CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Mandelker nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Sigal Mandelker, of New York, to be Under Secretary for Terrorism and Financial Crimes.

The ACTING PRESIDENT pro tempore. The Democratic whip.

HEALTHCARE LEGISLATION

Mr. DURBIN. Madam President, it was about a month ago that the House of Representatives, by a narrow vote, voted to repeal the Affordable Care Act and to replace it with their own creation. That effort by the House of Representatives passed by, I believe, 2, 3, or 4 votes. It was very close, and it was a partisan rollcall—all Republicans voting for it and no Democrats voting for it. So it came to the floor of the House without any bipartisan preparation. It was only after the vote that the Congressional Budget Office took a look at the measure and reported to the American people its impact.

Now, that is unusual because, when you take a big issue like the reform of America’s healthcare system, historically, traditionally, Members of the Congress—the House and Senate—will send their versions of the bill to the Congressional Budget Office and ask for an analysis. Tell us how much this will cost. Tell us the impact on the deficit. Tell us what it will do in terms of healthcare coverage. But the House Republicans chose to vote before the analysis.

Well, the analysis still came out, and when it came out, the report was unsettling because it had a dramatic negative impact on healthcare in America. The House Republican repeal, according to the Congressional Budget Office, would mean that 23 million Americans would lose their health insurance.

Remember, we started this debate 6 or 7 years ago because we were concerned that too few Americans had health insurance and we wanted to expand the reach of health insurance and make sure that it was good for those uninsured, and that is why we passed the Affordable Care Act. We fell short in some respects, but we certainly achieved our goal of increasing the number of insured Americans with the Affordable Care Act. In my home State of Illinois, 7 million more Americans insured with health insurance was cut in half. In fact, it was even better than that. So more and more people ended up with coverage through Medicaid, as well as through private health insurance.

Now comes the repeal of the Affordable Care Act, and the Republicans in the House decide to not only erase all of that progress and make health insurance for more families but to make it worse—to make the number of the uninsured even higher than it was. So if that is the starting point of healthcare reform, you ask yourself: Is that really a worthy goal? Why would you do that?

Well, they were forced to do it. They really were. The House Republicans, really, in fairness to them, had no choice, because they made the initial decision that their highest priority was to give a tax break of about $700 billion to the wealthiest people in America. So by creating this tax break—giving this money back to wealthy people—they took that same amount of money out of America’s healthcare system. When you take that kind of money out of America’s healthcare system, here is what happens.

People who are currently receiving their health insurance through Medicaid, a government program, will have fewer and fewer opportunities to take advantage of it. In fact, they acknowledged that. The Republicans said in the House: We are just cutting back on Medicaid.

Secondly, you reduce or eliminate the helping hand we give to working families who can’t afford to pay their hospitalization premiums. If you are in certain categories, we give you a subsidy to pay for your premiums. So follow the logic: If you cut the taxes by $700 billion and take $700 billion out of the healthcare system, you have less money to provide Medicaid health insurance for those in low-income categories, and you have less money to help working families pay for their health insurance premiums.

The Congressional Budget Office looked at that and said that the net result at the end of the day is that 23 million Americans will lose their health insurance because of this decision by the Republican House. In the State of Illinois—a State of about 12.5 million people—1 million people would lose their health insurance because of this action taken by the Republican House of Representatives.

Well, from basic civics we know that here we are in the Senate and we get our chance once the House has acted. So we have been waiting—waiting for almost a month for the process to begin. The sad reality is it is never even started—not the ordinary, open, public, transparent process of debating a change in America’s public health system.

Instead, Senator MCCONNELL, the Republican leader, said: What I am going to do is to take 13 of my male Republican Senators, put them in a room, and let them write an alternative to the House bill. Why he didn’t initially include the women in his caucus, he can explain, but it was 13 of the male Republicans who would sit in a room to write, in secret, their alternative.

