism, like Rowan, to traumatic brain injuries. We know that children on Medicaid receive what many consider the gold standard for children's healthcare—early and periodic screening, diagnostic and treatment options, so-called EPSTD—so they can get the screenings they need, so they can get preventive healthcare when they need it.

All of these protections should be not just a goal, they should be guaranteed for those children. I am hoping our friends who are working on this right now will consider Rowan and Amaya and children like them.

We will come back to it later. We will have other stories to tell about children and what they are up against. But on a night like tonight, I am thinking of those children and worried about some of the headlines we are seeing on some analysis.

I will wrap up with this: The Center for American Progress report dated May of 2017 is titled "Cuts to Medicaid Would Harm Young Children With Disabilities." That is one report. Another report is from the Center on Budget and Policy Priorities, May 18, 2017: "Medicaid Cuts in House ACA Repeal Bill Will Limit Availability of Home- and Community-Based Services." That is another headline. We won't get into the details of those reports now.

We have a lot to work on here to make sure that nothing that happens in this process will rip away healthcare from children with disabilities.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Oregon.

Mr. MERKELY. Mr. President, I commend my colleague from Pennsylvania, who is putting forth a powerful message about our values, and that is that every child in America should have access to healthcare, and no one in this Chamber should vote in a process or for a bill that eviscerates that coverage. In fact, our value is that no one in America, including our adults, including our older Americans, including our seniors, and including our children for sure—everyone should have access to affordable healthcare and never have the stress of being worried that if their loved one gets sick, they might not receive the care they need. They should never have the stress of concern that their family member might go bankrupt because they need medical care. It is that value which we are here tonight fighting for, and it is that value which the Republican bill will destroy, ripping healthcare away from millions of Americans. So we come here tonight with a battle cry, and that cry is: No hearing, no vote. No hearing, no vote.

We are a democratic republic. We are a legislative Chamber. Have Members of this Chamber forgotten that we are a "we the people" form of government where the people are in charge? The people are not in charge if a secret 13 group of Senators is hiding in the basement crafting a bill to rip healthcare away from millions of people. The people are not in charge if they are afraid to show their bill to everyday Americans. They are not in charge if they are planning to destroy healthcare so those with preexisting conditions can't gain access to care.

Never have we seen a group in the majority so against the fundamental principles of our democratic Republic, so against the "we the people" vision of our Constitution, and that is why we are calling on them to stop, rethink, remember, absorb the values embedded in our beautiful "we the people" Constitution. They want no public disclosure—fear of how the public will respond. They want no committee hearings—fear of how the people in America will respond. They want no committee amendments because that will take time in which the people can see what is going on and respond. And they want no substantial floor consideration in order to shove this through so they can go and celebrate the Fourth of July with their constituents, while having eviscerated the Constitution of the United States in the process of attending that Fourth of July gathering.

This has been called the vampire bill, the Republican vampire bill. Why? Because the writers of it, the secret 13 writers, are afraid for the bill to see the light of day. It is hiding in the darkness. And it is called the vampire

bill because its general intent is to suck the life out of the healthcare system for struggling families, suck the life out of the healthcare system for working families and for middle-class families.

This is quite different from the consideration when we created the system that we have now back in 2009. In that year, in the HELP Committee—Health, Education, Labor, and Pensions Committee—there were 47 hearings, roundtables, and walkthroughs, a markup that went for more than a month—the longest markup in that committee in the history of the United States of America; a markup that considered over 300 amendments; a markup with, in fact, a group of Senators, bipartisan, sitting around the table with the television cameras rolling while they debated those amendments and voted on those amendments. And in that committee, they accepted or approved by vote more than 100 minority amendments.

Then there is the Finance Committee, which held 53 hearings and roundtables. In fact, the minutes of the roundtable are available, and if you want to print them out and read them, they go for 800 pages—just the roundtable minutes. And then they had their own Finance Committee markup, where they considered 135 amendments. Then the bill came to the floor in December 2009, and there was 25 days of debate on the floor.

Let's compare that to the plan of the majority leader and the secret 13. Well, how many hearings do they want? They want zero in the HELP Committee. How many hearings do they want in the Finance Committee? They want zero. How many Democratic amendments do they want to consider—or Republican amendments—in the HELP or Finance Committee? The answer is zero. How much floor time do they want to have? They want to have just 1 day—just 1 day. They want to introduce it as an amendment to the House TrumpCare bill and pass it on the same day. And how many days do they want experts to be able to weigh in on a healthcare system? Zero. But here is the most important zero of all: How much time do they want for the American citizens to be able to see this bill and respond to this bill? They want zero time. That is completely against all the premises of our responsibility as legislators. It is against all the fundamental visions of a body that will deliberate and debate and take into account the opinions of the people and the insights of the experts.

Well, we can turn the clock back not so long ago to the majority leader, who said: "Fast-tracking a major legislative overhaul such as healthcare reform . . . without the benefit of a full and transparent debate does a disservice to the American people." That was Majority Leader MITCH MCCONNELL speaking not so long ago. What happened to that value? That was being said when we had 25 days of debate here

on the floor; when we had over 100 minority amendments—that is, Republican amendments—accepted; when we had a lengthy debate in the Finance Committee and a lengthy debate in the HELP Committee, but the majority leader wanted more time. Here he is today leading the effort to have zero input from the American public, zero input from healthcare experts, zero committee deliberation, zero bipartisan discussion of the pros and cons.

Well, we can turn to PAUL RYAN. What did he think back in 2009? He said: “Congress is moving fast to rush through a health care overhaul that lacks a key ingredient: The full participation of you, the American people.”

He went on to write: “Congress and the White House have focused their public efforts on platitudes and press conferences, while the substance and the details have remained behind closed doors.”

Well, it was kind of a rewriting of history even at that moment in time when he said that when there was a record-setting debate in the HELP Committee, the second longest debate in history in the Finance Committee, television cameras running the whole time, 100 Republican amendments adopted, more than 100 meetings and walkthroughs and roundtables and committee meetings, and 25 days on the floor. But PAUL RYAN said that what it was lacking was full participation of you, the American people.

Well, if it was lacking in 2009, what do we say about this when the majority deliberately wants to exclude the American people, when the American people are standing at the door, when they are standing at the windows and they are leaning in and saying: What is in this bill? We want to have a say because it is so important to our families.

And the Republicans are slamming the door, and they are shuttering the windows and saying: We will not share one word with you because we know you won't like what we are doing.

That is not the way democracy is supposed to work.

Erin from Portland wrote because she has been diagnosed with diabetes and is terrified that if the Republican plan goes into effect, she won't be able to afford coverage because of her pre-existing condition. Jeannette from Portland wrote. She is in her sixties and desperately waiting to turn 65 and qualify for Medicare. She is on the Oregon Health Plan and terrified that she will lose that plan before she qualifies for Medicare. The list goes on and on and on.

This weekend, I was out conducting townhall meetings in 4 different counties of my 36 counties. I go to every county every year. And these four counties are counties that voted—I am sorry to say—overwhelmingly against me when I ran for the U.S. Senate and overwhelmingly against me when I ran for reelection. They are red counties; they are Republican counties.

Folks came out to my townhalls this weekend, and they sent one message to our Republican leadership in the Senate: We the American people demand the chance to participate in this debate. It so profoundly affects our quality of life.

So I carry their messages from Klamath County and from Lake County, and I carry their messages from Grant County and Wheeler County to the Republican majority: Listen to the American people. Listen to rural America. Listen to the families who will be devastated by the plan you are concocting with the secret 13. It is not right. It is not moral. In fact, we need to work together to improve healthcare, not to devastate it.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise today to join my colleagues, to speak out, and to ask for a normal process here and to ask for hearings, to ask for debate, and to ask for amendments because the healthcare repeal bill is a major step backward, throwing over 20 million people off of health insurance. It is strongly opposed by AARP.

We don't know what is being concocted here in the Senate, but clearly something is going on, and we would like to have a say, and, most importantly, the people of my State would like to have a say.

Look at Laura from North St. Paul, who wrote to me about her concerns about that health bill. Laura is recently retired, but she will not be eligible for Medicare until next year, and she has a daughter with several chronic health conditions. Laura is worried that if the proposal goes through this Chamber, she will end up paying far more for her health insurance, and her daughter might lose her coverage altogether. Like so many others, Laura asked that we work across the aisle to make improvements to the bill that her family needs and that so many families across the country need.

Take Mike from Grand Marais, which is in the far corner of Minnesota, right at the tip of our State, not too far from Canada. Mike knows the kind of healthcare they have across the border in Canada. He knows what the prices are for the prescription drugs there, but here in America that healthcare bill doesn't do anything to bring down the cost of prescription drugs.

Mike has been self-employed his whole life and is now approaching retirement. He told me that he is very worried that, just as he is about to retire, he will not be able to afford health insurance because the premiums that are under that bill for older Minnesotans like him would skyrocket.

Take a woman from Andover, MN. She wrote to me to say that she is so worried “about the GOP's slam dunk attempt to check off a box on their to do list” with the healthcare proposal. She asked me to put a face on the type

of person that will be a part of that checklist on that to-do list, and that would be her 28-year-old son. She says that Medicaid coverage has been a lifesaver for her son because it helps him afford the treatment he needs to strive for an independent, productive life.

The truth of the matter is that I have heard so many people like these three, from all corners of my State, from the old to the young to the middle-aged. I have heard from so many people from the rural parts of my State about this bill. They are especially worried about the \$834 billion in cuts to Medicaid. Medicaid covers more than 1.2 million Minnesotans, including more than one-fifth of our rural population. That is 20 percent of our rural population. This funding is vital for our rural hospitals and the healthcare providers' ability in those parts of our State to stay open and serve their patients.

Many people who work in rural hospitals and those who are served by rural hospitals have come up to me to talk about their concerns. These hospitals are not like big urban hospitals.

I see the Senator from Hawaii here. I thank him for organizing this along with Senator MURRAY.

Our rural hospitals actually treat a lot of accidents, people out snowmobiling or on ATVs. In fact one of them has a chart every summer showing all the places where they had to remove fish hooks from people's hands. They usually have over 100 of them by the end of the summer. You wouldn't see that in an urban area—that is for sure—but it just shows that different parts of our country, different parts of our State have different issues they are dealing with.

Rural hospitals are particularly concerned about these cuts. These drastic cuts would cause many of our rural hospitals to close, forcing families to drive 60, 70, 80 miles or more when they need the healthcare the most.

The other issue that this bill brings up to me, when looking at rural areas, is the opioid epidemic that is hitting communities across the country. In my State, deaths from prescription drug use now claim more lives than homicides or car crashes. While there is more work to do to combat this epidemic, I want to recognize that we have made meaningful progress so far in a bipartisan way. We passed the framework bill, the CARA bill. We passed the Cures Act last December, as well as money to fund treatment. Unfortunately, just as we are starting to move forward on this issue, the healthcare repeal bill passed by the House would put us at the risk of moving backward. There is money in that bill for opioid treatment, but guess what. Medicaid and children's health insurance covers 3 out of every 10 people with an opioid addiction. But according to the nonpartisan Congressional Budget Office, mental health and substance abuse benefits could be cut under the House bill, increasing out-of-pocket costs.

It is clear that this healthcare legislation has massive life-changing implications for families all over this country. Yet we haven't even seen a draft in the Senate. What we do know is that, just last week, the President of the United States, who is known for not really mincing words and known for using direct language, called the House bill "mean."

He called it "mean." He didn't need a poll or a focus group. He didn't need to know every detail of the bill, but when you hear that 20 million people can lose health insurance, that is a pretty good word to describe it—mean. What we don't want to have in the Senate is that we bring forward the Senate mean, or mean 2. But guess what. We don't even know what we have because we haven't seen it, because the legislation is being drafted behind closed doors. Most of us agree that we must make changes to the Affordable Care Act. I certainly think so. I would love to pass my bills or include them in amendments to the Affordable Care Act to bring down the cost of prescription drugs.

My bill would allow 41 million seniors to harness their negotiating power to bring drug prices down. Right now they are banned to do that. That is wrong.

I would love to see more competition come into the market in the form of less expensive drugs from other countries, like Canada—a bill I have with Senator KAINE or a bill to make it easier to get generics on the market, like the bill Senator GRASSLEY and I have to stop something that is called "pay for delay." I think the American people would be surprised that the big pharmaceutical companies are paying their generic competitors to keep their products off the market. These are improvements to the bill.

We can make improvements to the exchanges. Just as we have done some of that work in the State of Minnesota, we can do that nationally. We can make improvements to small business rates. Those are things we can do, but we cannot do it if we can't get through the door because the door is closed. When the door is closed, it is not just closed to the Democrats and Republicans in the Senate, but the door is closed to the American people.

What it all comes down to is that we need to work in a bipartisan way to make healthcare better and less expensive for the people in our country. Last week, we all came together. I was at that Congressional Baseball Game. It was an amazing moment, with 25,000 people in the stands. All four leaders were out there looking like they actually liked each other. There they were, and there our teams were—two teams, a Republican team and a Democratic team. In the end it was a hard fought game. One team won. The Democratic team won, but do you know what they did with their trophy? They handed it to the Republican team, and they said: Put it in Representative SCALISE's office.

We want to take that spirit and go even further—instead of two teams, one team for America. That is the way we make the changes to an issue that has been long fought on both sides. I know Republicans weren't happy with everything that happened during the debate on the Affordable Care Act. They have made that clear. But now we have a moment in time where we could come together and make some sensible changes and make things better for the people of this country. Let's do it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Thank you, Mr. President.

I rise today to talk about the Republican effort happening in total secrecy behind closed doors under the direction of Leader MCCONNELL to repeal the Affordable Care Act and gut Medicaid in order to give huge tax breaks to the wealthiest Georgians, the wealthiest Americans.

Just about 5 months ago, I came before this body. I issued a simple request to Republicans. I asked you to show me your plan to repeal and replace the Affordable Care Act.

I asked you to show me the plan that was going to be "terrific."

As to the bill that President Trump promised during his campaign and the one Republicans had 7 years to come up with, I asked you to explain how you would meet the standards set by one of President Trump's top advisers, Kelly Anne Conway, who said: "We don't want anyone who currently has insurance to not have insurance."

I asked you all to show me the plan that retains coverage for the nearly 20 million people who have gained it, continues to contain healthcare costs, and ensures that nobody gets denied or has to pay more because of their gender or because of preexisting conditions.

I never got that plan from you. Instead, what we received was the American Health Care Act, or the AHCA, a heartless, terrible bill that passed the House in early May, a bill that President Trump heralded in the Rose Garden, after its passage, as "great."

The AHCA is a far cry from what President Trump and his allies promised. If the AHCA becomes law, 23 million more people would be uninsured. The bill ends protections for people with preexisting conditions and drives up healthcare costs dramatically for older, sicker folks. Worse still, the AHCA would end the Medicaid expansion and slash Medicaid by \$834 billion over 10 years. For what? To offer massive tax breaks to the wealthiest Americans, for the wealthiest Georgians in the Presiding Officer's State. The average tax savings for the 400 richest families under this plan is \$7 million apiece each year—\$7 million each for every year, because they need it.

No wonder people are outraged. Just 8 percent of Americans think the Senate should pass this bill into law unchanged. Well, 8 percent has to be a new low.

Americans do not want TrumpCare. Three in four Americans want President Trump and his administration to do what he can to make the ACA work rather than undermining it.

Even President Trump reportedly now considers the House bill to be "mean." It went from "great" to "mean." In the Rose Garden, it was great. Now, a few weeks later, that same great bill is mean.

Instead of listening to the American people, Republicans are pursuing a strategy that former Acting Administrator of CMS Andy Slavitt has described as sabotage, secrecy, and speed. Up first, sabotage.

In a few years, Republicans have choked off the Risk Corridors Program, which was designed to help stabilize premiums in the first years of the new exchanges. The Trump administration has gone even further. It has stopped enforcing the individual mandate, has undermined outreach efforts to help people sign up for health insurance, and has cut in half the amount of time that people have to sign up for health insurance coverage.

Perhaps the most troubling of all is that Republicans have refused to commit to funding cost-sharing reduction payments. These payments help low-income families cover their out-of-pocket costs. Since insurers are not sure if they can count on the administration to continue to provide these payments, some are pulling out of the individual market or are dramatically increasing their premiums to account for this instability, this uncertainty.

There is much more we can do to shore up the individual market, but my colleague Senator STABENOW had it right when she said to Secretary Price, of the Presiding Officer's State, regarding the administration's sabotage efforts: "It's like pulling the rug out from under somebody and going, 'Oh, my gosh. They fell down.'"

That was from DEBBIE STABENOW, of Michigan.

The next tenet of the Republican approach is secrecy.

A group of 13 men has been meeting in secret to draft the Senate version of the AHCA. What little we do know is that Senator CORNYN estimates there will be about an 80-percent overlap between the Senate and House bills. Prior to now, our understanding was that the Senate Republicans would completely rewrite the bill, with Senator BURR even saying the House bill was "dead on arrival." It sounds like that plan has been jettisoned, but we cannot be sure because the Senate has had precisely zero hearings, zero days of public floor debate, and we have yet to see or hear about the revised draft of the AHCA, despite the forthcoming vote.

I urge my Republican colleagues to recall that during the long debate over the Affordable Care Act, the Senate held nearly 100 bipartisan hearings, roundtables, and walkthroughs, and had 25 consecutive days of public floor debate. Let me repeat that—nearly 100

bipartisan hearings, roundtables, and walkthroughs in the Senate alone, with 25 consecutive days of public floor debate on a bill that affects one-sixth of our economy. In the Senate HELP Committee, Senators considered nearly 300 amendments during a 13-day markup—one of the longest in congressional history—and ultimately accepted more than 160 Republican amendments in the process.