We think: Well, most legislative ideas start with that kind of a meeting—a closed-door meeting in the quiet of a room, basic negotiation. But it is the change in form of government that at some point this becomes public. Shouldn’t it? If we are going to change the laws about health insurance—basic fundamental coverage for American families—shouldn’t we know it? Shouldn’t we know what the changes will be before we vote on them?

Well, there is a pretty rampant rumor that tomorrow, for the first time, there will be a limited disclosure of this Republican effort over the last several weeks. We are told—and it is only a rumor—that the Senate Republican leadership will sit down with the Senate Republican caucus and show them for the first time what they want to propose that we vote on.

One might say: Well, that sounds like the beginning of a good, long process.

It is not. It is the beginning of a short process, because the Republican leader has said that this time next week we will be into debating that measure and voting on it to its conclusion—in 10 days. That is 10 days, start to finish, to rewrite the healthcare system of America, 10 days on a measure that has not been disclosed to the Republican Senators—not all of them—let alone the Democratic Senators and alone the American people. That is what we are faced with.

When we wrote the Affordable Care Act, which was widely criticized by the Republicans, let me tell you the process we followed with the Affordable Care Act. In 2009, the Senate HELP Committee—or the Health, Education, Labor, and Pensions Committee—heled 13 public, bipartisan hearings, 20 walk-throughs of various proposals, and a markup in the committee that went on for 13 Member meetings, and walk-throughs, and 38 meetings and negotiations.

Keep in mind that we still haven’t seen what the Republican proposal is. We are supposed to vote on it next week—this secret proposal.

The Senate Finance Committee on the Affordable Care Act held a 7-day markup and adopted 11 Republican amendments. At the end of the day, not one Republican Senator voted for the measure, but they offered amendments, and those amendments were debated and many of them were adopted by the Democratic majority.

When the Affordable Care Act came to the floor of the Republican Senate—and I remember this well—25 consecutive days in session considering that bill—25 days. As to what Senator
McCONNELL and the Republicans will offer to us in what we call reconciliation, we will be lucky to get 25 hours. We spent 25 days on the Affordable Care Act. In total, the Senate spent more than 160 hours on the Affordable Care Act and more than 150 Republican amendments, and at the end of it, a single Republican Senator ended up voting for the bill. We opened it to their amendments and adopted their amendments. It was a bipartisan effort.

What has been the process this time around? No public hearings, no markups, no public input, no support from the medical advocacy community at all. I don’t have a single medical advocacy group in Illinois that supports what the Republicans did in the House of Representatives—not one. Hospitals, doctors, nurses, pediatricians, and disease advocacy groups, like cancer and heart, all are opposed to what was done in the House of Representatives, and we are being told, when it comes to the Senate, that the American people are to blame. How could we possibly say that?

Let me tell my colleagues what else we have. We have a record of quotations from leaders on the Republican side who, even though the Affordable Care Act went through all of these hearings and all this deliberation, were very explicit in their criticism. Here is what Representative Jerry Moran, a Republican from Kansas, said last month:

"What has been the process this time around? No public hearings, no markups, no public input, no support from the medical advocacy community at all. I don’t have a single medical advocacy group in Illinois that supports what the Republicans did in the House of Representatives—not one. Hospitals, doctors, nurses, pediatricians, and disease advocacy groups, like cancer and heart, are all opposed to what was done in the House of Representatives, and we are being told, when it comes to the Senate, that the American people are to blame. How could we possibly say that?"

I might say to Senator McCONNELL: How would you explain what you are doing now when it comes to rewriting the healthcare system behind closed doors without input from anyone? Is it an effort to “jam it past not only the Senate but the American people”?

Senator MARCO RUBIO last week was quoted as saying: “The Senate is in a place where you can just cook up something behind closed doors and rush it for a vote on the floor.” I agree with Senator RUBIO, but that is what they are trying to do.