In 2009, then-House Budget Committee Ranking Member PAUL RYAN argued:

Before Congress changes healthcare as the American people know it, we must know the likely consequences of the House Democrat legislation, including the number of people who would lose access to their current insurance.

The irony is palpable. Feel the palpable irony. Do you feel it? Does everybody feel it?

That brings me to the final component of the Republican approach, and that is speed.

Leader MCCONNELL would prefer to have a vote on the Senate plan before the July 4 recess or shortly thereafter. That timing only leaves us with a few days to go. There will just not be enough time to truly understand how this bill would affect the healthcare system, which, again, is one-sixth of our economy and affects all of the millions of Americans who rely on it.

Republicans plan to schedule the vote in such a way as to keep the American people in the dark about this bill for as long as possible. The American people deserve a chance to weigh in on a bill that would affect their lives and those of their friends and families in my State of Minnesota and the Presiding Officer's State of Georgia.

My office has received over 15,000 letters from very worried Minnesotans these past few months, and I have gone to visit rural healthcare facilities that would be among the hardest hit by the AHCA. My constituents—the people of Minnesota—are frankly scared about what will happen to them or their families if they lose their health insurance, and I am too.

As I did in January, I would like to encourage my Republican colleagues to join me on a trip to Minnesota to meet Leanna. Leanna's 3-year-old son Henry has been diagnosed with acute lymphoblastic leukemia. His treatment will last until at least April of 2018. He needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. Henry's immune system is so compromised that he is not supposed to go to daycare so Leanna left her job to care for him. Henry and Leanna are supported by Leanna's spouse, but they cannot pay for his treatment on one salary.

Leanna says:

It is because of the ACA that Henry gets proper healthcare. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

He is 3.

Let me say that again: "Henry is still with us because of the ACA."

I will do everything I can to fight the Republican effort to repeal the Affordable Care Act, strip away consumer protections, and gut Medicaid.

To all of my constituents who care about this, I need you to keep fighting. Now is the time to make your voices heard.

I thank the Presiding Officer for his attention.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Rhode Island.

MR. WHITEHOUSE. Mr. President, I am pleased to follow the Senator from Minnesota, as because of him I had the chance to be on the HELP Committee during all of those hearings—all of those dozens and dozens of Republican amendments that took place during the vibrant, robust, bipartisan process in the HELP Committee. Senator FRANKEN was still in litigation over his election so his seat on the HELP Committee was vacant, and Harry Reid asked if I would take that seat. My senior Senator JACK REED and I, both of Rhode Island, were there in the room day after day, week after week, while this exhaustive, public, bipartisan process went forward.

I can even remember working with Senator ISAKSON, of Georgia, and supporting his amendment that would allow a doctor to be paid for having a conversation with a very ill patient about what his desires were if his condition did not get better. What type of end-of-life care did he want? Did he want every possible intervention or did he want dignified time at home with his family? What were his desires? That is a conversation that is important for doctors to have with those patients.

In the environment of the time, that became the death panel phony story. So I was there. I saw it happen. Thanks to Senator FRANKEN's delay in getting here, JACK REED and I were in the room.

Why does this matter? This matters because, like the story of Leanna and Henry, there are people on the other side of what is—apparently, for our Republican colleagues—a purely political piece of parliamentary chicanery.

I have a constituent, a woman named Pamela, who lives in Jamestown, RI. She works with people and nonprofit organizations that advocate for people who have very rare diseases so, in her work, she has seen the before and after of the Affordable Care Act.

"Before the Affordable Care Act," she wrote to me, "I saw many patients and families distraught by medical bankruptcy."

Then it came even closer to home for Pamela when she was diagnosed with stage IV breast cancer. If there were an annual or a lifetime limit on health benefits, she would be in deep trouble. If the protection for people with pre-existing conditions were undone, that would imperil her ability to get insurance in the future.

She wrote to me:

As a patient myself, with a chronic, costly medical condition, I am very worried that [these] protections will be taken away, making my life-sustaining care unaffordable.

Pamela deserves to be heard, but nobody can speak up for her with a bill that nobody can see.

From Cumberland, Marilyn wrote to me. Marilyn is a family physician. She knows the healthcare system. She also has severe asthma. She has had asthma since she was a little child, and she manages her severe asthma with very expensive medication. Her husband is retired, and Marilyn purchased her health insurance through HealthSource RI—our ObamaCare health insurance marketplace—which, by the way, is working very well. There is no need to undo what is going on in Rhode Island. It gives her peace of mind, and she wrote to me to say she was terrified by the possibility that the preexisting condition clause will be allowed back in.

She wrote:

I am not a specialist but a family medicine physician, doing the best I can to pay my student loans and daily expenses. I could not afford the lifesaving treatment I require to function. . . . I do not know how I would survive financially if the current legislation the House has approved is allowed to become law.

Gina wrote to me from Lincoln, RI. Gina's daughter, Sofia, is 6. Sofia has cerebral palsy. We think we have problems here. I tell you, whatever the political problems we have over the Affordable Care Act, have a 6-year-old with cerebral palsy, and then come back and tell me you have a problem not liking ObamaCare.

Sofia needs round-the-clock care and she gets it because of Medicaid. Gina wrote to me: "From her home nursing care to her wheelchair, we could not live without [Medicaid]."

Before Sofia came along, Gina and her husband never imagined they would need Medicaid; it never crossed their minds. But now, the welfare of their little daughter is entirely dependent on Medicaid. Depending on what we do here, Gina wrote:

Will there even be a Medicaid then? This administration is stripping benefits from the most vulnerable in our society. How will they survive?

The last story I will share is from Tony and his family, who live in North Kingstown, RI. Tony has a son whose name is Michael. Michael, right after he was born, was diagnosed with something called mitochondrial disorder. It is a severely, catastrophically debilitating illness. It left Michael severely disabled. Michael is 10 years old now, but developmentally he is more like a 3-month-old. He can't walk, he can't talk, he can't feed himself, but he is happy, and he is sweet, and he is a source of joy for his parents and his four siblings.

Through Medicaid, Michael can receive up to 30 hours per week of care from a certified nursing assistant. It is

this program—it is Medicaid—supporting the certified nursing assistant those 30 hours per week that lets Michael live at home with his parents and those four siblings. Otherwise, he would have to be institutionalized. Somebody explain to me why a political victory shoved through this body after secret proceedings is worth explaining to Michael's parents that he is at risk of losing that coverage.

When President Trump said that the House bill was mean, he was not kidding around. It is mean, mean, mean—dirty, rotten mean. And if you think the one on the Senate side is going to be any better, there is one little phrase I would like to bring to your attention: “We’re not stupid.”

“We’re not stupid” is what a Republican staffer said when he was asked, Why aren’t you guys having a public process? Why are you trying to jam this through in secret? His answer: “We’re not stupid.”

Well, what can you logically deduce from that? What kind of bill would be stupid to show the American public? If this was a bill that was going to be greeted with great applause and joy and relief and satisfaction by the American public, would you hide it? No. If it were terrible, if it would threaten people all across this country, then you wouldn’t want them to see it. That would be stupid.

So that is what they are up to. They know perfectly well that this bill is not good for America. That is why showing it to the American people would be, by their own words, stupid.

Let me switch to my geek point before I go, because this is something I talk about a lot, and it bothers the heck out of me. This is a graph that shows healthcare in most of the countries that compete with us—the OECD nations.

This chart shows life expectancy in years. At the bottom is 72, at the top is 86, so where you fall in this shows where your life expectancy is in the different countries, and life expectancy is a pretty good measure of how good the healthcare system is.

Here is the cost of healthcare per capita, averaged across the population. And as you will notice, most everybody is right up in here—Japan, Switzerland, Netherlands, United Kingdom. Most of our competitors, including France and Germany—they are up in here. Where are we? Out here. The most expensive other country in the world is Switzerland, which doesn’t break \$6,000 per person; we are over \$8,000. The average in here, where Japan comes in, above where the United Kingdom comes in, is \$4,000 per person; we are above \$8,000. We are 100 percent more expensive than the average and more than 50 percent more expensive than the least efficient other country in the world.

So there is progress to be made at bringing costs down, if we would pay attention to this real problem instead of the imaginary problem of Americans having too much healthcare.

And over here—look at the life expectancy in years. Look where we come in. We match the Czech Republic. So there is progress to be made on cost and on outcomes in this country. And, believe it or not, we are actually starting to make a little progress. Let me take my colleagues through this graph, and then I will leave you be.

This top line was drawn by the Congressional Budget Office back in 2010. They project forward into the future where they think healthcare costs are going to go. These are all Federal healthcare costs; the whole Federal healthcare costs, all of them piled up—Medicare, Medicaid, veterans—all of it. So here is what they projected it would be, this top line, in 2010. Then, they got to 2016, and they did another projection because they realized that as of 2014, things were coming in below their expectations. After the Affordable Care Act, things started to change. So they did another projection in 2016, and they projected this line right here.

Those of us who serve on the Budget Committee know that we think in 10-year increments. So here is a 10-year increment from 2017 to 2027. And if you look just at the difference between what CBO predicted in 2010, before the Affordable Care Act, and what they predicted in 2016, after the Affordable Care Act: \$3.3 trillion in savings—\$3.3 trillion in savings. Think of what a difference that makes for our country if you can save \$3.3 trillion in our healthcare costs.

Healthcare costs are what is driving most of our debt and our deficit, so \$3.3 trillion in savings? I tell you what, I want to see this bill because I want to know what CBO thinks about what happens to that \$3.3 trillion in savings. If the cost of this Republican parliamentary chicanery is going to be losing \$3.3 trillion in savings, the American people ought to know about that.

So I call on my Republican colleagues to have a process. I don’t know if the Presiding Officer has seen the bill yet. It is so close hold, I don’t think all of the Republicans have even seen it. But for gosh sake, when you have these stories from Rhode Island and from all the other States around the country, when you have real fellow Americans counting on the healthcare that the Affordable Care Act made possible, the idea that you throw that out to score political points and to give super rich people a tax break is disgraceful. It is a disgrace.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I want to give a status report on this bill. Right now, we think it is with the 13 men who are working on it in secret; they will show it to Republican lobbyists, and then they will send it over to the CBO for a score, and eventually the American public and the Senate will be able to see the bill.

We will have a process called vote-arama, which is mostly nonsense, and

there will be lots of opportunities to offer amendments, but let’s be clear about what happens at the end of vote-arama. The leader will offer an amendment in the nature of a substitute. So what does that mean? That means all of the amendments that were adopted along the way get taken out, with one 51-vote margin, and all of that vote-arama was for show because MITCH MCCONNELL will put his bill on the floor that was negotiated in secret with those 13 people.

If there was any question that our democracy is being rolled over by Senate Republicans, I want you to think about these 13 men. They are drafting a bill without any input from women, from Democrats, from experts, and by working in secret they are cutting out about 250 million people who are from the 40 States who aren’t represented among those 13 men. You can bet that those 40 States have unique healthcare needs and unique healthcare laws. And without the right language, the bill could throw healthcare in each of those States or any of those States into total chaos.

They have also cut out Senators on the Health, Education, Labor, and Pensions Committee and the Finance Committee, even though these committees are actually constructed for the purpose of working on legislation like this. They know how to get things done like this. There are members of the HELP Committee and the Finance Committee who are among the experts on this issue, yet they don’t get a chance to even see the bill. These Senators have jurisdiction over this legislation, but they are being left out. This is just not the way it is supposed to work.

We need transparency. We need bipartisanship. But now the Republicans will try to tell us that the hearings are bypassed all the time. That is not true. In fact, this body will hold a hearing on almost anything. In 2017 alone, the Senate has had hearings on hot tub safety, self-driving cars, a treaty for outer space, multimodal shipping, the maritime administration, and dozens of other issues. Look, those are actually not to be trivialized. It is important for the Senate to have hearings. It is important for subcommittees to do their work. But nobody can tell me that hot tub safety, self-driving cars, a treaty for outer space, multimodal shipping, and the maritime administration are more important than one-sixth of the American economy. It is a joke.

We are talking about one-sixth of the American economy, about millions of jobs, and about people with life-threatening diseases and life-changing medical bills, so we know how important hearings are to do legislation. When the Senate took up the ACA, there were almost 100 hearings. Think about that: 100 hearings versus 0. There were roundtables and walk-throughs held by the two committees. We considered hundreds of amendments and accepted

more than 150 amendments from Republicans. But, for this bill, no markup, no transparency, no bipartisanship—just 13 men meeting in secret outside of the regular process.

The only thing that has changed is now the market is under siege, but the market is under siege because of the Republican administration. They are purposefully creating uncertainty. That is not a rhetorical flourish; they are saying they are doing that. President Trump actually said he wanted to create uncertainty in the healthcare market in order to create leverage with Democrats.

Think about how unusual that is. Think about how offensive that is. It is perfectly appropriate for one party to try to generate leverage in a negotiation against the other. That is part of politics, either in an election context or in the public policy context. But the way that this President and Tom Price are trying to generate leverage is by raising healthcare premiums in order to force Democrats to buckle. That is unheard of. It really is unheard of. And it hurts everybody across the country to create this uncertainty.

It is bad enough that the Republicans are trying to take healthcare away from 23 million people—from nursing home patients and their families, from women who are pregnant or fighting breast cancer, from sons and daughters and moms and dads who struggle with opioids. But to add insult to injury, they are going to jam it down your throat. You don't get to read what it is about before it passes or hear from doctors or nurses or experts about how it will affect you.

So why are they working on this bill in secret? The answer is very simple. The bill stinks. They are ashamed of it. The bill itself is an embarrassment. The process is an embarrassment. They have said so themselves. No matter how you look at this, this bill is a disaster for people and their families. It will be a disaster for anyone who relies on Medicaid, which will be cut by at least \$800 billion, and Medicaid is a safety net for people who need care but can't afford it.

Look at nursing home care. Medicaid covers three out of every four long-stay nursing home residents. My wife's grandmother was in a nursing home and just passed away, had great care, and wouldn't have been able to get the care she needed were it not for Medicaid. This is not an uncommon story—millions of Americans across the country of all income levels. People think of Medicaid as for people who are not financially in a position to get care in any given moment. That is true. It does take care of the poor. But it also takes care of nursing home care for people who worked all their lives and just don't have enough. It is \$9,000 a month in the State of Hawaii for nursing home care. It is more than that for hospice care. We all know that nobody escapes end-of-life care. Rich or poor, left or right, red, blue, purple, nobody

escapes this part of your life, and everybody needs help. There might be a few people who save up enough cash money to be able to shell out \$10,000 a month for that kind of care, but for the rest of us, Medicaid is that lifeline.

There are actually some Republicans who don't want to cut Medicaid. They have seen how the program improves people's lives. Arkansas and Kentucky, for example, expanded Medicaid. These States have seen big jumps in the number of the people who now have their own doctor or have gotten a checkup in the past year, people who are now more likely to say they are in excellent health. But under TrumpCare, we will be back to the bad old days.

This bill is also a disaster for older people, who will be hit with what the AARP is calling an age tax. This will get a little wonky—not as wonky as that referred to by my colleague who spoke about 5 minutes ago but a little wonky. Right now, companies are not allowed to charge any more than three times as much for an older person as a younger person. Three times is the cap. But TrumpCare will increase that rate to five times. So what happens is every year, as you get older, your insurance costs will go up and up and up. That is why they call it an age tax. In other words, many seniors will see premium increases that can cost them thousands of dollars more each year at a time when people are already struggling to find money to pay for healthcare.

This is also a disaster for patients who don't want to lose their healthcare provider. Right now, an estimated one in five women goes to Planned Parenthood clinics. I understand we have different views about reproductive choice. I understand that. But we also understand—when we are talking on the level about Planned Parenthood and when we are talking about Federal funding for Planned Parenthood, everybody who pays any bit of attention to this understands what Planned Parenthood does for women across the country—again, conservative women, progressive women; Planned Parenthood doesn't care. Planned Parenthood is not using Federal funding for abortion. We all know that by now. It is cancer screenings, and it is quality healthcare and birth control.

People talk about giving more choices for healthcare and saving taxpayers' money, but the CBO estimates that defunding Planned Parenthood will take away options for nearly 400,000 women across the country and will cost taxpayers more than \$130 million.

It is also a disaster for those struggling with opioid addiction. This bill will take away treatment for mental health and addiction, leaving hundreds of thousands of people fighting opioid addiction without adequate health insurance. We saw the statistics that opioid addiction, I believe, is killing more people annually than HIV/AIDS killed at its apex. I believe it has either surpassed or is comparable, in

terms of cause of death, with car accidents. This is one of the leading killers in the country, and Medicaid is the program that funds opioid addiction for most of the people who get help.

This bill is also a disaster for patients with preexisting conditions because it means we will be going back to the dark days when insurance companies could charge you more for having a preexisting condition.

I have heard from people back home in Hawaii who are terrified of what this could mean for their health. One woman wrote that she is in the middle of a fight for her life against breast cancer, and she is scared that under TrumpCare, she will lose her insurance, that she will have to stop her treatments and could lose her life. A husband wrote to me that his wife has stage IV breast cancer. She has had every possible treatment and surgery imaginable to extend her life, but without the guarantee of affordable coverage for all, her fight will quickly come to an end. She is 29.

Even people without serious medical conditions will be affected by this preexisting condition's nonsense. We know that because before the Affordable Care Act became law, insurance companies were able to discriminate based on what they determined to be a preexisting condition.

One woman in Hawaii told me that in the days before the Affordable Care Act, she was rejected by insurance companies because she had back pain at one point in her life. The pain never came back, and she never needed treatment again. She was young and healthy, but the insurance company wouldn't give her insurance.