Senator LISA MURKOWSKI, a Republican of Alaska, said: “If we had utilized the process that goes through a committee, I would be able to answer not only your questions but my constituents’ questions.”

Senator MURKOWSKI, a Republican of Alaska, expressed what most of us feel. How could we even answer an honest, legitimate question from someone we represent when we can’t even see the measure that is being produced by the Republicans?

Senator JERRY MORAN, a Republican from Kansas, said last month: “We want the insurance market to work as intended. Then, on his first day in office, President Trump signed an Executive order directing Federal agencies not to enforce the Affordable Care Act. The Trump administration is restricting the open enrollment timeframe in half, making it harder for people to sign up for insurance—meaning fewer people covered, fewer people in the insurance pools, and premiums going up as a result. The President, to this day, continues to make uncertainty in the insurance market. He refuses to say whether he will continue providing cost-sharing reduction payments to help 7 million Americans afford health insurance. Without this, insurers tell us premiums will skyrocket 20 percent next year.”

Let me mention one other thing that has happened as part of this health insurance debate. We decided to make a historical change in healthcare in America. I have told the story repeatedly, and I will not tell it in detail, but it was Paul Wellstone, a progressive from Minnesota, who sat right there, and Pete Domenici, a conservative from New Mexico, who came together—these two unlikely partners—because they each had members of their families who suffered from mental illness. They said: Why is it that we don’t treat mental illness like an illness? Why is it that health insurance just covers physical illness? They were right. They fought the insurance companies for years, and they won. We put it in the Affordable Care Act. Senator Domenici said: If you offer health insurance, you have to cover mental illness. My friends, it is time for us to step out of the shadows, where mental illness was considered a curse and not an illness, and deal with it as something that can be successfully treated. We put it in the bill, and most Americans would agree that it was the right thing to do.

There was another part of it, though, that slipped my attention and now I know it is critically important. It wasn’t just mental illness. It was coverage for mental illness and substance abuse treatment.

Thank you, Senator Moran. I agree with you. That is how the Senate is supposed to work, but that is not how it is working now.

Let me tell my colleagues what some of the groups have said about this Republican effort to repeal the Affordable Care Act. On it is a partisan comment from a partisan Senator. These are nonpartisan groups.

The American Heart Association, what do they say? They say: “The House Bill would erode pre-existing condition protections, including for patients suffering from cardiovascular disease.”

About a third of us on Earth—or at least a third of us in America—have some preexisting condition. For the longest time, insurance companies said: If you are a woman, it is a preexisting condition.

Go figure. But now, at least a third of us have some condition which, in the old days, would disqualify us from insurance coverage or make it too expensive.

So now we put in the Affordable Care Act a prohibition against discriminating against any American because they have a preexisting medical condition. I think it is important. My family has certainly had the same experience as other families when it comes to preexisting conditions.

Now the Republicans have said: We are going to take that out. We want to give you more negotiating power to the insurance companies to give you more choice. Choice means another reason to say no. Choice means restrictions on your health insurance policy. That may not bother you at all today, but tomorrow, when you go to that doctor for that diagnosis you will never forget as long as you live or get involved in an accident and finally take a close look at that health insurance policy, you want to make sure it is there if you need it, don’t you?

The Republicans say we need more choice. The American Heart Association says that, when it comes to preexisting conditions, the House Republican repeal bill would seriously erode protection of Americans.

The American Medical Association, the largest group of physicians in America, said: “We cannot support the [bill] that passed the House because of the expected decline in health insurance coverage and the potential harm it would cause to vulnerable patient populations.”

The American Diabetes Association said: “It would give insurers the ability to charge people with pre-existing conditions—such as diabetes—higher prices [for health insurance] . . . and would allow insurers to deny people with diabetes the care and services they need to treat their disease.”

The American Association of Retired Persons has weighed in. Here is what they say: “This bill would weaken Medicare’s fiscal sustainability, dra-
How important is substance abuse treatment in America today? Go to Maine, go to Iowa, go to Illinois, and ask the question: Are there any problems with opioids? Heroin? Overdosing? Death? Of course.