We cannot accept the end of nationwide protections for people with preexisting conditions. We cannot accept high premiums or so-called high-risk pools that have historically failed in giving people the coverage they need and deserve. We don't have to do it this way.

We don't have the majority, and this is being done under a process called reconciliation, which means that you don't need a filibuster-proof majority; you just need 51 votes. So if you are proud of your bill—we have Senator HATCH, chairman of the Finance Committee and one of the most respected Republicans in the country, actually. We have Senator ALEXANDER, chairman of the Health, Education, Labor, and Pensions Committee. Both have a long history of being able to do deals—ORRIN HATCH with Teddy Kennedy and my predecessor, Dan Inouye; LAMAR ALEXANDER with just about everybody—CHUCK SCHUMER, PATTY MURRAY. These are conservative Members of the Senate. There is no doubt about their Republican credentials. But they are also people who are capable of crafting legislation in the right way. I have no doubt they like their gavels. I have no doubt they like chairing hearings. I have no doubt they have the personal, intellectual, emotional, and political

stamina to go through a process which may take more than a couple of days.

I will tell you, this is the world's greatest deliberative body—it is—and these are a bunch of impressive people I serve with in the Senate. But without a hearing, you get a garbage product. You get a bill that just stinks, that staffers say they are keeping secret because “we’re not stupid.” They are so embarrassed at this product that they are keeping it secret, because they know the moment this thing gets posted, everybody from everybody’s home State—and not just Democratic States and not just purple States, but every home State is going to say: My community health center is going to get shut down. My opioid treatment center is going to get shut down. My hospital may no longer exist.

They know this bill stinks.

There is a simple solution. All we need is three Republicans to say: Let the Senate be the Senate. The House did whatever the House was going to do.

There was a weird White House Rose Garden signing ceremony without a bill even being enacted. It was the most bizarre thing I have ever seen, where everybody was congratulating each other for inflicting pain on the American people.

But the Senate has to be the Senate here, and what that means is that we have to be that cooling saucer. We have to actually slow down and have a deliberative process. All we need is three Members of the Senate on the Republican side to say a very simple thing. They can be as critical of ObamaCare as they want, they can be as partisan against us as they want, but all they have to say is this: I am not voting for a bill that doesn’t get a hearing. I am not voting for a bill that doesn’t get a hearing. Let this thing see the light of day.

I yield the floor.

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Connecticut.

Mr. MURPHY. Mr. President, I thank my friend from Hawaii for convening us here tonight.

This isn’t theoretical. This isn’t about numbers. This is about real people. We know them. They exist throughout our States.

I have told this story a few times before on the floor of the Senate. When I think about the progress that has been made over the course of the last 6 years, I think about Betty Burger. Betty is a woman who lives in Meriden, CT. Betty and her husband did everything we asked them to do. They were morally upstanding citizens, contributed to their community, had full employment, raised good kids.

Her husband switched jobs. He switched jobs, and he had a 1-week, maybe a 2-week period of time in between those two jobs. As luck—or lack of it—would have it, during that brief intermission between employment, their son was diagnosed with cancer. The cancer then became a preexisting

condition, which meant her husband’s new employer would not cover the son as part of a family plan. The cancer progressed and progressed and progressed, and this family, the Burgers, had no means to keep up with the payments.

Their story, unfortunately, is not foreign to folks who have heard from constituents who have gone bankrupt because of healthcare costs. The Burgers lost everything. The Burgers first went through their savings, then they went into their son’s college account, then they sold their car, then they sold their house. They lost everything they had trying to make sure they had healthcare for their son simply because he got diagnosed with cancer during the one tiny interim between their family’s insurance coverage. That pre-existing condition doomed that family. There but for the grace of God—that could be us. That could happen to any one of us.

Yet, today, medical bankruptcy is, frankly, a thing of the past. Why? Well, it is not because healthcare costs any less; it is because we said we are not going to allow insurance companies to deny coverage to someone because they have a cancer diagnosis. In fact, we are not going to allow insurance companies to charge you more just because you are sick. Guess what. People have been able to keep their college savings account. They have been able to keep their car. They have been able to keep their house even if they get sick. That is what this bill has meant. Twenty million more people are insured, yes, but the number of personal bankruptcies in this country has plummeted by 50 percent, almost entirely because there aren’t Burgers any longer. There aren’t people who had to live through what the Burger family had to live through.

That is what this is about. This is about real people who are going to go through miserable, terrible experiences because of the bill Senate Republicans are just days away from putting onto the floor.

I know my colleagues have covered this exhaustively, but I just want to show visually what CBO says the House bill does.

I know it is in vogue for the President and Republicans to say that ObamaCare is in a death spiral, but that is not what CBO says. CBO says that if you keep the Affordable Healthcare Act and actually implement it rather than undermine it, rather than sabotage it, as the President of the United States is today, the number of people who don’t have health insurance will remain fairly stable from 2017 to 2026. It is about 28 million people. But if you enact the American Health Care Act, the bill that passed through the House, that number goes almost immediately from about 26 million up to 40 million. Right about 14 million people lose insurance right off the bat. Like within a heartbeat of passing this bill, about 14 million people will lose

insurance, and then, over time, it grows to 51 million people. That is not the affordable healthcare act in a death spiral. That is market stability. This is a death spiral. The death spiral starts upon passage of the act being secretly negotiated today.

I get it that 23 million is kind of a hard number to get your head wrapped around. What does 23 million people really mean? These numbers are so huge. So here is what 23 million people is. It is the entire population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, and let’s just throw in West Virginia. That is what 23 million people is. That is a humanitarian catastrophe.

Remember, 23 million people is what you get to at the end of 10 years, but 14 million people lose it right off the bat. There is no way for our healthcare system to provide coverage to 14 million people who had insurance one day and then don’t have it the next. By the way, they tend to be the sickest people because that is who is going to lose healthcare first.

Why are we doing this? Why would you choose to inflict this kind of pain on people? Why would you ask to run for Congress in order to put this kind of hurt on the American public?

Here is the answer. I wish this weren’t the answer. I wish there were a different answer, but here is the answer. Twenty-three million people lose health insurance, and the cost of that is about \$800 billion of money out of the healthcare system. It is not coincidence that that then gets transferred into 650 or so odd-billion dollars in tax breaks for the pharmaceutical companies, the insurance companies, and for really, really rich people. It is not just by accident that it worked out that the amount of money you took from poor people and from middle-class people and from sick people is the exact amount of money you are transferring to the pharmaceutical industry, the insurance industry, and rich people.

Here is another way of looking at it. Here is where the tax cuts go: The lowest quintile, the second quintile, the middle quintile, even the fourth quintile don’t get a lot of money out of this tax break. It is the top quintile, the top 20 percent of income earners who get an average tax cut of \$2,700.

Here is the big benefit: The top 1 percent of income earners—a \$37,000 tax cut out of this bill. The top 1 percent of income earners get a \$37,000 tax cut from this bill. Let me say that again: 23 million people lose healthcare so that the top 1 percent of income earners get a \$37,000 tax cut. Who runs for Congress to do that? What constituency is asking for the U.S. Congress to pass a bill that takes health insurance from all sorts of working Americans, people who are playing by the rules—people like the Burgers—in order to pass a tax cut for the super wealthy?

I don’t know what is happening behind those closed doors. I don’t know

exactly what they are talking about, but I am going to guarantee you that it is not fundamentally different than what the House bill did, which is what I am describing here. There are still massive numbers of people losing healthcare, rich people getting a tax cut, and lots of folks getting hurt. Why? Just because Republicans made a political promise to do this.

I know I have other colleagues who want to talk. Let me turn for a moment to this process because the process does matter. The majority is breaking the Senate. They are breaking the Senate. Don't think this will not be how this works if you are in the minority. The fact is, we acknowledge that there is a lot that is still very wrong with the American healthcare system. Our constituents command us to try to make those things better. We would love nothing more than to sit down with the Republicans and try to figure out how we can come together on a path forward to make this healthcare system better. I know you don't believe us, but you didn't even try.

I am not sure we believed you at the beginning of 2009 when you said: We want to help people get insurance. We watched Republicans have control of the Presidency and the House and the time Senate for a long time without a lot of progress being made, but Democrats tried.

Democrats spent a whole year sitting down with the Republicans, trying to figure out if there was common ground—holding committee processes, exhaustive hearings. There were 30 days of Senate debate on the floor. I get it; in the end Republicans didn't support that package. I get that Republicans can lay blame at the feet of Democrats for not crafting something that could win Republican support. I understand how that argument works.

The fact is that when Democrats were in the majority, they tried. They opened up the committee process. They let everyone in the public see the debate we were having. Why? Because it is a big deal.

We are talking about one-fifth to one-sixth of the American economy. If you are talking about reordering that biggest segment of the U.S. economy, if you are talking about millions of people benefiting or losing, that shouldn't happen behind closed doors.

My constituents, even though they are represented by Democrats, have no fewer rights than the citizens of Iowa or the citizens of Texas who are represented by Republicans. Why are my constituents not allowed to see the details of what is about to happen to their lives? Why are only a select group of Americans able to have a voice inside that room? Why are the people of Connecticut going to get 3 minutes to look at this bill once it hits the Senate floor? My constituents are Americans, just as the constituents in Republican States are Americans. They deserve to know what is about to happen to them.

You are breaking the Senate. It will not get put back together that easily.

These are tough questions. They are partisan questions, but it doesn't mean there is not an obligation to try to find common ground. If you can't find common ground, don't bury the proceedings behind closed doors where nobody can see it.

People hate this bill. They hate this bill. They hate it in part because they don't trust the process. When they see this balance—tax breaks for pharma, insurance, and rich people—and then losing coverage, they want to know why they lose and why super rich people win, but they can't get answers because it is all happening behind closed doors.

It is not too late. I will just end there. Senator SCHATZ said it right: It is not too late. My Republican colleagues can reject this and say: Let's start over. Let's sit down and see if there are some Democrats who want to work on stabilizing these exchanges, seeing if there is some middle ground, being able to build a bipartisan consensus when it comes to the future of the healthcare system.

It is not too late. I think you are going hear that consistently from my colleagues this evening.

I yield the floor.

Mr. BOOKER. Will the Senator yield for a question?

Mr. MURPHY. I have yielded the floor, but I will happily engage in a colloquy.

Mr. BOOKER. Mr. President, can I ask the Senator from Connecticut a question?

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

Mr. BOOKER. Thank you very much.

The Senator's charts plainly showed who benefits from the Republican bill that we saw in the House. The CBO, as he pointed out, plainly demonstrates that 23 million Americans will lose healthcare. I have heard him talk about this on other issues—how we as Americans are far more connected than we realize and that while one family might suffer from lack of health insurance—like the folks he talked about in the beginning of his remarks—the reality is that when that child doesn't get the healthcare they deserve, when they don't achieve in life the great potential they might have, others suffer as well. You see this as you travel to European countries. They have vastly more people insured, vastly more investments in childhood education and childhood healthcare.

I am wondering if the Senator can extrapolate for me for a moment that this isn't just about individual families who are vulnerable. It is really all Americans, who suffer when other Americans are not getting the benefit of healthcare in this country.

Mr. MURPHY. I think we all got a gut punch earlier today. We received news that the young man who just returned from North Korea, after being abused and tortured there, had passed. If you read the statement from his family, it was hard to read. You

couldn't help but read that without feeling your heart drop into your stomach. Why? Because this was a young man with such promise ahead of him, who had that future robbed from him.

I didn't know him. My colleague didn't know him. The people in my State who were similarly affected didn't know him, yet they felt something.

I think the reason this bill is so wildly unpopular is that people are going to die. The fact is, if people don't get coverage for addiction, if folks who are mentally ill don't get to see a doctor, they aren't going to survive. Even those who have enough money to be able to pay for the premium increases in this bill—they know there is something a little evil in wanting to do this to people.

As my colleague remarked, even if you are not amongst the 23 million people who lose insurance, the CBO also says your rates are going up because when those people don't get health insurance, they show up somewhere else in the system. They show up at the emergency rooms. They get much more expensive care. That cost gets passed on to the rest of us.

Even if you are lucky enough not to be amongst the 23 million, you are going to be personally, financially affected by this. The CBO says that everyone's rates will go up by 15 to 20 percent. Even if it is not the money you care about, we are all connected, and nobody should want this to happen to people. We are all weaker if we pass a piece of legislation that ends up hurting people in such a real, meaningful, and devastating way.

Mr. BOOKER. If I can ask the Senator from Connecticut one more question—that interrelatedness is a part of a larger system. We all benefit from these systems. My colleague mentioned hospitals, and whether it is my family who gets injured and is rushed to a hospital or a wealthy family or a poor family, those hospitals are a critical part of the healthcare system.

I was mayor of a city, and I imagine my experience is similar to that of the Senator from Connecticut. Our hospitals before the Affordable Care Act were having a really difficult time because so many of those costs at the most expensive point—when a disease had become so much more acute—were being pushed into hospital emergency rooms. My State was having a very difficult time with the costs of that charity care. They literally had tough choices. They weren't going to close their doors when somebody went into diabetic shock or someone had an asthma attack or some of those diseases were not treated at an earlier stage.

I am wondering if the Senator can help explain, in terms of Connecticut's perspective, why this has an impact on all of us in terms of the systemic healthcare systems that sustain our communities.

Mr. MURPHY. I think it is important to understand what the law says. The

law says there is only one healthcare provider that by law has to treat every single person who comes in the door; they can't turn away individuals based upon their ability to pay. That is the emergency room.

What we also know is that the emergency room is the place you get the most expensive care. By the time you get there, you are often in crisis. The care you receive in the emergency room is expensive, and then all of the care you need afterward is expensive as well.

I always remember a woman from Connecticut who lost her Medicaid coverage. In losing her Medicaid coverage, she didn't end up being able to see a doctor for an infection she had in her foot. It was hurting her for a long time, that infection. She didn't have Medicaid any longer, so she just decided to let it hurt. She popped some Tylenol and hoped it would go away. One day it was so painful that she went to the emergency room, and it was too late. It was too late. Her foot had become so badly infected that she had to have that foot—that leg below her knee—amputated.

She had no insurance, so we all picked up the cost of that, but she had her life altered in a way that is hard for us to fathom, and there is not a single winner in that scenario because, obviously, her entire life is changed because of that.

It is not as if we had saved any money in treating her so shabbily because we ended up having to cover all of those costs. That is one story. If you think about what the House bill does, it repeats that story millions of times over. It is morally bankrupt, but it is also fiscally imprudent and foolish.

Mr. BOOKER. That brings up one more issue, if the Senator will indulge me, because I just visited his State. As I was talking to a lot of his members—being from New Jersey, there might be a small rivalry between our two northeastern States. A couple of folks came up to me and got in my face in a polite and joking way about how our Constitution was formed. They talked about the Connecticut Compromise. As you well know, this was a compromise that allowed our Republic to form, understanding they would have two bodies, the House and Senate. Every State would have two Members representing it. In many ways, the Founders of our country, coming out of this, viewed this body very differently than the other body.

Now, the other body, you served in. I am hoping maybe you can shine some light. I have been here 3½ years. You had experience as a House Member and as a Senator. You said something some people at home might dismiss as hyperbolic partisanship, but I have been here 3½ years, and I have seen this body change. What frustrates me is that when I was here for a brief period of time and Democrats were in the majority, I heard Republicans talk about regular order, how urgent regular order

is. When we are in charge, we will have regular order. The leader spoke publicly about this thing called “regular order.” The House operates on majority rule. Our Founders saw that as a very different body than this, which is in many ways talked about as a different rhythm—a different way of doing things. In fact, one Senator over here can have a lot of power within this system, sometimes to the frustration of folks, to slow things down.

You made the claim about this being broken. This is a perfect example of it—this idea that this would be the body, on such a big issue, that would have a chance to be deliberative and to focus on this. I think you are right. We have seen this body, in the very short period of time I have been here, begin to undermine not just things that happened under the Obama administration but to undermine traditions that go back decades, if not more than a century.

I wonder if, being that State, as I was told, so critical to our Constitution, you could give some light on why you really are substantively, factually saying that this is probably one of the low moments of the Senate in the way that this process is being done.

Mr. MURPHY. There is, right outside this Chamber, a picture of the authors of the Connecticut Compromise, two of the Connecticut delegates to the Constitutional Convention.

Mr. BOOKER. They might have been born in New Jersey.

Mr. MURPHY. I appreciate that shout out to Connecticut. You are right. The idea of the House is that it is supposed to respond, perhaps, more quickly to the temporary passions of the public, which is ironic, given that the passion of the public today is in deep opposition to this piece of legislation. Unfortunately, the House is responding to the passions of one very small portion of the public, which is the extreme Republican base, which maybe is the only remaining segment of this country that supports the American Health Care Act.

This place is supposed to be able to step back and look at the long term and look at the long view. That is why we have 6-year terms, so we don't do something that may feel good in the moment politically but has devastating impacts over the course of time. That is exactly what this debate is about. It is about a massive reordering of one-fifth of our economy that has just enormous consequences over time, when these people who lose insurance start to feel the effects of that as they bleed through their savings over 5 or 10 years and go bankrupt at the back end of that time period.

So this is a place where both parties should be able to sit down and talk about what this really means for folks. I thought Senator SCHATZ put it well. When you don't engage in regular order, not only do you do things that are very partisan and political, but you also do things that don't make sense.

One of the things that regular order brings is the ability to talk to experts. We all sit on committees, and those committees bring experts to the table to tell us what the impact of legislation is. There has been no committee process on this bill. We haven't had a single committee meeting. We had one hearing in the HELP committee upon which I sit.

So as Senator SCHATZ said, the result is a product that is garbage—that, logistically, does not work because neither the House nor the Senate engaged in the kind of deliberation that would get you to the facts. Yes, this place is supposed to work differently, but also you are supposed to use the committee process to make sure that you are not passing something that just makes sense politically but makes sense from a policy standpoint as well.

Mr. BOOKER. I thank Senator MURPHY for giving me those few moments.

I wonder if the Chair would recognize me to give a few remarks myself.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. BOOKER. Thank you very much, Mr. President.

I want to pick up on that conversation that we were having, in which Senator MURPHY laid plain on his charts about larger issues with this bill. I want to get back to the point he was just talking about and that I observed here in the Senate for about 3½ years, and that is the functioning of this body. I love history. I am one of these guys who doesn't read any fiction any more. I love reading about this country, about its past leaders, about great moments in history.

What is interesting about this body is that, being someone who has the privilege to stand on this floor—quite literally, given to me by the State that I love, New Jersey—I walk on this floor and I feel a sense of history every time I am here. It has been 3½ years, and it hasn't lost its “wow” factor for me that I get to stand on this floor. I have to say that I love my State, and in my campaigning, I don't think the issue that I am New Jersey's first Black Senator came up that much. New Jerseyans wanted to know: Would I come down here and fight for them? I was aware of the history of being the fourth African American popularly elected in the history of this body. I came down here as a student of many of the great moments in time on this floor and many of the records that were set.

I think some of those records are really germane to this moment right now. The longest filibuster on this floor is where one Senator could actually grind the workings of the Senate down to a crawl because of Senate rules and Senate traditions. In this case, it is something I wasn't even alive for, but something that, to me, is frustrating. But it is a moment of history that shows what regular order is. It slows down this body.

A filibuster takes 60 votes to overcome. So here was this moment. It was

actually almost exactly 60 years ago. That was the 1957 Civil Rights Act. It was Strom Thurmond who gave this long filibuster, trying to block something that—yes, indeed—was going to have societal impacts on this country—the 1957 Civil Rights Act. This is one illustration of how, when monumental pieces of legislation come to this floor, the history of this body and the traditions of this body are to slow things down, to have a process, to have rules—especially for things that are so monumental. In this case, it was the 1957 Civil Rights Act—something on which we look back in the past and say: Wow, it took them a long time to get there, but it demonstrates what this body's rules have been about for a long time.

Let me go with another record that I mentioned earlier tonight, but it shows, again, that when monumental pieces of legislation are coming, this is a body that looks closely, takes its time, is deliberative, and has a time-honored process. That is the other record set by the longest consecutive session in Senate history. It was a debate about truly one of the more important things in our society, which is issues of war and peace. The longest consecutive session in the Senate history of debate and of deliberation—open and public, not just for the Nation to see but for the world to see—was a debate during the First World War about whether to arm merchant ships. It brought about tremendous consternation, tremendous debate, as we did the lead up to the First World War. What is interesting is, if you think about the forming of our country in that debate—again, the Constitutional Convention was public, open, transparent—issues were debated. One of the fundamental reasons for organizing our government was seen as the protection of the American people, the ideals of a common defense, and the public welfare. These were the things, literally, put into the preamble of our Constitution, about what this government is about—that these are the most important ideals. In fact, we herald some of these ideals. They have become part of our civic gospel. Everyone knows when they hear the words “liberty and justice for all” that they are part of our civic gospel.

Part of that gospel, as well—in the core center of our country—is that this is a nation about life, liberty, and the pursuit of happiness. As to that word “life,” this government, this Republic is affirming the ideals of life. It is only understandable when we are debating epic pieces of legislation that will go to affect the lives of tens of millions of Americans.

I was in the children's hospital today. Families in peril, families in crisis were talking about the lives of their children. I have seen it happen, unfortunately, to neighbors and people of my community. When the lives of their children are at stake or threatened or afflicted with disease, it puts so many things in perspective.

So here we have legislation speeding its way to the Senate floor that goes to the fundamental ideals of this Nation. Will we be a country that has a system of healthcare that affirms life?

When we are talking about records in the Senate, it is no coincidence to me that one of the longest times that there was a consecutive session in Senate history for debate—no coincidence to me—was about war and peace. It was the rush, as some people saw it then, toward war in World War I. What is fascinating is that folks should know that the second longest consecutive session in Senate history was about healthcare. It was in 2010. It was over the Affordable Care Act, a bill that the full Senate spent 25 consecutive days considering, 160 hours. Those 160 hours in session does not include hundreds more hours in committee hearings, in meetings. All that took place in the development of a bill that came to this floor and set a record about being the second longest debate.

It is perfectly justifiable that the bill should have taken so much time, so much focus—that the world's greatest deliberative body would deliberate, would do its job. As for that piece of legislation, don't believe the lie; it wasn't rushed through here. It didn't get the express train through the Senate. It set records for discussion, deliberation, debate, and a process that included comments, input, thoughts, and testimony from Americans across the country—not just red States, not just blue States, but of all Americans. It was justifiable. It was absolutely justifiable.

I wasn't here. I was at home in Newark. I was mayor of the city.

This debate went on and on and on, and it captured the attention of the Nation. It was something I had never seen before and I haven't seen since. The President of the United States then, Barack Obama—this to me was stunning; it caught my attention—was on national TV cameras. Sure, it was C-SPAN—not what I turn to first when I am home relaxing on my couch. But the President of the United States invited Congress in—Republicans, some of the smartest minds. I have served here 3½ years now. Some of the smartest minds I have met in this country are here in the Senate on the Republican side. He invited the Congress in to discuss and debate with him on live TV healthcare. I don't know if Reagan did that. I don't know if Bill Clinton did that. I can't remember that they did. So here was something that was done fully in the light, vetted, debated, deliberated, discussed in open air.

The hearing numbers are incredible. I have been here 3½ years, and I have never seen anything like it. In the Senate's so-called HELP Committee—Health, Education, Labor, and Pensions—they held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs, and they considered 300 amendments. This is the thing I didn't know until I got to the

Senate because of all the rhetoric on 24-hour cable news. This wasn't a purely Democratic bill. They actually accepted over 160 amendments from Republicans. The stories I have heard from people on both sides of the aisle is that they were bending over backward trying to pick up one Republican vote, so they incurred and took on amendments that actually shaped the bill, Republican ideas onto this healthcare bill, 160 amendments. But stop, that is only in the HELP Committee.

In the Senate Finance Committee, they held 17 bipartisan roundtables, they held summits and hearings, 13 member meetings and walkthroughs, 38 meetings and negotiations, bipartisan. They held a markup. I have been to lots of markups. I have never seen them last or scarcely can think of times they have lasted for more than a day, but they held, in the Finance Committee, a 7-day markup on the bill. That 7-day markup—talk about records—that 7-day markup was the longest markup on a bill in 20 years. That was the process.

A bill affecting that fundamental American ideal that this Nation—founded like no other, not a theocracy, not a monarchy. It is the oldest constitutional democracy on the planet Earth that affirmed ideals that put into the ether of Earth, for the first time, this Constitution, talking about life, liberty, and the pursuit of happiness. This healthcare bill involved such debate and discussion and the Nation participated. Policy experts, market experts, medical professionals, health nonprofits, insurers, hospitals, Americans all got to put forward their input, their ideas. Sure, all of them were not accepted, but everything went into the mix.

This should be shocking to the consciousness of all people of good conscience who aren't reflexively partisan, but look at the history of this country, a history that is proud, a history that should be shameful about how things got done in matters of war and peace, in matters of foreign policy and domestic, in matters like integration and civil rights that made it possible for me to stand on the Senate floor. There was a process, and somehow in the last 3½ years—in the name of what? A vicious brand of partisanship that somehow undercuts not just the voice of Democrats, not just the voice of policy experts, not just the voice of hospital experts, not just the voice of medical professionals—it doesn't just undercut their involvement in the process, but it is an insult to the history and the traditions of this body.

This was not the constitutional intent that something as important as healthcare should be done in a back room where a small handful of Senators are trying to hammer out amongst themselves a piece of legislation that is going to affect tens of millions of Americans and change our economy and change our communities. There is honor in this place that isn't

on TV. There are good folks on both sides of the aisle. I have gotten to know them. I consider folks my friends. I know their hearts. This does not sit well the way this is being handled. I know it.

This is one of those moments of history that somebody just needs to raise their hand and say: You know what. I might even like that bill that comes out of that back room. I may like that bill that was hammered out by 12 Republicans, but this process is wrong. It is an insult to our history. I wouldn't want this done to me.

This is the moment. It is a test. History will look back and see what this body did at this moment in history. I fear we are going to fail the test.

What is even more painful than that, for me, is not just the sadness or the anguish I feel about a body contorting its traditions, breaking its way, what even hurts me more than that is what they are going to be pushing through. We saw it in the House.

Instead of this body coming together—and literally there is agreement on this. All of us believe the Affordable Care Act needs to be improved. I have had it in conversations, formal and informal, that we could build upon the Affordable Care Act. We could correct for its deficiencies, and we could build upon its extraordinary successes.

I see those extraordinary successes in my State. I have Republicans and Democrats who are now fearful about the consequences should a bill like the House Republican healthcare bill be made law. There are folks who fear for their families, fear for their children, who don't want to go back to the Nation we had before, where the No. 1 reason for bankruptcy was not being able to afford your medical bills, where people with preexisting conditions were denied insurance, when mental healthcare wasn't in parity with physical healthcare. I can go through all the things I have seen make a huge difference in New Jersey in communities, rural and urban, for Americans.

I want to highlight some of those right now, some of those questions that people are asking at home about what happens if a bill like the House bill becomes law, if they take that bill here in the Senate and push it through, send it back to the House this bill that subverted process, inclusion and debate and deliberation, and go to that process called reconciliation. There are questions that are being asked.

Here is one: What happens to a mother who is pregnant with, say, her second child who suddenly loses Medicaid coverage? Now, understand, a very large percentage of the children born in the United States of America are born covered by Medicaid, which we already see in this House bill is being gutted, which is the biggest rollback in the safety net in our country in my lifetime and more.

What happens to that mother who is pregnant with her second child and

loses her Medicaid coverage and her prenatal care? If she loses her prenatal care along with it, what happens to that American citizen? What happens to that baby?

Well, we know that according to the U.S. Department of Health and Human Services, babies born to mothers who receive no prenatal care are five times more likely to die than those whose mothers did receive prenatal care. Tragically, women without prenatal care are three to four times more likely to suffer maternal mortality—that means dying in childbirth—than women with prenatal care, and these rates significantly increase for women of color.

What happens to the tens of thousands of mothers who may lose access to maternity services, and what happens to the already dismal infant mortality rate and maternal mortality rates in our country if this plan goes through? That is a legitimate question. The data is clear. You restrict access to prenatal care, you endanger children, Americans, and you endanger mothers.

Let's keep asking those questions. What happens to the healthcare worker who works 60 hours a week taking care of others but loses their own healthcare coverage and then is unable to afford getting screened themselves, preventive screenings for cancer—let's say ovarian cancer. What happens to them? We don't have to imagine what happens when millions of Americans forgo preventive screenings. We have factual data on what happens should access to those preventive screenings—like what happened with the House healthcare bill—what would happen.

The American Cancer Society tells us clearly that inadequate health coverage is a barrier to preventive care, early detection, and optimal treatment. They find, for example, that patients with stage II colorectal cancer who have it detected have higher survival rates. In fact, they point out that people with stage II colorectal cancer with adequate health insurance have better survival rates than people with stage I colorectal cancer who have no health coverage. In other words, the American Cancer Society shows that access leads to survival and denial leads to higher rates of death.

A recent cancer study found that “the number of Americans whose cancers were diagnosed at the earliest stage when it was most likely to be cured increased after ObamaCare went into effect, and more citizens had access to health coverage.” You take away the expanded coverage that was founded through ObamaCare, you decrease preventive screenings, you decrease early detection and, as indicated by the American Cancer Society, death rates go up.

Another question, in general: What happens to cancer rates in America when these gains are reversed? What happens when these gains are reversed? What happens to the father of two who

is diagnosed with a rare cancer who can't afford the additional estimated \$82,000? His cancer treatment goes up if this bill, like the Republican House bill, passes. That is what is estimated—\$82,000 is what his cancer treatments would go up. What happens when he can't afford that care, when he is forced to choose between his family's home, for example, and treating his cancer?

Well, this is what we know. These are the facts that from 2010 to 2016, personal bankruptcy filings have dropped close to 50 percent in the United States of America. One of the collateral benefits of ObamaCare is there was a 50-percent drop in personal bankruptcy filings, with experts agreeing that the Affordable Care Act played an important role in this significant decrease.

A group of economists has estimated that the House Republican bill would cost the average enrollee more than \$1,500 more per year than the current system. This is despite the fact the surveys have found that the majority of Americans have less than \$1,000 in savings, with one study finding that 63 percent of Americans don't have the savings to cover a \$500 emergency.

Remember what Senator MURPHY showed? That is a bill that gives massive tax cuts to the wealthiest of Americans, shifting the cost burden so the average enrollee now under this bill is going to see a \$1,500-more-per-year payment when the average American doesn't have the savings to cover about a \$500 emergency.

Another question that folks are asking is, What happens to the family whose child with a disability loses their access to home and support services—the physical and speech therapy they receive through Medicaid—if the Republican plan goes forward?

I was in a hospital today with such parents telling me about children who—the only way they got the coverage was because of the expanded Medicaid. Now what happens under the Republican plan? We know that Medicaid is a critical lifeline for people and families with disabilities, providing access to services such as rehabilitative therapy to help children meet developmental goals.

One of the incredible young women, girls, I met today—because of developmental therapy, she went from not being able to walk to now continuing to do the things that her normal teenage peers and her twin sister are able to do.

We know that today, 15 percent of kids are growing up with developmental disabilities. In New Jersey, 1 in 41 children lives with autism. But this plan that was passed in the House threatens to make it more difficult for children with disabilities to receive the care they need, to go to school, and to live healthy lives. Losing coverage could mean the difference between a child with a disability achieving a developmental milestone or falling further behind. Unfortunately, in the Republican bill that passed the House,

that is exactly what will happen if it should become law.

If that bill passes, what will happen to older Americans who qualify for Medicare but still need access to critical health services? We know that insurance companies would likely be allowed to charge older Americans much higher premiums under the Republican plan. Remember, it used to be capped. The cost for older Americans used to be capped. It is now being estimated that Americans between the ages 55 and 64 would pay some of the highest increases. That increase would be \$5,200 more per year. Standard & Poor's actually estimated that premiums for a 64-year-old could increase by 30 percent under the Republican bill that passed the House.

The Congressional Budget Office noted in their report on the House Republican health care plan that "although the agencies expect that the legislation would increase the number of uninsured broadly, the increase would be disproportionately large among older people with lower incomes, particularly people between 50 and 64 years of age with incomes of less than 200 percent of the Federal poverty level." Think about that for a second. Executives of insurance companies, pharma companies—the richest will get tax breaks into the hundreds of thousands of dollars, but the poorest folks, the elderly in our community, according to the CBO, would see their costs go up considerably.

The New Jersey Hospital Association noted that "under current law, a 64-year-old making \$26,500 a year will pay an average of \$1,700 in annual premiums." Under the AHCA—the Republican plan in the House—that same individual making just above minimum wage will pay, under their plan, between \$13,600 and \$16,100 in premiums. That is the increase for older Americans, working Americans. That is the increase.

We know that as more older Americans lose their health coverage and in turn enter Medicare in worse health, our entire Medicare system is made weaker and less solvent.

If this bill passes, what happens to older Americans who have already spent their life savings in nursing homes? We know that right now for elder Americans in nursing homes, Medicaid actually covers the cost of two out of three of those individuals.

I will quote from a piece that ran just this past weekend in the New York Times: "Roughly one in three people now turning 65 will require nursing home care at some point during his or her life."

Over three-quarters of long stay nursing home residents will eventually be covered by Medicaid.

Many American voters think Medicaid is only for low-income adults and their children, for people who aren't "like them." But Medicaid is not somebody else's insurance; it is an insurance for all of our mothers and fathers and eventually for ourselves.

I continue the quote:

Mr. Trump and the Republicans would lower spending on the frailest and most vulnerable people in our healthcare system. They would like most Americans to believe that these cuts will not affect them, only their "undeserving neighbors," but that hides the truth that draconian cuts to Medicaid affect all of our families. They are a direct attack on our elderly or disabled and are dangerous.

I want to wrap up with this concluding thought: We know right now that we are at a turning point in our country, that the process that has made this deliberative body known throughout the land, throughout humanity—that this deliberative body is about to alter its tradition and have a bill that affects tens of millions of Americans done and crafted in a back room without public input and rushed to this floor. That is what the process is right now.

As Martin Luther King said in a speech to the medical community for human rights in 1966, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

This bill will perpetuate injustice in our Nation. It will further the gulf between the haves and have-nots. But it does not just target the vulnerable, the elderly, the poor; it targets all of us. It targets our character as a country, our highest ideals, the very core of many, if not all, of our States. The least of these. The least of these.

We cannot allow this legislation that will so hurt our country to be crafted in darkness behind closed doors. It subverts a mighty tradition of the world's most deliberative body to be rushed through and cause so much damage to so many Americans and indeed the very soul of our country.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. CRUZ). The Senator from Indiana.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. YOUNG. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO DR. M. LYNNE CORN

Mr. HATCH. Mr. President, I would like to take the opportunity to submit to the RECORD of the U.S. Senate a statement to celebrate the career of public service of Dr. M. Lynne Corn, offer my heartfelt congratulations on the occasion of her retirement from the Congressional Research Service, and wish her happiness and prosperity in the next chapter of her life.