When you visit the rehab and addiction treatment centers and you ask people: How is your family paying for this care to try to rescue this young child in your family or someone dealing with addiction, they say they are either on Medicaid, the government insurance program, or their health insurance policy covers substance abuse treatment. Why? Because Wellstone and Domenici effectively included that in the bill. Now, under the bill that passed in the House of Representatives, an estimated 1.3 million Americans with mental disorders and 2.8 million seeking help with substance abuse will lose their coverage for treatment. It is no longer a priority under the Republican idea of giving you choice with your own life.

Choice—when you are a father buying health insurance for your family and you are picking out a health insurance policy and you have a choice, could you anticipate the teenage daughter who is dealing with all that their mother will one day face an addiction and desperately need substance abuse treatment to save her life? Did you think about that when you signed up for the right choice in a lower cost health insurance policy? I feel, and many feel, that this is essential when it comes to services and health insurance. Republicans say: No, it is an option; take it or leave it. People who leave it and then need it find themselves in a terrible predicament. They can't provide the lifesaving treatment their kids and other members of the family they love desperately need.

I see my colleague on the floor, and I will not go any further other than to say to you in this government, when, 10 days before the final vote on changing healthcare for 360 million Americans, it is in a proposal that no one has analyzed? It is an embarrassment to this great institution, the Senate. I wish to talk about Medicaid. Medicaid is often perceived as a welfare program, and it isn’t. It is essential medical support.

Now, let’s talk about who receives Medicaid. Seventy-two percent of the people who receive assistance from Medicaid are children, people with disabilities, and the elderly. Indeed, 85 percent of the expenditures for Medicaid, as opposed to enrollees—85 percent of the expenditures—are for those same groups of children, the disabled, and the elderly.

Particularly, what a lot of people don’t realize is that Medicaid is one support—if not the principal support—for nursing home care throughout the United States. I am from the State of Maine. I suspect, if we surveyed people—perhaps some even in this body, but certainly in the general public: How are you going to cover Aunt Minnie’s nursing home care when she has to have it later in her life, most probably? Oh, we have Medicare. People I talk to at home say: Medicare is going to take care of me. No, except in very rare and limited circumstances, Medicare does not cover nursing home care. It doesn’t cover long-term care. That is Medicaid.

Sixty-eight percent of all the Medicaid spending in Maine was for elderly or disabled people in 2014. About one in three people nationwide is going to require nursing home care—one in three. Nationally, one in four of the nursing home residents are covered by Medicaid. So if we are talking in this bill, wherever it is—if anybody finds it, let me know—about significant cuts to Medicaid, we are talking about people’s ability to have long-term care in nursing homes. Make no mistake about it. You cannot cut Medicaid by over $1 trillion in 10 years and not have it affect those people.

Now, some say we are giving the States flexibility. We are giving the States flexibility to make agonizing decisions between disabled people, children, and seniors. That is not flexibility. To quote the President, that is "mean." That is cruel. The States are only going to have two choices. They are either going to have to cut people off and limit services—and remember that three-quarters of the people are disabled, elderly, and children—or they are going to have to raise taxes on their own citizens.

Now, we are claiming we are going to help the Federal budget. We are going to reduce the deficit by $800 billion over 10 years by passing this bill. But we are just shifting the bill to the States. That is nice work, if you can get it. Why don’t we shift the cost of the Air Force to the States? That would make the Federal budget look better. But it is not a real savings to our citizens if they have to pay out of their pocket at some point in their city, or if they have to pay part in their income taxes. That is no savings. That is a smokescreen to tell people: We are cutting government expenditures. No, we are just shifting the bill to another level of government where you are going to have to pay for them there as well.