For over three decades, Dr. Corn dedicated the better portion of her professional career to serving the Congress

of the United States from within the halls of the Library of Congress. As a specialist in the study of natural resources, Federal land management, earth sciences, agriculture, and endangered, species recovery, she has guided and informed the decisionmaking of countless Members of Congress and Senators, and their staffs, on the major, related issues of her time.

As a Senator representing the State of Utah and as a Westerner, her policy acumen has on countless occasions aided legislative efforts that have had a substantial impact on my constituency. She has served as an invaluable guide in the drafting of legislation and helped inform some of the most difficult votes I have cast, and I can say without question that she has helped guide the process of passing some of the most difficult pieces of legislation into law. As well, as some of my most senior staff can attest, she leaves her position with a reputation of being among the most informed and insightful research and policy advisors on Capitol Hill.

Let the record show that Dr. Corn began working at the Congressional Research Service in 1985, after having served for almost 6 years in a congressional office, including as an AAAS—American Association for the Advancement of Science—congressional science fellow from 1979 to 1980. Dr. Corn came to Capitol Hill after sharing her enthusiasm for the ecology of all types of animals and plants with students at Middlebury College, VT; Stockton State College, NJ; and Arizona State University.

Dr. Corn adeptly transitioned from pedagogy to informing congressional deliberations on policy development, especially related to the Endangered Species Act. Although her doctoral research at Harvard University was related to a tropical ant species, Congress put her biological expertise to work researching and writing on the Pacific Northwest's spotted owl and the species and habitat of the Arctic National Wildlife Refuge. Dr. Corn also became an expert in various conservation related trust funds, as well as the Payments in Lieu of Taxes program, which is critical to the rural inhabitants of my home state of Utah. Dr. Corn excelled in the use of visual aids, such as maps, to explain complex issues to congressional audiences.

But the work of a congressional researcher can sometimes be more lighthearted. I will share one incident, as it has been told to me, when it was the staff that provided the visual aid. Dr. Corn was asked to come to a Senate office to identify a dead snake coiled in a coffee tin. Upon examination, she identified the snake, a corn snake, just as the Senator walked into the office. As a country-raised man, he knew well the species that was native to his region, and a memorable conversation with the Senator followed, about the quiddities of that particular species, which both the Senator and Dr. Corn

had caught on multiple occasions. When I learned of this incident, it struck me uniquely because, as it turns out, this incident occurred in the office of a former President Pro Tempore of the Senate, Senator Robert Byrd. I can say that those are the types of moments that make our jobs worthwhile.

I will conclude with what is perhaps most important: Dr. Corn has served her country and worked with her colleagues in Congress with a unique charisma that has so often breathed life into the absolutely critical, but sometimes tedious task of researching policy decisions and legislation. By way of an example, there is something revealing about the word “critters”—which she so often used—that reflects not only the authentic passion that she held for her subject area, but also her flare for artfully transforming arcane concepts into digestible and actionable information, which is a distinguished trait that Members of Congress so appreciably rely upon.

Again I reiterate my gratitude for Dr. Corn's service, and I wish her a blessed and relaxing future, with her dearly beloved dogs, as she departs from her career in the Congressional Research Service.

TRIBUTE TO CAPTAIN SARA A. JOYNER

Mr. MCCAIN. Mr. President, today I honor a superb leader, liaison, and warrior. After more than 2 years of service as Director of the Navy Senate Liaison Office, CAPT Sara Annette Joyner is very deservedly moving on and moving up to assume the responsibilities of a rear admiral, lower half. On this occasion, I believe it is fitting to recognize Captain Joyner's distinguished service and dedication to fostering the relationship between the U.S. Navy and this Chamber.

Captain Joyner is a 1989 graduate of the U.S. Naval Academy. An attack pilot by designation, Captain Joyner has not only been training and teaching to fight aerial adversaries, she has been attacking history. Call sign “Clutch,” Captain Joyner is a groundbreaking leader, as the Navy's first female strike fighter squadron commanding officer at VFA-105 and the first female Carrier Air Wing Commander at CVW-3 aboard the USS *Harry S. Truman*. Captain Joyner has held numerous other leadership positions in the Navy, including assignment as the joint strike fighter requirements officer, with the CNO's strategic studies group, and most recently as director, Navy Senate liaison, from 2015 to 2017.

Over the course of the last 3 years, Captain Joyner has led 37 Congressional Delegations to 47 different countries. She has escorted 44 Members of Congress and over 48 personal and professional staff members. I have had the pleasure of traveling with Captain Joyner on many of these trips. She has distinguished herself by going above

and beyond the call of duty to facilitate and successfully execute each and every trip, despite any number of weather, aircraft, and diplomatic complications.

This Chamber will feel Captain Joyner's absence. I join many past and present Members of Congress in my gratitude and appreciation to Captain Joyner for her outstanding leadership and unwavering support of the missions of the U.S. Navy, and especially to her patient and supportive family, Commander James “Bud” Mitchell Joyner, Sara Elizabeth Joyner, and Mark Samuel Joyner. I wish “fair winds and following seas.”

TRIBUTE TO CHERYL BULLOCK

Mr. CASEY. Mr. President, today I wish to commend Cheryl Bullock as she retires from public service. Cheryl has honorably served the people of Pennsylvania for 9 years through her role as my southeastern Pennsylvania regional director. She has been a valuable asset to my office, the city of Philadelphia, and the Commonwealth.

Prior to joining my office, Cheryl spent the majority of her career with WPHL-TV. Cheryl spent over 20 years with the station handling media buys and marketing for local and national advertisers, including sports sponsorships and advertising with the Philadelphia Phillies, Flyers, and 76ers. Her tenacity and infectious laugh made her a natural at WPHL. She was later appointed governor of the Philadelphia Advertising Club from 2012 through 2014 after they recognized her strong leadership and dedication to her work—in and outside of the office.

Upon her departure from WPHL-TV, Cheryl transitioned to the public relations team within the Community College of Philadelphia. From 2007 to 2008, Cheryl managed strategic messaging, communications, and campus activities and events—skills she later utilized throughout her work for the people of Pennsylvania. Due to her creative nature and way with words, she was trusted to write multiple articles for three community college publica-

In addition to her professional pursuits, Cheryl has held leadership roles in several organizations geared towards community empowerment and service. Cheryl served as the vice president of Philadelphia Chapter of the Links, Incorporated, as well as president of the National Coalition of 100 Black Women. The National Coalition of 100 Black Women was created to establish a leadership forum for Black women from all geopolitical and socioeconomic groups. Cheryl's service within these organizations is a clear demonstration of her long-standing commitment to improving the lives of others.

Over the course of the last 9 years, the Commonwealth has benefited from Cheryl's thoughtful guidance, driven attitude, attention to detail, and over-

all leadership. We will all miss her passion for service and commitment to helping others. I wish Cheryl well in her retirement as she plans to spend more time with her husband, George, and son Jordan.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Ridgway, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The messages received today are printed at the end of the Senate proceedings.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. WICKER:

S. 1377. A bill to remove the limitation on certain amounts for which large non-rural hospitals may be reimbursed under the Healthcare Connect Fund of the Federal Communications Commission, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. ROUNDS:

S. 1378. A bill to amend title 10, United States Code, to require an element in pre-separation counseling for members of the Armed Forces on assistance and support services for caregivers of certain veterans through the Department of Veterans Affairs, and for other purposes; to the Committee on Armed Services.

By Ms. WARREN (for herself, Mr. LEE, Mr. WYDEN, and Mr. SCOTT):

S. 1379. A bill to amend the Internal Revenue Code of 1986 to permit fellowship and stipend compensation to be saved in an individual retirement account; to the Committee on Finance.

ADDITIONAL COSPONSORS

S. 58

At the request of Mr. HELLER, the name of the Senator from Colorado (Mr. GARDNER) was added as a cosponsor of S. 58, a bill to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage.

S. 203

At the request of Mr. BURR, the names of the Senator from Alaska (Mr. SULLIVAN) and the Senator from Alaska (Ms. MURKOWSKI) were added as cosponsors of S. 203, a bill to reaffirm that the Environmental Protection Agency may not regulate vehicles used solely for competition, and for other purposes.

S. 207

At the request of Ms. KLOBUCHAR, the name of the Senator from Louisiana

(Mr. KENNEDY) was added as a cosponsor of S. 207, a bill to amend the Controlled Substances Act relating to controlled substance analogues.

S. 231

At the request of Mr. PAUL, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of S. 231, a bill to implement equal protection under the 14th Amendment to the Constitution of the United States for the right to life of each born and preborn human person.

S. 322

At the request of Mr. PETERS, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 322, a bill to protect victims of domestic violence, sexual assault, stalking, and dating violence from emotional and psychological trauma caused by acts of violence or threats of violence against their pets.

S. 407

At the request of Mr. CRAPO, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 407, a bill to amend the Internal Revenue Code of 1986 to permanently extend the railroad track maintenance credit.

S. 450

At the request of Mr. MANCHIN, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 450, a bill to award a Congressional Gold Medal to members of the Armed Forces who fought in defense of Guam, Wake Island, and the Philippine Archipelago between December 7, 1941 and May 10, 1942, and who died or were imprisoned by the Japanese military in the Philippines, Japan, Korea, Manchuria, Wake Island, and Guam from April 9, 1942 until September 2, 1945, in recognition of their personal sacrifice and service to the United States.

S. 540

At the request of Mr. THUNE, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 540, a bill to limit the authority of States to tax certain income of employees for employment duties performed in other States.

S. 591

At the request of Mrs. MURRAY, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 591, a bill to expand eligibility for the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, to expand benefits available to participants under such program, to enhance special compensation for members of the uniformed services who require assistance in everyday life, and for other purposes.

S. 694

At the request of Mr. KING, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 694, a bill to amend the Internal Revenue Code of 1986 to increase the standard charitable mileage rate for

delivery of meals to elderly, disabled, frail, and at risk individuals.

S. 740

At the request of Mr. LEE, the name of the Senator from Kentucky (Mr. PAUL) was added as a cosponsor of S. 740, a bill to prohibit mandatory or compulsory checkoff programs.

S. 741

At the request of Mr. LEE, the name of the Senator from Kentucky (Mr. PAUL) was added as a cosponsor of S. 741, a bill to prohibit certain practices relating to certain commodity promotion programs, to require greater transparency by those programs, and for other purposes.

S. 911

At the request of Mr. CASEY, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 911, a bill to direct the Administrator of the Federal Aviation Administration to issue an order with respect to secondary cockpit barriers, and for other purposes.

S. 1015

At the request of Mr. HATCH, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1015, a bill to require the Federal Communications Commission to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national suicide prevention and mental health crisis hotline system.

S. 1028

At the request of Ms. BALDWIN, the names of the Senator from Delaware (Mr. COONS), the Senator from Indiana (Mr. DONNELLY) and the Senator from Minnesota (Mr. FRANKEN) were added as cosponsors of S. 1028, a bill to provide for the establishment and maintenance of a National Family Caregiving Strategy, and for other purposes.

S. 1044

At the request of Mrs. CAPITO, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1044, a bill to amend title XVIII of the Social Security Act to ensure equal access of Medicare beneficiaries to community pharmacies in underserved areas as network pharmacies under Medicare prescription drug coverage, and for other purposes.

S. 1057

At the request of Mr. NELSON, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 1057, a bill to amend the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 to address harmful algal blooms, and for other purposes.

S. 1146

At the request of Mrs. SHAHEEN, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1146, a bill to enhance the ability of the Office of the National Ombudsman to assist small businesses in meeting regulatory requirements and develop outreach initiatives to promote awareness of the services the Of-

fice of the National Ombudsman provides, and for other purposes.

S. 1152

At the request of Mr. MERKLEY, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 1152, a bill to create protections for depository institutions that provide financial services to cannabis-related businesses, and for other purposes.

S. 1172

At the request of Mrs. SHAHEEN, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of S. 1172, a bill to impose sanctions with respect to foreign persons responsible for gross violations of internationally recognized human rights against lesbian, gay, bisexual, and transgender (LGBT) individuals, and for other purposes.

S. 1182

At the request of Mr. YOUNG, the names of the Senator from Maine (Ms. COLLINS), the Senator from South Dakota (Mr. THUNE), the Senator from Oklahoma (Mr. INHOFE) and the Senator from Texas (Mr. CORNYN) were added as cosponsors of S. 1182, a bill to require the Secretary of the Treasury to mint commemorative coins in recognition of the 100th anniversary of The American Legion.

S. 1270

At the request of Ms. HIRONO, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 1270, a bill to direct the Director of the Office of Science and Technology Policy to carry out programs and activities to ensure that Federal science agencies and institutions of higher education receiving Federal research and development funding are fully engaging their entire talent pool, and for other purposes.

S. 1292

At the request of Mr. RUBIO, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1292, a bill to amend the State Department Basic Authorities Act of 1956 to monitor and combat anti-Semitism globally, and for other purposes.

S. 1311

At the request of Mr. CORNYN, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 1311, a bill to provide assistance in abolishing human trafficking in the United States.

S. 1328

At the request of Mr. KAINE, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 1328, a bill to extend the protections of the Fair Housing Act to persons suffering discrimination on the basis of sexual orientation or gender identity, and for other purposes.

S. 1357

At the request of Ms. BALDWIN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S.

1357, a bill to amend title XIX of the Social Security Act to provide a standard definition of therapeutic family care services in Medicaid.

S. 1369

At the request of Mr. BROWN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1369, a bill to amend the Internal Revenue Code of 1986 to establish an excise tax on certain prescription drugs which have been subject to a price spike, and for other purposes.

S.J. RES. 46

At the request of Mr. DAINES, the name of the Senator from Georgia (Mr. PERDUE) was added as a cosponsor of S.J. Res. 46, a joint resolution proposing an amendment to the Constitution of the United States authorizing the Congress to prohibit the physical desecration of the flag of the United States.

S. CON. RES. 15

At the request of Ms. WARREN, the name of the Senator from Missouri (Mrs. McCASKILL) was added as a cosponsor of S. Con. Res. 15, a concurrent resolution expressing support for the designation of October 28, 2017, as "Honoring the Nation's First Responders Day".

S. RES. 162

At the request of Mr. LANKFORD, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. Res. 162, a resolution reaffirming the commitment of the United States to promoting religious freedom, and for other purposes.

ORDERS FOR TUESDAY, JUNE 20, 2017

Mr. YOUNG. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Tuesday, June 20; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Mandelker nomination; finally, that the time until the vote on the Long nomination be equally divided between the two leaders or their designees.

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

ORDER FOR ADJOURNMENT

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

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

The Senator from Wisconsin.

HEALTHCARE LEGISLATION

Ms. BALDWIN. Mr. President, I rise tonight to join my colleagues in our fight to protect the health and economic security of the American people.

I am here to express my deep concern, anguish, and disgust with the fact that instead of working across party lines, working together to protect healthcare, instead, the majority is writing secret legislation behind closed doors—legislation that is going to make the American people pay more for less care and take healthcare coverage away from millions of American families.

I am disgusted because this issue is very personal to me. When I was 9 years old, I got sick. I got very sick. I was hospitalized for 3 months. I eventually recovered, but when it came to health insurance, it was as if I had a scarlet letter. My grandparents who raised me couldn't find a policy that would cover me, not from any insurer and not at any price. They had to pay for my healthcare out of their pockets, and they made incredible sacrifices to do so—all because I was a child who had been branded with those words "preexisting condition."

No parents or grandparents should have to lie awake at night worried that if their child has an illness or an injury, they will have no way to pay to cover their care. No child should have to lie awake at night hearing the whispered tones of their parents wondering how they might pay the bills to care for an ill child. It is not right, it is not fair, and it is not fundamentally who we are, but that is exactly what people were wondering last night in America, and they will do so again tonight. Families across this country will go to bed anxious and scared because of the partisan politics happening right here in Washington—the politics that is moving forward with a plan that will make things worse and not better for the American people.

This isn't just personal for me, it is personal for the Wisconsin families I work for. I have listened to them, and I am here to give them a voice.

This is personal for Jim from Appleton, WI, and for Jim's daughter who has multiple sclerosis. Jim told me that his family needs strong protections for people with preexisting conditions so that his daughter can continue to receive treatment that her family can afford.

This is personal for Greg from Stoddard, WI, who has no idea how he and other older Wisconsinites will be able to afford higher costs for their healthcare and for Greg's two sons, both of whom have diabetes and are already struggling with skyrocketing prices for insulin.

This is personal for Barbara from Madison, who is deeply concerned about cuts to Medicaid because her son has a disability and he relies on Medicaid to work and to live independently.

This is personal for Chelsey from Shelby, WI, whose daughter Zoe was

born with a congenital heart defect. Right now, Zoe is guaranteed access to coverage without being denied or charged more because of her preexisting condition. Chelsey wrote to me and said: "I'm pleading to you as a mother to fight for the . . . kids in Wisconsin with preexisting conditions that are counting on you to protect that right."

Does the congressional majority really care more about finding 50 votes for a secret plan than it does about the health and well-being of Zoe? Sadly, it appears they do. It appears they are more concerned with finding 50 votes for any legislation, no matter how harmful it is, just so they can notch up another partisan victory and so that they can move on to other things on their political agenda. They are not listening to American families or Wisconsin families, who will be left behind.

I want to tell you what the consequences are going to be when Washington does not listen to Wisconsinites like Jim and his daughter, from Appleton, or Greg and his two sons, from Stoddard, or moms like Barbara, from Madison, and Chelsey, from Shelby. The consequences are that things are going to get worse, like they do under the House-passed Republican plan.

If you are older, you are going to pay an age tax. A 64-year-old in Wisconsin might have to pay increases in excess of \$10,000 more in premiums. If you have a preexisting condition, like I do or like almost 2.5 million Wisconsinites do, the guaranteed protections and care that you have today may not be here tomorrow.

If you live in rural Wisconsin, this plan will only make it harder to access affordable, quality healthcare. For some living in northern Wisconsin, this plan could cost them up to \$6,000 more a year than they pay today.

Our rural hospitals are already struggling to keep their doors open, and this plan could make those challenges even worse. By the way, rural hospitals are often the lifeblood of their communities, the largest employers in many counties in which they exist. So if rural hospitals—even a few of them—are forced to close, it will not only make it harder for people to gain healthcare, it will also mean that people will lose their jobs.

If you rely on Medicaid for nursing home care or if, like Barbara, you have a disabled child who relies on Medicaid to live independently in the community, the House-passed bill cuts Medicaid and puts that care at risk. If you are one of the 35,000 veterans in Wisconsin or nearly 2 million veterans across the country who rely on Medicaid for healthcare coverage, your care will be at risk.

The House Republican proposal will both dramatically increase and shift healthcare costs to Wisconsin taxpayers and onto the shoulders of families for things like substance abuse treatment and mental health services.

It will make it harder in our State's fight and America's fight against the opioid crisis and could make the epidemic our country is facing even worse. Put simply, this plan will hand over more control to insurance companies, weaken health insurance protections, raise costs, and provide less care for the American people.

The American people cannot afford to sell a home or take out a second mortgage or home equity loan or spend their life savings or max out their credit cards or go bankrupt just to get the healthcare they need. It is not right. It is not fair. It is not who we are.

It is time to stop this partisan nonsense. The people of Wisconsin did not send me to the Senate to take away people's healthcare. They sent me to fight for people like Jim and Greg and Barbara and Chelsey and their children. Let's listen to these Wisconsinites. Let's take repeal off the table, and let's work in a bipartisan way. Let's work together to improve the healthcare people have today and make it more affordable, not more costly. Let's work in a bipartisan way. Let's work together to make things better, not pursue partisan plans to make things worse.

I call on my colleagues on the other side of the aisle to come out from behind their closed doors to join us in this fight to stop leaving people behind and start helping them get ahead.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I appreciate the remarks from my colleague from Wisconsin, who came here to champion the citizens of her State and the citizens of all of America. As she spoke so passionately about the need to make sure we have affordable, quality healthcare, that is really the theme that we are talking about. That is the value we are talking about, that in this great big, beautiful, wonderful Nation, the United States of America, everyone should have access to affordable, quality healthcare.

There are some colleagues here who do not share that value. They consider healthcare to be a privilege for the wealthy—healthcare for the wealthy, healthcare for the healthy—but not healthcare for all Americans. They say: You can't afford healthcare? Too bad.

They have a plan of 13 Republicans meeting in secret—the secret 13—even meeting in a room to which the hallway is not accessible to press because they are afraid to have the cameras showing them as they go into the room and out of the room. If you are ashamed to see yourself going in and out of a room and for your constituents to see that, shouldn't you be ashamed of what you are concocting? Shouldn't you really wonder if you are doing the right thing in saying to your constituents: I am not going to show you the bill because I know you will not like it. I am going to keep it secret, and I am going to bring it out at the last

minute. I am going to employ a tactic that does not belong in the Senate.

This is supposed to be a deliberative body—once called the world's greatest deliberative body—but under this leadership, it is now the body of zero deliberation, zero committee meetings, zero markups, zero chance for the public to weigh in, zero chance of hearing the experts and taking their insights into account. That has to change.

We need three of our colleagues who believe in this Nation, who believe in the Constitution, written with those beautiful three words “We the People.” They need to stop thinking about “we the powerful” and “we the privileged.” They have to stop thinking about how they help their friends in the gated communities of America or in the corporate suites of America. How do you help working Americans? How do you help struggling Americans?

Franklin Roosevelt said that the test of our progress should not be whether we do more—add to the abundance of those who have much—but whether we do enough for those who have little. Yet the philosophy of this bill that the secret 13 is cooking up is about giving more to the abundance of those who have much and taking away from those who have little. It is the opposite. It is government by and for the wealthy and government by and for the powerful and government by and for the privileged.

Have they forgotten the first three words of our Constitution? Have they forgotten that the philosophy, as Jefferson put it, was that we would have outcomes that would reflect the will of the people? If you are afraid to share the bill with the people of America, you are certainly not pursuing the will of the people of the United States of America.

What is really in this bill?

On the one hand, we understand that it is going to take healthcare away from millions of Americans. They are saying that it might do it a little more slowly than did the TrumpCare bill.

As for the TrumpCare bill, the President himself said it was “mean,” and he used a derogative slogan, which I will not repeat on this floor, to say how terrible it was. Why did the President call it “mean”? Was it that it was taking away healthcare from an estimated 23 million people? My colleagues, we understand, are going to do it more slowly, inflict that damage over a number of extra years. Does that make it right to hurt people? Does that make it right? In the meantime, they are going to hand out an insurance bag of goodies to the health insurers of \$127 billion. Strip healthcare over here. Give goodies to the insurance companies over here.

What happens to those who are in long-term care and nursing homes? More than 6 out of 10 Americans who are in long-term care are there because they are paid through Medicaid. They have to pay down all of their income and their wealth before they can use

Medicaid. This is the last resort. It is the last thing they have. Medicaid comes to the rescue.

I visited a couple of nursing homes over the weekend, one in an urban area and one in a rural area. I encourage my colleagues to go visit a nursing home and talk to the men and women who are there. They are so thankful that they have that care.

One woman said to me: “Medicaid is how I am paid for.”

Her name is Deborah.

Deborah said: “Medicaid is how I can afford to be here. If you take it away, I am out on the street. Being on the street is a problem because my legs do not work.”

Picture that individual being thrown into the street. She is in her wheelchair because her legs do not work. Where is she going to sleep? How is she going to feed herself? Where is she going to bathe?

Then I went to a nursing home in rural Oregon, which was down in the south, Klamath County. At that nursing home, they told me that almost 100 percent of their long-term care patients are paid for by Medicaid—almost one 100 percent. Imagine that entire hallway of individuals swept out, tossed out.

And why? What else do we have in this bill? Oh. Give tax deductions and gifts to the health insurance executives. First we have gifts to the health insurers and then another \$18 billion to the health insurance executives.

Then my colleagues say: Let's make insurance cheaper by getting rid of the essential benefits. That way, people can have an insurance policy for less.

But unfortunately it is not worth the paper it is written on. We have been there. We have seen that. There is a reason you set a floor as to what the benefits are. It is so that when you actually get sick and need to go to the emergency room, you can actually go. When you actually get sick and need an operation, you can actually get it. When you break a leg, you can actually get it set. When you need treatment for a disease, you can actually get the treatment. When you are having a child, you can actually get maternity care. These are the fundamentals. They are not the fancy end of healthcare. It is not the fancy end that you might find with some executive healthcare packages. These are the basics, the essential basics. My colleagues want to strip that away.

On the other hand, they say: Hey, we have so much money that we can give tax giveaways to the prescription drugmakers—\$29 billion to the prescription drugmakers.

Then they want to destroy the rural healthcare clinics and hospitals. I was in four of my rural counties this weekend. I was in Klamath and Lake, and I was in Grant and Wheeler. I held townhalls. People came out and spoke to me.

These folks said: Do you know that our rural clinics are the heart of our

communities, and they are what allow people to live here with the confidence that they can get the healthcare they need instead of having to go to some city that is hundreds of miles away or maybe not even be able to get care at all on a timely basis?

They love their hospitals that provide care in the bit larger communities in rural Oregon.

Yet, as for the heads of these hospitals and the heads of these clinics, what do they say? They say that without the Affordable Care Act and the vast decrease in uncompensated coverage, they would have to fire a whole lot of employees and provide a whole lot less healthcare.

One doctor from a clinic in the northeast corner of the State came to me and said: We doubled—roughly doubled—the amount of healthcare we are able to provide, and we are so remote, and it is so important to be able to have that nearby.

So why do my colleagues really dislike healthcare in rural America? Why do they want to undermine it? Well, they can give away more money to medical device makers—\$20 billion to medical device makers—and all of this is before we look at the fact that they are giving more than \$200 billion away to the richest Americans. So over here, let's strip the essential benefits. Let's destroy the health clinics. Let's undermine the rural hospitals. Let's make it challenging for those with preexisting conditions. Let's take those in nursing homes and make sure they are not able to be in nursing homes and, magically, maybe they will get cared for some other way so we can give tax giveaways to the health insurers, tax gifts to the insurance executives, tax goodies to the prescription drug makers, and special tax provisions to the medical device makers, and then give \$200 billion to the richest Americans. Isn't that the opposite of the test of our progress? Here, in the United States of America, under a system of government that is supposed to be of the people, by the people, for the people—this bill is by the privileged and powerful, for the privileged and powerful. And not just that, but let's really hurt ordinary working people and struggling Americans in the process right where it really gets them—right here—at the fundamental heart of the peace of mind they get from knowing that currently they have access to healthcare.

I don't know that anything is quite so disturbing as worrying about the fact that if your loved one gets sick, will he or she be able to get the care he or she needs? If your loved one gets sick, will he or she go broke? And what about your neighbor, and what about your extended family? This Republican bill is all about creating stress and anxiety and bad outcomes for ordinary working Americans, ordinary middle-class Americans, ordinary struggling Americans.

They didn't send us here to the Senate to do this. That is why the secret 13

are meeting in secret. That is why they don't want to meet in a room that has a hallway where the reporters can be. That is why they don't want to answer the questions in the hallway about whether they will vote to proceed to a bill without letting the people of America weigh in on it.

Shouldn't everyone here be willing to answer that question: Are you willing to vote to move to a bill that has had no public process? Aren't you working for the people of America? Or, as this bill says, are you just working for the companies and the rich? That is it, and too bad for everyone else.

Aaron in Portland wrote to me. Because she has been diagnosed with diabetes, she is terrified that if TrumpCare goes through, her condition will be considered a preexisting condition, and she won't be able to afford the coverage she needs. She says: "Although through committed lifestyle changes and family support, I have done well managing this condition, I will be marked as high risk along with my age."

Ellen from Medford, the southern part of our State, tells me that she has the challenge that her baby daughter was in a catastrophic accident just days before her second birthday. Her husband had just switched jobs and didn't have health insurance yet. But, fortunately, Medicaid—that would be the Oregon Health Plan—was there for them, and her daughter got the life-saving care she needed. That is anxiety for an ordinary person. Do you have health coverage when you are switching jobs? Is there one health insurance you can afford?

My colleagues want to strip healthcare from Ellen in Medford so they can cut \$800 billion in Medicaid overall, so they can give tax giveaways to powerful corporations and the richest Americans. It is just wrong, morally wrong, and wrong in every possible way.

Marilyn from Ontario says that she is living with two autoimmune diseases—difficult to pronounce, so I won't. She was diagnosed before the ACA became law, but rather than be denied coverage outright by her insurance company, she was told she could be covered if she paid a monthly premium of about \$1,000 with a \$20,000 deductible—\$20,000 deductible. Needless to say, that wasn't helpful to her. Marilyn went 5 years without insurance, and she ended up being very sick. She had to borrow against her home, leverage her home. She had to deplete her retirement savings. And she had to make payments on \$64,000 worth of credit card debt, run up in order to cover her healthcare.

Then the ACA came along, and Marilyn was able to afford insurance, and she got community pricing. In other words, despite these preexisting conditions, you pay the same price as everyone else. That is so important to peace of mind about healthcare. Just saying that you will have "access to

healthcare"—a favorite phrase some of my colleagues use—if you can pay extraordinarily high prices that I know you will not be able to pay, that is not access. That is teasing people. That is cruelty to say: Oh, yes, we are going to make sure you have access; as long as you are a millionaire and you can pay a ton every month, you have access. We have taken care of you. You have access. No, that is not access. Affordability is critical to having a functioning healthcare system, and Marilyn will probably be priced out of the market again with the Republican strategy.

How about Lisa in Corvallis, a single parent of three children, two with serious medical conditions that have placed them on permanent disability. Lisa faces some hard times, and I will let her words speak for themselves. She says:

Our family was very fortunate and eternally grateful that the ACA passed while I held that job, because in 2015, my middle child was hospitalized for the first of four times in the last two years. And, in March of 2016, I developed a serious heart condition which my doctor attributes in part to stress.

She goes on to say:

In June of 2016, my employer declined to renew my contract, and if it weren't for the ACA, I would have been out of a job and completely without medical coverage, this time with a serious and expensive preexisting condition.

The stories are coming in through emails. They are coming in through my townhalls. They are coming in over the phones. They are letting us all know—and not just in States represented by folks on this side of the aisle, but every Senator here is getting these letters.

So I say to my fellow Senators: Read these letters from your constituents because I know that your constituents are in the same position my constituents are in. Be a champion for them. Be a champion for struggling families, for working families, for middle-class families. Honor the role and responsibility of representing all of the people of your State, not simply powerful companies and your richest constituents but all of your citizens. That was the vision on which our country was founded, and that is the spirit in which Franklin Roosevelt said: This test of our progress is not whether we give more of the abundance to those who have the most, but enough to those who have little.

Enough means affordable, accessible healthcare for every single person in America. Tearing that down is wrong morally and wrong to do it secretly and wrong in terms of the enormous damage that it will cause.

I am pleased to see my colleague from Pennsylvania, who has been a champion for working Americans every day he serves in this Chamber. He particularly makes sure that all of us are thinking about the impact on children, and there is so much of this secret Republican plan that is going to hurt the children of America. I appreciate the insights that he shares with all of us as

he urges us to ponder and do better every time we consider legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I want to thank my colleague from Oregon for bringing the passion and the determination that he brings to his work, especially when it comes to healthcare.

I spoke earlier tonight about the potential impact of any Senate bill, but of course the impact that we know already with regard to the House bill, because the House bill is legislation that passed and legislation that we can analyze as it relates to the impact on children, especially children with disabilities.

Of course, when it comes to healthcare generally, but, in particular, Medicaid and what Medicaid provides to children, we know the impact nationwide. In my home State of Pennsylvania, we have 1.1 million children who are covered by Medicaid. So I am very concerned about any effort that would undermine or ultimately extinguish the ability of Americans—especially children—to have the benefit of Medicaid expansion, but, of course, the Medicaid program itself. It is especially insulting when some would support cuts to the Medicaid Program that would undermine or even threaten to undermine healthcare for children with disabilities. I spoke earlier of two children in particular.

I will come back to children in a moment, but I wanted to go to the other end of the age scale—older Americans. So many people think of healthcare for people over the age of 65 to be solely limited to Medicare, not Medicaid. But, of course, we know that Medicaid plays a role as well.

One of the parts of our healthcare infrastructure that may not be as well known is the impact that Medicaid has on supporting aging older adults, in particular, with regard to supports and services. We know Medicaid is critical to supporting aging older adults, providing them dignity and choice as they age. Medicaid covers long-term services and support for low-income, older adults and adults with disabilities, including nursing home and home community-based programs.

Generally, health insurance does not cover long-term supports and service costs. Medicare coverage for those services can be limited, and private, long-term care insurance is unaffordable for many Americans. So spending on long-term supports and services for older citizens accounts for almost two-thirds of all Medicaid spending. I said Medicaid, not Medicare. A lot of people don't know that we spend that much in terms of long-term supports and services.

To give this perspective, in 2016, the median annual cost for a year of home health aide services was over \$46,000—for home health aide services. The median cost for a semiprivate room at a nursing facility was \$82,000—a much

greater cost. So we know the impact of those numbers. About a third of the people turning 65 will require nursing home care at some point during their life. So these are big costs, and we have to make sure that as we move forward, we can provide this kind of care for aging adults.

Three-fourths of nursing home residents will eventually be covered by Medicaid. So if you are going to a nursing home and you spend down, the only option for you in most instances is Medicaid. We know that in about a 1-year timeframe, between July of 2015 to June of 2016 in Pennsylvania, 123,000 Pennsylvanians aged 55 and older received long-term supports and services through Medicaid. One group of about 80,000 Pennsylvanians received those long-term supports and services at a nursing home. Another group of about 50,000 Pennsylvanians 55 and older received Medicaid home and community-based services.

There are lots of numbers there and lots of data, but the key thing is, we know the great dependence folks have on the Medicaid Program in addition to the obvious benefits provided by Medicare. So cuts or per capita caps on Medicaid would have a devastating impact on older Americans.

I know the closed-door secret discussions taking place in the Senate between among only a small group of Republicans so far—we know those kinds of discussions are taking place. What will they do with regard to Medicaid? Will they cut it outright or will they put a per capita cap on it or will they send it back to the States and tell the Governors and State legislatures they have to balance their budget: It is up to you to provide most of the Medicaid services. The Federal Government is getting out of that business or at least transferring substantial responsibility to the States.

So we have to be vigilant about that and make sure we do everything we can to put the interests of older citizens and the priority of taking care of them at the front of the agenda.

Research also shows that Medicaid dollars play a role in supporting a lot of good-paying jobs in a State like Pennsylvania. We are told that over a quarter of a million jobs in the long-term care field—meaning long-term supports and services—are Pennsylvania jobs right now. So any change there could have an adverse job impact. The Commonwealth Fund and George Washington's Milken Institute released a report projecting 942,000 fewer jobs in 2026 and that nearly every State would experience an economic downturn if the Republican bill were to become law based upon the House bill as we know it. As we were told most recently by a Republican Senator, the Senate bill will reflect the House bill about 80 percent. So we have a sense of the outlines of the Senate bill, if not all the details yet.