But to get back to Medicaid. Seventy percent of the nursing home residents in Maine are covered by Medicaid. Who are they? They are people who can’t be cared for at home any longer. They require nearly constant care and support. These aren’t welfare recipients. These are our former teachers, police officers, people who look after the kids, carpenters who built our houses, the nurses who cared for us in hospitals, the wait staff who served us meals, the veterans who served in times of trouble and fought for our freedom. These people are simply part of our communities. They are not welfare recipients. They are people who have paid their fair share throughout their lives. They have worked hard. They have done all the things they were supposed to do, all the things that were expected of them. They stayed in their homes, by and large, as long as they possibly could. But at some point, after their assets and ability to pay were exhausted, they had Medicaid to help them in terms of long-term care.

I often say when I talk about this that it really frustrates me that we talk about this healthcare issue in terms of ideology and the free market and all of these kinds of things. No, this is about people.

This is about Jim and Cora Banks from Portland, ME. They lived in Portland. He was a State employee, and she was a beautician, who worked out of her home and most of her energy went into raising four boys. Cora was a den mother and Scout leader. They worked on projects and—can you believe it—all four of their boys were Eagle Scouts. That is an astonishing accomplishment, to have four sons as Eagle Scouts. They were active in the Kiwanis and taught Sunday school. One of their sons was involved in Little League. So Cora raised money to build a concession stand on the field, which is still used today.

At 55, tragically, Cora began to have memory issues. Because they had health insurance—because they had health insurance—she could get great care at a geriatric practice in Portland. Friends and family were helpful, and Jim was the principal caregiver for many years. But it was clear that Cora needed full-time care, and Jim could not provide that level of care. The doctors said she needed to be
in a residential setting. Her assets were exhausted. She qualified for MaineCare, which is what we call Medicaid. Her nursing home care was covered, and she lived for a year in that nursing home.

Two thirds of the income for all of our nursing homes in Maine come from Medicaid, from MaineCare. What happens to this resource of the nursing homes if suddenly their revenues are significantly cut? What happens? But, most of all, what happens to people like Cora?

There is also an idea—and I heard the head of the OMB talk about it: We are not really cutting; we are just cutting the rate of growth. Well, if the demand is growing, the cost is growing, and you cut the rate of growth, you are cutting. Less money will be available than is necessary to meet the need. That is a real cut.

All we know we are facing a demographic bulge from the baby boom generation, who are aging and are going to require more and more medical treatment, and they are going to put a greater demand on our nursing homes. In projecting we are projecting a 105,000-person increase in the next 10 years of people over 65. One in four Maine people will be over 65 in the next two decades.

The Alzheimer’s Association projects that 35,000 Maine seniors will be afflicted with the tragic disease of Alzheimer’s within 10 years; 25,000 had the disease in 2014. People with dementia are 10 times more likely to live in a nursing home.

There is a lot in the bill, I am told. I don’t know; I haven’t seen it. I have been looking for it. But the central premise seems to be, if it is anything like the House bill, a massive cut in Medicaid and a massive tax cut to the people in our society who least need it. The tax cut is targeted at the very wealthiest Americans. Yet the results of that decision will be to cut essential medical support for elderly people, disabled people, and our children. I don’t understand that bargain. I don’t understand that equation—a gigantic tax cut to the wealthiest and a substantial cut in support for those most need it.

Maybe I will be pleasantly surprised when I see the bill, whenever that is. I hope it is more than a few hours before we are called upon to vote on it. Right now, what we are hearing and what we are learning is that the House bill looks like a tragedy to the country and a tragedy for real people. I don’t understand the impulse to give a tax cut and to hurt people when we know that is going to be the case. And again, these are not welfare recipients; these are your friends and neighbors.

In all of our States, almost two-thirds of the nursing home residents are on Medicaid. We are not going to be able to cut Medicaid in the dramatic way that has been proposed without affecting those people.

I hope this body will take the time necessary to analyze this issue, to openly debate it, to argue about it, and to find solutions that make sense and will work for the people of America, not try to ram something through for the purpose of checking a box on a campaign promise made years ago.

The reality of this plan, in my view, not only to solve the problem in a compassionate and rational and efficient way but also to develop and run a process here that respects the institution and respects the American people.

This is not the way this place is supposed to run—to have a bill drafted in secret, brought to the floor within hours or a few days of voting, and then force a vote without the kind of consideration, hearings, input, argument, and debate that is supposed to be the hallmark of this institution.

This is a very important decision. I think one of the most important any of us will ever make. I, for one, am going to be able to tell my children and grandchildren for Maine, for our children, for our elderly, for our disabled people. And when the chips are down, the United States Senate is going to do the right thing.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Iowa.

Mrs. ERNST. Mr. President, no choice and a proposed 43-percent increase in premiums—that is what ObamaCare and its harmful impact will bring to Iowans. This year, it brought premium increases up to 42 percent. Last year, it brought increases up to 29 percent. ObamaCare is not sustainable and not affordable for Iowans.

To anybody who has studied healthcare reform, this should come as no surprise. In the past, many States have tried to reform their individual market. Twenty-seven years ago, Kentucky made an attempt and implemented the Kentucky Health Care Reform Act of 1994. This bill was similar to ObamaCare in many respects. It contained more taxes, more regulations, and more mandates. Within 3 years—3 years—insurers fled the individual market and the State was hit with skyrocketing premiums. What happened in Kentucky then is eerily similar to what is happening in Iowa today as a result of ObamaCare. When it comes to affordability and choice, my home State of Iowa has been hit particularly hard.

While traveling across the State, I hear from Iowans who are looking for affordable coverage. Far too often, I hear that high monthly premiums are squeezing pocketbooks and that soaring out-of-pocket costs, such as deductibles and copays, make coverage unaffordable to use for those who do have it. That is not what ObamaCare promised, but that is what it has brought.

One Iowan who works at a small business in Hinton wrote to me and said: Over the past seven years, prices have jumped considerably and the coverage employees are getting for the amount of money spent is substantially less! We have tried to help our employees by minimizing the changes in premiums, but these last two years we had to start paying on some of the increases in order to survive.

We can no longer absorb the constant rate increases, nor can we offer a health plan to our employees. Therefore, we find ourselves between the proverbial rock and the hard place. We certainly are not the only small business facing the same dilemma.

Employees at this small business can breathe a small sigh of relief because their employer still has the ability to offer coverage, even if they are forced to pay more and more because of ObamaCare. Other Iowans are on the email list because their options for coverage are shrinking.

In 2016, UnitedHealthcare left the individual market in Iowa. A few months ago, Wellmark and Aetna both announced they would be leaving the individual market in Iowa. That is the only remaining statewide carrier, and while they appear to be staying for the next year, it will take a massive rate increase on Iowans for them to do so.

The Iowa insurance commissioner said:

Iowa has hit a point within our market’s collapse that a 43 percent rate increase will drive healthier, younger, and middle aged individuals out of the market; Iowa’s individual market remains unsustainable.

If Medica leaves after next year, there is a very real possibility that tens of thousands of Iowans will have nothing to purchase on the individual market.

To put this issue into perspective and show why it matters so much, I want to share concerns I received from a constituent in Ames, IA. This constituent is the parent of a child with a rare disease. The family purchased a plan on the exchange in 2016. Medica made an attempt to cover the child for 2017, but now that Wellmark plans to leave, the parents are unsure whether they will be able to find a plan for their child. They find this whole experience disruptive and anxiety provoking.

Disruption and anxiety are not being felt just in Iowa; all across the country, premiums are skyrocketing and choices are limited and in some places, nonexistent. Recent data from the Centers for Medicare and Medicaid Services shows that 2.4 million people in 1,200 counties across the country will have one option for insurance in 2018. That is not an option at all. A recent report by HHS found that between 2013 and 2017, premiums more than doubled on the exchange—more than doubled on the exchange. In some States, premiums tripled.