In Pennsylvania, this same report by George Washington University's

Milken Institute said that just in Pennsylvania, the job impact would be 85,000 fewer jobs by 2026, and of those 85,000, more than 52,000 of those jobs would be healthcare jobs which would be lost if the Republican bill were to be enacted into law.

We get a sense of the job impact, we get a sense of the healthcare impact when it comes to cuts to Medicaid that are substantial. As we know, the Congressional Budget Office told us that were the House bill to be enacted into law, in that decade, 14 million folks on Medicaid would lose their coverage. That is on page 17 of the CBO report.

When we look at it by county in Pennsylvania, we can see the impact in this age category of 55 and up. Allegheny County—our second largest county by population—over 10,000 Pennsylvanians over the age of 55 receive care in a nursing home or at home because of Medicaid. That generated nearly \$360 million in payments to providers in the county, a huge impact in addition to the impact on the care people receive.

I will not go through every county, of course, but just to give a sense of it. Cambria County, a much smaller county by way of population—where Johnstown is in the southwestern corner of our State—1,100 individuals in Cambria County age 55 and older receive care in a nursing home or at home because of Medicaid. That is about a \$36 million impact on that county. In my home county, Lackawanna County, where Scranton is located, 2,500 Pennsylvanians over the age of 55 receiving nursing home care because of Medicaid, a \$96 million impact just in Lackawanna County. I will not go through all the counties, but we can see the impact on both care and jobs when it comes to the impact of Medicaid on long-term care, support, and services.

We talked earlier about Medicaid and the impact on children. I don't think it has been at all clear until recently the reach and scope of Medicaid when it comes to children. Forty percent of every child in the country is covered by Medicaid. I mentioned earlier tonight, and I will say it again: Sixty percent of all children with disabilities ranging from autism to traumatic brain injury, and a lot of disabilities on that list in between, rely upon Medicaid.

I said the Republican plan at the bare minimum should guarantee every child with a disability who has Medicaid coverage today would in fact have that coverage going forward for whatever time they need it because I think that is part of who we are as a country. When a child has a disability that is so substantial in terms of the impact on that child and his or her family and they have Medicaid, nothing the U.S. Senate should do should undermine that in any way. I would hope, at a minimum, our Republican colleagues would ensure that. I think it is insulting to even create doubt or uncertainty or create any degree of anxiety for a

family to have to watch this bill proceed—either the House bill that was passed or the Senate bill which is in formation right now. For any family who has the benefit of Medicaid and has a child with a disability to in any way be anxious or uncertain because of what might happen here, I think is an insult to them and to our values as Americans.

We are a great country. We can make sure children with disabilities have the benefit that comes from the early periodic screening and diagnosis, preventive care, the quality care that comes from services provided by Medicaid for kids with disabilities. We are a great country. We can pay for that and still be a growing economy, still have the greatest military in the world, still have the strongest GDP in the world. We can do all of that and still take care of the children.

I guess some believe the only way to prosperity is to say we have to substantially cut back on Medicaid, to the point where 14 million Americans lose their coverage over 10 years, but we still, at the same time, have to give tax cuts to the very wealthy. One estimate showed the original House bill—the one that didn't get a vote but was substantially similar to the one that did get a vote—the first bill gave to 400 Americans a tax cut of some \$7 million each. How does that make the country stronger when you are cutting back on Medicaid and giving gross substantial tax cuts to people who already are worth hundreds of millions of dollars or maybe even billions of dollars? I don't see how that moves the country forward to shortchange folks on Medicaid, especially if it were to adversely impact a child with a disability.

We mentioned all of those impacts, but I think it is especially devastating when it gets down to an individual family. I talked earlier about Rowan Simpson whose mom wrote to me months ago. I had the chance to meet Rowan and his mom and dad just last week for the first time in person, but the idea that Pam Simpson—or any parent—would be at all uncertain or worried about what would happen here in the next couple of days or weeks is really an insult to who we are as a people.

I hope those who are behind closed doors making decisions as we speak—maybe they are done for the day now, but I hope they will be thinking about Rowan and his mom and their family.

I mentioned the overall impact of Medicaid on children. In particular, we know the Medicaid Program, of course, in addition to covering children with disabilities, covers adults with disabilities as well. In my State, by one estimate, it is over 720,000 people. Across the country, in 2015, there were 15 million people with disabilities who were Medicaid beneficiaries. Through Medicaid, those 15 million people receive assistance with their healthcare. They get the benefit of durable medical equipment, such as wheelchairs or as-

sistive speaking devices. They get long-term supports for daily living, such as personal care attendance because of their disability. So Medicaid is now the primary payer for healthcare services for those with disabilities. It is also the primary payer for long-term supports and services that help people with disabilities live independent lives.

In many cases, these long-term care supports and services also make it possible for a person with a disability to hold down a job because of the support they get from Medicaid.

We know that in 2014, across the country, the average spending for a person with a disability enrolled in Medicaid was a little more than \$19,000. In Pennsylvania, it was a little more than 18,300. The average annual growth in enrollee spending for persons with a disability between 2000 and 2011 was 4.5 percent. In my State, it is a little more than that almost. It is almost 5.7 percent, and we have seen the outline of a proposal that would limit that annual growth to about 2.4 percent. I would hope those who are working on the Medicaid provisions would take into account the reality of what it costs to provide help to someone with a disability and not come up with some arbitrary number to cap or limit what an individual with a disability would have available to them, especially by way of Medicaid or otherwise. They are dependent upon and have a right to expect that kind of healthcare would continue to be provided.

We will see what happens. I know those who are behind closed doors have a sense of those numbers. I hope they would be very determined to make sure no one with a disability is worse off as a result of their efforts, but that is the reality people with disabilities live with. I think when we consider what some families are up against right now, many families have just barely come out of the last recession. Some families lost their home, some families lost their home and their job or even if they lost a job and have since recovered because they are employed or partially recovered, sometimes the job they have isn't the job they had prior to the recession.

I can only imagine what it is like to have the kind of economic stress some live with because they have lost a job or the job they have now doesn't pay what their old job paid. On top of all that, if your son or daughter or someone in your family has a disability and the only thing that has kept you above water or allowed you to get from one day to the next to make ends meet is the availability of Medicaid for that individual and the family who needs that kind of help—we will see what the bill drafters come up with. Every indication so far has been very negative and very much adverse to the interests of those families—those millions of families who depend upon Medicaid for basic healthcare, especially the basic healthcare that would be connected to a disability, whether that disability is

a physical disability of one kind or another or whether it is a disability because that child or adult is on the autism spectrum or whether it is a child with Down syndrome who is dependent upon Medicaid or is dependent upon some other healthcare program that would be adversely affected.

We can debate the outlines and the broad numbers of this legislation, but what I hope would not be up for debate is that those who now have the benefit of Medicaid because of a substantial burden in their life—meaning a disability because of circumstances that require one individual to have the benefit of long-term care, where the family has spent down their assets to such an extent that only Medicaid can allow that loved one to get into a nursing home—I would hope that it would not be much of a debate that we should continue to help those families and those individuals.

At a minimum, I think we can agree between the two parties that vulnerable Americans who depend upon Medicaid and other healthcare programs will be protected. I think that is something on which both parties should be able to agree. Unfortunately, the House bill in no way agreed with that assertion. That is why it was particularly objectionable, and that is why you have an array of organizations across the country that came out against the bill, those who have experience delivering healthcare to the vulnerable, those who have experience making sure people with disabilities are given that kind of help and that kind of care. If the Senate bill is substantially similar to the House bill, those with disabilities will be substantially and adversely and, I am afraid, irreversibly impacted to such an extent that we wouldn't be the same country we are today if those individuals lost their healthcare and lost the benefit of those healthcare services.

Mr. President, with that, I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TODAY

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m.

Thereupon, the Senate, at 12:03 a.m., adjourned until Tuesday, June 20, 2017, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF DEFENSE

JOHN H. GIBSON II, OF TEXAS, TO BE DEPUTY CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE, VICE PETER LEVINE.

EXPORT-IMPORT BANK OF THE UNITED STATES

SPENCER BAGHUS III, OF ALABAMA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE EXPORT-IMPORT BANK OF THE UNITED STATES FOR A TERM EXPIRING JANUARY 20, 2021, VICE LARRY W. WALTHER, TERM EXPIRED.

FEDERAL DEPOSIT INSURANCE CORPORATION

JAMES CLINGER, OF PENNSYLVANIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE FEDERAL DEPOSIT INSURANCE CORPORATION FOR A TERM OF SIX YEARS, VICE JEREMIAH O'HEAR NORTON, RESIGNED.

JAMES CLINGER, OF PENNSYLVANIA, TO BE CHAIRPERSON OF THE BOARD OF DIRECTORS OF THE FEDERAL DEPOSIT INSURANCE CORPORATION FOR A TERM OF FIVE YEARS, VICE MARTIN J. GRUENBERG, TERM EXPIRING.

EXPORT-IMPORT BANK OF THE UNITED STATES

SCOTT GARRETT, OF NEW JERSEY, TO BE PRESIDENT OF THE EXPORT-IMPORT BANK OF THE UNITED STATES FOR A TERM EXPIRING JANUARY 20, 2021, VICE FRED P. HOCHBERG, RESIGNED.

DEPARTMENT OF COMMERCE

MICHAEL PLATT, JR., OF ARKANSAS, TO BE AN ASSISTANT SECRETARY OF COMMERCE, VICE STEVEN MICHAEL HARO, RESIGNED.

EXECUTIVE OFFICE OF THE PRESIDENT

GREGORY DOUD, OF KANSAS, TO BE CHIEF AGRICULTURAL NEGOTIATOR, OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE, WITH THE RANK OF AMBASSADOR, VICE DARCI L. VETTER.

DEPARTMENT OF STATE

GEORGE EDWARD GLASS, OF OREGON, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE PORTUGUESE REPUBLIC.

DEPARTMENT OF THE TREASURY

ISABEL MARIE KEENAN PATELUNAS, OF PENNSYLVANIA, TO BE ASSISTANT SECRETARY FOR INTEL-

LIGENCE AND ANALYSIS, DEPARTMENT OF THE TREASURY, VICE S. LESLIE IRELAND.

DEPARTMENT OF DEFENSE

ROBERT P. STORCH, OF THE DISTRICT OF COLUMBIA, TO BE INSPECTOR GENERAL OF THE NATIONAL SECURITY AGENCY. (NEW POSITION)

THE JUDICIARY

STEPHANOS BIBAS, OF PENNSYLVANIA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE THIRD CIRCUIT, VICE MARJORIE O. RENDELL, RETIRED.

EXTENSIONS OF REMARKS

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate of February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place and purpose of the meetings, when scheduled and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, June 20, 2017 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

JUNE 21

9 a.m.
Committee on Armed Services
Subcommittee on SeaPower
To hold hearings to examine Navy ship-building programs in review of the Defense Authorization Request for fiscal year 2018 and the Future Years Defense Program. SR-232A

9:30 a.m.
Committee on Appropriations
Subcommittee on Department of the Interior, Environment, and Related Agencies
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of the Interior. SD-124

Select Committee on Intelligence
To hold hearings to examine Russian interference in the 2016 U.S. elections. SH-216

10 a.m.
Committee on Commerce, Science, and Transportation
To hold hearings to examine the nomination of David P. Pekoske, of Maryland, to be an Assistant Secretary of Homeland Security. SR-253

Committee on Homeland Security and Governmental Affairs
Business meeting to consider the nominations of Russell Vought, of Virginia, to be Deputy Director, and Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, both of the Office of Management and Budget. SD-342

Committee on the Judiciary
To hold hearings to examine the MS-13 problem, focusing on investigating gang membership, its nexus to illegal

immigration, and Federal efforts to end the threat. SD-226

10:15 a.m.
Committee on Finance
To hold hearings to examine the President's proposed budget request for fiscal year 2018 and the trade policy agenda. SD-215

10:30 a.m.
Committee on Appropriations
Subcommittee on Department of Defense
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of the Air Force. SD-192

Committee on Homeland Security and Governmental Affairs
To hold hearings to examine cybersecurity regulation harmonization. SD-342

11 a.m.
Committee on Foreign Relations
To receive a closed briefing on preparing for the 2017 Trafficking in Persons Report. S-116

2:30 p.m.
Committee on Appropriations
Subcommittee on Energy and Water Development
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Energy. SD-138

Committee on Appropriations
Subcommittee on Military Construction and Veterans Affairs, and Related Agencies
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 and 2019 for the Department of Veterans Affairs. SD-124

Committee on Commerce, Science, and Transportation
Subcommittee on Space, Science, and Competitiveness
To hold hearings to examine reopening the American frontier, focusing on promoting partnerships between commercial space and the U.S. government to advance exploration and settlement. SR-253

3 p.m.
Committee on Appropriations
Subcommittee on Legislative Branch
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Government Accountability Office and the Congressional Budget Office. SD-192

JUNE 22

9:30 a.m.
Committee on Agriculture, Nutrition, and Forestry
To hold hearings to examine the nomination of J. Christopher Giancarlo, of New Jersey, to be Chairman of the Commodity Futures Trading Commission. SR-328A

Committee on Armed Services
To hold hearings to examine the nomination of Richard V. Spencer, of Wyoming, to be Secretary of the Navy, Department of Defense. SD-G50

10 a.m.
Committee on Appropriations
Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies
To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the National Institutes of Health. SD-138

Committee on Banking, Housing, and Urban Affairs
To hold hearings to examine fostering economic growth, focusing on regulator perspective. SD-538

Committee on Commerce, Science, and Transportation
Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard
To hold hearings to examine efforts on marine debris in the oceans and Great Lakes. SR-253

Committee on Energy and Natural Resources
To hold hearings to examine the President's proposed budget request for fiscal year 2018 for the Department of Energy. SD-366

Committee on the Judiciary
Business meeting to consider S. 1312, to prioritize the fight against human trafficking in the United States, S. 1311, to provide assistance in abolishing human trafficking in the United States, and the nomination of Stephen Elliott Boyd, of Alabama, to be an Assistant Attorney General. SD-226

11 a.m.
Committee on Foreign Relations
To receive closed briefings on North Korea, focusing on recent developments. SVC-217

2 p.m.
Select Committee on Intelligence
To hold closed hearings to examine certain intelligence matters. SH-219

JUNE 26

4 p.m.
Committee on Armed Services
Subcommittee on Airland
Closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SR-232A

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

<p>JUNE 27</p> <p>9:30 a.m. Committee on Armed Services Subcommittee on Readiness and Management Support Closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SR-232A</p> <p>10:30 a.m. Committee on Appropriations Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies To hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Labor. SD-138</p> <p>11 a.m. Committee on Armed Services Subcommittee on Cybersecurity Closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SR-232A</p>	<p>2 p.m. Committee on Armed Services Subcommittee on Personnel Business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SD-G50</p> <p>3:30 p.m. Committee on Armed Services Subcommittee on SeaPower Closed business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SR-232A</p> <p>4:30 p.m. Committee on Armed Services Subcommittee on Emerging Threats and Capabilities Business meeting to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SD-G50</p> <p>5:30 p.m. Committee on Armed Services Subcommittee on Strategic Forces Closed business meeting to markup those provisions which fall under the sub-</p>	<p>committee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2018. SR-232A</p> <p>JUNE 28</p> <p>9:30 a.m. Committee on Armed Services Closed business meeting to markup the proposed National Defense Authorization Act for fiscal year 2018. SR-222</p> <p>JUNE 29</p> <p>9:30 a.m. Committee on Armed Services Closed business meeting to continue to markup the proposed National Defense Authorization Act for fiscal year 2018. SR-222</p> <p>JUNE 30</p> <p>9:30 a.m. Committee on Armed Services Closed business meeting to continue to markup the proposed National Defense Authorization Act for fiscal year 2018. SR-222</p>
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Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S3567–S3613

Measures Introduced: Three bills were introduced, as follows: S. 1377–1379. **Page S3606**

Long, Mandelker, and Billingslea Nominations—Agreement: Senate began consideration of the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security.

Page S3573

A unanimous-consent agreement was reached providing that at 11 a.m., on Tuesday, June 20, 2017, Senate vote on confirmation of the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security; and that the cloture motions on the nominations of Sigal Mandelker, of New York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes, and Marshall Billingslea, of Virginia, to be Assistant Secretary of the Treasury for Terrorist Financing, ripen upon disposition of the nomination of Brock Long.

Page S3568

A unanimous-consent agreement was reached providing that at approximately 10 a.m., on Tuesday, June 20, 2017, Senate resume consideration of the nomination of Sigal Mandelker, of New York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes; and that the time until the vote on confirmation of the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security be equally divided between the two Leaders, or their designees.

Page S3608

Svinicki Nomination—Cloture: Senate began consideration of the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission.

Page S3507

A motion was entered to close further debate on the nomination, and, in accordance with the provisions of Rule XXII of the Standing Rules of the Senate, a vote on cloture will occur upon disposition of the nomination of Marshall Billingslea, of Vir-

ginia, to be Assistant Secretary of the Treasury for Terrorist Financing. **Page S3507**

Prior to the consideration of this nomination, Senate took the following action:

Senate agreed to the motion to proceed to Executive Session to consider the nomination. **Page S3570**

Nominations Received: Senate received the following nominations:

John H. Gibson II, of Texas, to be Deputy Chief Management Officer of the Department of Defense.

Spencer Bachus III, of Alabama, to be a Member of the Board of Directors of the Export-Import Bank of the United States for a term expiring January 20, 2021.