Across the country and in my home State of Iowa, we don’t have the option to continue with the status quo when it comes to our healthcare. The reality is, the status quo is truly unsustainable.

I yield the floor.

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

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

Mr. REED. As a proud resident of Rhode Island, I am proud to represent the Providence Plantations, and I thank the Chair for the recognition.

Mr. President, I want to join my colleagues in expressing strong opposition to the Republican efforts to repeal the Affordable Care Act and to make sure that they and the Republican colleagues to abandon these efforts. They are crafted behind closed doors, and they embrace a huge tax cut for the wealthy at the expense of the most vulnerable among us.

Indeed, I implore Republicans to work with us on a bipartisan basis, in good faith, to make improvements to our healthcare system. We can make these improvements. I hope we can.

Just a couple of weeks ago, the nonpartisan Congressional Budget Office told us that 23 million Americans would lose health insurance under TrumpCare. Let me say that again: 23 million Americans will lose health insurance under the Republican bill. That is more people than live in Alaska, Hawaii, Idaho, Indiana, Kansas, Maine, Montana, New Hampshire, New Mexico, Nebraska, North Dakota, South Dakota, Vermont, West Virginia, Wyoming, the District of Columbia, and my home State of Rhode Island, and there are 23 million of us—two families—one with preexisting conditions, and millions more would seek increased costs because of TrumpCare.

I would like to remind everyone that these are real people who will be hurt if we go forward as my Republican colleagues intend to. These 23 million people need to be able to pay their rent, put food on the table, and make ends meet. Their bill would be written by the insurance companies, and it would increase costs because of TrumpCare.

I was a member of the HELP Committee while we drafted the Affordable Care Act. The Senate spent 25 consecutive days in session on the Affordable Care Act, the second longest consecutive session in the history of the Senate. The Senate Health, Education, Labor and Pensions Committee, which I served on at the time, held more than 47 bipartisan hearings, roundtables, and walk-throughs on health reform. In fact, the HELP Committee considered over 300 amendments over the course of a month-long markup, one of the longest in the history of the Congress.

Over half the proposed amendments were from Republicans. This bipartisan input, along with testimony and consultation from healthcare organizations representing hospitals, doctors, nurses, and patients, among others, over the course of a year led to a better, more informed bill.

We have a lengthy legislative process for a reason. Yet the Republican leadership—up until this moment at least—continues to write their bill in secret as they seek to convince their caucus to support a bill that nearly every major healthcare organization opposes, to say nothing of the 23 million Americans across all of our States who would lose their health coverage, and millions more would seek increased costs because of TrumpCare.

That is a shocking number.

I don't usually write Senators, actually. I've never written a Senator. I have great concerns about my healthcare. I have a preexisting condition, two heart attacks and open heart surgery, triple bypass. I had medical issues after divorce. I was junk-rated by my insurance company. I was denied coverage, sold a valuable business, and we were hit with a huge tax cut.

I was able to get the care I needed most and priced people with preexisting conditions. That is not unique to Rhode Island. We have a lengthy legislative process for a reason. Yet the Republican leadership up until this moment at least—continues to write their bill in secret as they seek to convince their caucus to support a bill that nearly every major healthcare organization opposes, to say nothing of the 23 million Americans across all of our States who would lose their health coverage, and millions more would seek increased costs because of TrumpCare.

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As David describes, the Affordable Care Act gave individuals and families control over their healthcare for the first time. He was able to get the care he needed, regardless of preexisting conditions, and able to start a new business. This is something I have heard a number of times from my constituents.

I have also heard from Andrew and his wife in Little Compton, RI, who decided to strike out on their own and open a dairy farm after the Affordable Care Act allowed me to start my business and become a dairy farmer, and allowed me to start my business and become a dairy farmer, and I was able to buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngsters are buy it, but before these youngster...
Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more for care because of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we can only prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.