James Clinger, of Pennsylvania, to be a Member of the Board of Directors of the Federal Deposit Insurance Corporation for a term of six years.

James Clinger, of Pennsylvania, to be Chairperson of the Board of Directors of the Federal Deposit Insurance Corporation for a term of five years.

Scott Garrett, of New Jersey, to be President of the Export-Import Bank of the United States for a term expiring January 20, 2021.

Michael Platt, Jr., of Arkansas, to be an Assistant Secretary of Commerce.

Gregory Doud, of Kansas, to be Chief Agricultural Negotiator, Office of the United States Trade Representative, with the rank of Ambassador.

George Edward Glass, of Oregon, to be Ambassador to the Portuguese Republic.

Isabel Marie Keenan Patelunas, of Pennsylvania, to be Assistant Secretary for Intelligence and Analysis, Department of the Treasury.

Robert P. Storch, of the District of Columbia, to be Inspector General of the National Security Agency.

Stephanos Bibas, of Pennsylvania, to be United States Circuit Judge for the Third Circuit.

Pages S3613–13

Additional Cosponsors:

Pages S3606–08

Statements on Introduced Bills/Resolutions:

Additional Statements:

Adjournment: Senate convened at 4 p.m. on Monday, June 19, 2017 and adjourned at 12:03 a.m. on

Tuesday, June 20, 2017, until 10 a.m. on the same day. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S3608.)

Committee Meetings

(Committees not listed did not meet)

No committee meetings were held.

House of Representatives

Chamber Action

The House was not in session today. The House is scheduled to meet at 12 noon on Tuesday, June 20, 2017.

Committee Meetings

No hearings were held.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR TUESDAY, JUNE 20, 2017

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Appropriations: Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Food and Drug Administration, 10:30 a.m., SD-192.

Subcommittee on Financial Services and General Government, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Federal Communications Commission, 2:30 p.m., SD-138.

Committee on Armed Services: to hold hearings to examine the nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense, 9:30 a.m., SD-G50.

Committee on Commerce, Science, and Transportation: Subcommittee on Communications, Technology, Innovation, and the Internet, to hold hearings to examine the Universal Service Fund and rural broadband, 10 a.m., SR-253.

Committee on Energy and Natural Resources: to hold hearings to examine the President's proposed budget request for fiscal year 2018 for the Department of the Interior, 10 a.m., SD-366.

Subcommittee on Public Lands, Forests, and Mining, to hold hearings to examine collaborative initiatives, focusing on restoring watersheds and large landscapes across boundaries through state and Federal partnerships, 2:30 p.m., SD-366.

Committee on Foreign Relations: to hold hearings to examine reviewing Congressional authorizations for the use of military force, 10 a.m., SD-419.

Subcommittee on Multilateral International Development, Multilateral Institutions, and International Economic, Energy, and Environmental Policy, to hold hearings to examine the World Health Organization and pandemic protection in a globalized world, 2:30 p.m., SD-419.

Committee on the Judiciary: to hold hearings to examine the assault on the First Amendment on college campuses, 10 a.m., SD-226.

Subcommittee on Crime and Terrorism, to hold hearings to examine concurrent Congressional and criminal investigations, focusing on lessons from history, 2:30 p.m., SD-226.

Select Committee on Intelligence: to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH-219.

House

Committee on Appropriations, Subcommittee on Energy and Water Development, and Related Agencies, budget hearing on the Department of Energy, 1 p.m., 2359 Rayburn.

Committee on Rules, Full Committee, hearing on H.R. 1654, the "Water Supply Permitting Coordination Act"; and H.R. 1873, the "Electricity Reliability and Forest Protection Act", 5 p.m., H-313 Capitol.

CONGRESSIONAL PROGRAM AHEAD

Week of June 20 through June 23, 2017

Senate Chamber

On *Tuesday*, Senate will resume the nomination of Sigal Mandelker, of New York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes.

At 11 a.m., Senate will vote on confirmation of the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security.

Upon disposition of the nomination of Brock Long, Senate will vote on the motion to invoke cloture on the nomination of Sigal Mandelker, of New

York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes.

Upon disposition of the nomination of Sigal Mandelker, Senate will vote on the motion to invoke cloture on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary of the Treasury for Terrorist Financing.

Upon disposition of the nomination of Marshall Billingslea, Senate will vote on the motion to invoke cloture on the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission.

During the balance of the week, Senate may consider any cleared legislative and executive business.

Senate Committees

(Committee meetings are open unless otherwise indicated)

Committee on Agriculture, Nutrition, and Forestry: June 22, to hold hearings to examine the nomination of J. Christopher Giancarlo, of New Jersey, to be Chairman of the Commodity Futures Trading Commission, 9:30 a.m., SR-328A.

Committee on Appropriations: June 20, Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Food and Drug Administration, 10:30 a.m., SD-192.

June 20, Subcommittee on Financial Services and General Government, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Federal Communications Commission, 2:30 p.m., SD-138.

June 21, Subcommittee on Department of the Interior, Environment, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of the Interior, 9:30 a.m., SD-124.

June 21, Subcommittee on Department of Defense, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of the Air Force, 10:30 a.m., SD-192.

June 21, Subcommittee on Energy and Water Development, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Department of Energy, 2:30 p.m., SD-138.

June 21, Subcommittee on Military Construction and Veterans Affairs, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 and 2019 for the Department of Veterans Affairs, 2:30 p.m., SD-124.

June 21, Subcommittee on Legislative Branch, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Government Accountability Office and the Congressional Budget Office, 3 p.m., SD-192.

June 22, Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies, to hold hearings to examine proposed budget

estimates and justification for fiscal year 2018 for the National Institutes of Health, 10 a.m., SD-138.

Committee on Armed Services: June 20, to hold hearings to examine the nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense, 9:30 a.m., SD-G50.

June 21, Subcommittee on SeaPower, to hold hearings to examine Navy shipbuilding programs in review of the Defense Authorization Request for fiscal year 2018 and the Future Years Defense Program, 9 a.m., SR-232A.

June 22, Full Committee, to hold hearings to examine the nomination of Richard V. Spencer, of Wyoming, to be Secretary of the Navy, Department of Defense, 9:30 a.m., SD-G50.

Committee on Banking, Housing, and Urban Affairs: June 22, to hold hearings to examine fostering economic growth, focusing on regulator perspective, 10 a.m., SD-538.

Committee on Commerce, Science, and Transportation: June 20, Subcommittee on Communications, Technology, Innovation, and the Internet, to hold hearings to examine the Universal Service Fund and rural broadband, 10 a.m., SR-253.

June 21, Full Committee, to hold hearings to examine the nomination of David P. Pekoske, of Maryland, to be an Assistant Secretary of Homeland Security, 10 a.m., SR-253.

June 21, Subcommittee on Space, Science, and Competitiveness, to hold hearings to examine reopening the American frontier, focusing on promoting partnerships between commercial space and the U.S. government to advance exploration and settlement, 2:30 p.m., SR-253.

June 22, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard, to hold hearings to examine efforts on marine debris in the oceans and Great Lakes, 10 a.m., SR-253.

Committee on Energy and Natural Resources: June 20, to hold hearings to examine the President's proposed budget request for fiscal year 2018 for the Department of the Interior, 10 a.m., SD-366.

June 20, Subcommittee on Public Lands, Forests, and Mining, to hold hearings to examine collaborative initiatives, focusing on restoring watersheds and large landscapes across boundaries through state and Federal partnerships, 2:30 p.m., SD-366.

June 22, Full Committee, to hold hearings to examine the President's proposed budget request for fiscal year 2018 for the Department of Energy, 10 a.m., SD-366.

Committee on Finance: June 21, to hold hearings to examine the President's proposed budget request for fiscal year 2018 and the trade policy agenda, 10:15 a.m., SD-215.

Committee on Foreign Relations: June 20, to hold hearings to examine reviewing Congressional authorizations for the use of military force, 10 a.m., SD-419.

June 20, Subcommittee on Multilateral International Development, Multilateral Institutions, and International Economic, Energy, and Environmental Policy, to hold hearings to examine the World Health Organization and pandemic protection in a globalized world, 2:30 p.m., SD-419.

June 21, Full Committee, to receive a closed briefing on preparing for the 2017 Trafficking in Persons Report, 11 a.m., S-116, Capitol.

June 22, Full Committee, to receive closed briefings on North Korea, focusing on recent developments, 11 a.m., SVC-217.

Committee on Homeland Security and Governmental Affairs: June 21, business meeting to consider the nominations of Russell Vought, of Virginia, to be Deputy Director, and Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, both of the Office of Management and Budget, 10 a.m., SD-342.

June 21, Full Committee, to hold hearings to examine cybersecurity regulation harmonization, 10:30 a.m., SD-342.

Committee on the Judiciary: June 20, to hold hearings to examine the assault on the First Amendment on college campuses, 10 a.m., SD-226.

June 20, Subcommittee on Crime and Terrorism, to hold hearings to examine concurrent Congressional and criminal investigations, focusing on lessons from history, 2:30 p.m., SD-226.

June 21, Full Committee, to hold hearings to examine the MS-13 problem, focusing on investigating gang membership, its nexus to illegal immigration, and Federal efforts to end the threat, 10 a.m., SD-226.

June 22, Full Committee, business meeting to consider S. 1312, to prioritize the fight against human trafficking in the United States, S. 1311, to provide assistance in abolishing human trafficking in the United States, and the nomination of Stephen Elliott Boyd, of Alabama, to be an Assistant Attorney General, 10 a.m., SD-226.

Select Committee on Intelligence: June 20, to hold closed hearings to examine certain intelligence matters, 2:30 p.m., SH-219.

June 21, Full Committee, to hold hearings to examine Russian interference in the 2016 U.S. elections, 9:30 a.m., SH-216.

June 22, Full Committee, to hold closed hearings to examine certain intelligence matters, 2 p.m., SH-219.

House Committees

Committee on Agriculture, June 22, Full Committee, hearing entitled “The Next Farm Bill: University Research”, 10 a.m., 1300 Longworth.

Committee on Appropriations, June 21, Subcommittee on Financial Services and General Government, budget hearing on the Office of Management and Budget, 2 p.m., 2359 Rayburn.

June 21, Subcommittee on Commerce, Justice, Science and Related Agencies, budget hearing on the Federal Bureau of Investigation, 3 p.m., 2358-C Rayburn.

Committee on Armed Services, June 21, Subcommittee on Emerging Threats and Capabilities, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 2:30 p.m., 2212 Rayburn.

June 21, Subcommittee on Tactical Air and Land Forces, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 4 p.m., 2118 Rayburn.

June 22, Subcommittee on Readiness, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 9 a.m., 2212 Rayburn.

June 22, Subcommittee on Strategic Forces, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 10:30 a.m., 2118 Rayburn.

June 22, Subcommittee on Military Personnel, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 11:30 a.m., 2212 Rayburn.

June 22, Subcommittee on Seapower and Projection Forces, markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”, 12:30 p.m., 2118 Rayburn.

Committee on Education and the Workforce, June 22, Full Committee, hearing entitled “Student Safety in the Job Corps Program”, 10 a.m., 2175 Rayburn.

Committee on Energy and Commerce, June 21, Subcommittee on Communications and Technology, hearing entitled “Defining and Mapping Broadband Coverage in America”, 10 a.m., 2123 Rayburn.

June 23, Subcommittee on Health, hearing entitled “Examining the Extension of Safety Net Health Programs”, 9 a.m., 2123 Rayburn.

Committee on Financial Services, June 21, Full Committee, to continue markup on H.R. 2868, the “National Flood Insurance Program Policyholder Protection Act of 2017”; H.R. 2874, the “21st Century Flood Reform Act of 2017”; H.R. 1422, the “Flood Insurance Market Parity and Modernization Act”; H.R. 1558, the “Repeatedly Flooded Communities Preparation Act”; H.R. 2246, the “Taxpayer Exposure Mitigation Act of 2017”; H.R. 2565, to require the use of replacement cost value in determining the premium rates for flood insurance coverage under the National Flood Insurance Act, and for other purposes; and H.R. 2875, the “National Flood Insurance Program Administrative Reform Act of 2017”, 10 a.m., 2128 Rayburn.

June 23, Subcommittee on Terrorism and Illicit Finance, hearing entitled “The Exploitation of Cultural Property: Examining Illicit Activity in the Antiquities and Art Trade”, 9:15 a.m., 2128 Rayburn.

Committee on Foreign Affairs, June 21, Subcommittee on the Middle East and North Africa, hearing entitled “Grading the Egyptian and Tunisian Enterprise Funds”, 10 a.m., 2172 Rayburn.

Committee on the Judiciary, June 21, Full Committee, markup on H.R. 495, the “Protection of Children Act of 2017”; H.R. 2826, the “Refugee Program Integrity Restoration Act of 2017”; and H.R. 1096, the “Judgment Fund Transparency Act of 2017”, 10 a.m., 2141 Rayburn.

June 22, Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, hearing entitled “Juvenile Justice Reform in the Modern Era”, 10 a.m., 2141 Rayburn.

June 23, Subcommittee on the Constitution and Civil Justice, hearing entitled “Examining Ethical Responsibilities Regarding Attorney Advertising”, 9 a.m., 2141 Rayburn.

Committee on Natural Resources, June 21, Subcommittee on Energy and Mineral Resources, hearing on legislation

to amend the Mineral Leasing Act to provide that extraction of helium from gas produced under a Federal mineral lease shall maintain the lease as if the helium were oil and gas, 10 a.m., 1324 Longworth.

June 21, Subcommittee on Indian, Insular, and Alaska Native Affairs, hearing on H.R. 2662, the “Restoring Accountability in the Indian Health Service Act of 2017”, 2 p.m., 1324 Longworth.

June 22, Full Committee, hearing entitled “Examining the Department of the Interior’s Spending Priorities and the President’s Fiscal Year 2018 Budget Proposal”, 9:30 a.m., 1324 Longworth.

June 22, Full Committee, to begin markup, 4 p.m., 1324 Longworth.

Committee on Rules, June 21, Full Committee, hearing on H.R. 2842, the “Accelerating Individuals into the Workforce Act”, 3 p.m., H-313 Capitol.

Committee on Science, Space, and Technology, June 21, Subcommittee on Environment, hearing entitled “Leading the Way: Examining Advances in Environmental Technologies”, 10 a.m., 2318 Rayburn.

June 22, Full Committee, markup on H.R. 2763, the “Small Business Innovation Research and Small Business Technology Transfer Improvements Act of 2017”, 10 a.m., 2318 Rayburn.

Committee on Small Business, June 21, Full Committee, hearing entitled “Partners in Commerce: The Trade Pro-

motion Coordinating Committee”, 11 a.m., 2360 Rayburn.

June 22, Subcommittee on Agriculture, Energy, and Trade, hearing entitled “Improving Broadband Deployment: Solutions for Rural America”, 10 a.m., 2360 Rayburn.

Committee on Transportation and Infrastructure, June 22, Subcommittee on Railroads, Pipelines, and Hazardous Materials, hearing entitled “Building a 21st Century Infrastructure for America: Challenges and Opportunities for Intercity Passenger Rail Service”, 10 a.m., 2167 Rayburn.

Committee on Veterans’ Affairs, June 22, Subcommittee on Health, hearing entitled “FY 2018 Department of Veterans Affairs Budget Request for the Veterans Health Administration”, 2 p.m., 334 Cannon.

Committee on Ways and Means, June 22, Full Committee, hearing entitled “U.S. Trade Policy Agenda”, 10 a.m., 1100 Longworth.

Permanent Select Committee on Intelligence, June 21, Subcommittee on National Security Agency and Cybersecurity, hearing entitled “Ongoing Intelligence Activities: FY 18 Budget Request”, 1:30 p.m., HVC-304.

June 22, Full Committee, hearing entitled “Ongoing Intelligence Activities: FY 18 Budget Request”, 9 a.m., HVC-304. This hearing will be closed.

Next Meeting of the SENATE

10 a.m., Tuesday, June 20

Senate Chamber

Program for Tuesday: Senate will resume the nomination of Sigal Mandelker, of New York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes.

At 11 a.m., Senate will vote on confirmation of the nomination of Brock Long, of North Carolina, to be Administrator of the Federal Emergency Management Agency, Department of Homeland Security.

Upon disposition of the nomination of Brock Long, Senate will vote on the motion to invoke cloture on the nomination of Sigal Mandelker, of New York, to be Under Secretary of the Treasury for Terrorism and Financial Crimes.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 noon, Tuesday, June 20

House Chamber

Program for Tuesday: Consideration of the following measures under suspension of the Rules: (1) H.R. 2847—Improving Services for Older Youth in Foster Care Act; (2) H.R. 2866—Reducing Barriers for Relative Foster Parents Act; (3) H.R. 1551—To amend the Internal Revenue Code of 1986 to modify the credit for production from advanced nuclear power facilities; (4) Modernizing the Interstate Placement of Children in Foster Care Act; (5) H.R. 2834—Partnership Grants to Strengthen Families Affected by Parental Substance Abuse Act; (6) H.R. 2857—Supporting Families in Substance Abuse Treatment Act; (7) H.R. 2484—Women, Peace, and Security Act of 2017; (8) H.R. 2132—Traveler Redress Improvement Act of 2017; (9) H.R. 625—REPORT Act; (10) H.R. 2131—DHS FIRM Act; (11) H.R. 2283—DHS MORALE Act; (12) H.R. 1282—DHS Acquisition Review Board Act of 2017; (13) H.R. 2190—Streamlining DHS Overhead Act; and (14) H.R. 1393—Mobile Workforce State Income Tax Simplification Act of 2017.



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