Mr. President, I urge my colleagues on the other side of the aisle to abandon this effort and TrumpCare would undermine care for people like herself with Parkinson’s disease. Specifically, Cynthia wrote about her patients with Parkinson’s rely on the essential healthcare benefits required under the Affordable Care Act, including rehabilitative services, mental healthcare, and access to prescription drugs. TrumpCare would do away with these benefits.

Cynthia also points out that the average age of diagnosis of Parkinson’s is around 60 years old. However, TrumpCare creates an age tax, leading to skyrocketing costs for this very population. Cynthia also said in her letter that one-third of patients with Parkinson’s access care through Medicaid. She says TrumpCare puts all of those patients at risk of losing care. As a patient, she knows better than most that patients at risk of losing care. As a patient, she knows better than most that patients at risk of losing care. As a patient, she knows better than most that patients at risk of losing care.

Cynthia from Warwick wrote me to say:

Cynthia from Warwick wrote me to say:

I am terrified that many of the programs that I rely on for my health and well-being, indeed my life, will be reduced or even eliminated. Please protect my access to Medicaid. DO NOT make Medicaid a block grant to the states. My daughter is helping me to send this communication to our elected officials. Don’t forsake us.

So I ask my colleagues: How do you intend to protect her access to nursing home care while cutting Medicaid by over $800 billion? Block-granting Medicaid, as Republicans have proposed to do, will reduce Medicaid funding by at least 18 percent over the next decade and leave States unable to maintain current Medicaid programs, leaving behind our most vulnerable.

Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more for care because of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we can only prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.

Mr. President, I urge my colleagues on the other side of the aisle to abandon this effort to pass TrumpCare and start working with us on bipartisan solutions to improve our healthcare system.

I suggest the absence of a quorum. The PRESIDENT OF THE UNITED STATES PRO Tempore Of The Senate, Mr. APPLEGATE, asked for the quorum call to be rescinded. The PRESIDENT OF THE UNITED STATES PRO Tempore Of The Senate, Mr. APPLEGATE, asked for the quorum call to be rescinded.

Indeed, the most significant costs for Medicaid in my State and every other State is nursing home care. It is exactly those men and women, like my constituent from Pascoag, a vigorous 101-year-old, who will be forced to pay more for care because of cutbacks in service at the facility not to have two or three people on duty but just one. All of that we can foresee, and we can only prevent it if we reject this attempt to replace, to repeal, to undercut affordable care.
then requiring people to buy coverage, which is what the Democrats who voted for ObamaCare did. They said: You have to buy it, it is a mandate, whether you like it or not. We know better than you do. That is what we heard from the Democrats during the debate on President Obama’s healthcare law. That is what they passed. They passed it. They voted for it. They didn’t know what was in it. Actually, it was the Speaker of the House who said: First you have to pass it before you even get to find out what is in it.

President Obama gave a big speech to a joint session of Congress and said that if people like their plans, they can keep their plans. One of the newspapers called that the “Lie of the Year.” So millions of Americans then got letters from insurance companies; over $5,000 in Wyoming got that letter. It said: Sorry, your insurance plan isn’t good enough for government.

People ought to be able to make that decision for themselves. Families ought to make that decision, not Democrats. What about the 8 million of people who voted for the ObamaCare law. They shouldn’t have the right to tell the people of my State or any State what is best for them and their family. It is interesting because the Democrats don’t seem to want to remember that anymore. They have selective amnesia.

It turned out that if people liked their plan, they weren’t really allowed to keep it. I heard about it again a week ago at a Wyoming stock growers meeting at Laramie. They asked ranchers from around the State of Wyoming who come together each year, an organization that has been in existence longer than the State has been a State. These are hard-working people who know what works best for them, what works best for their families. Some of these outfits have been in those families for 100 years. We have something called the Centennial Ranch program where they gather all the family members when there has been in that family for 100 years, and they have been able really to survive so much over the years. Often they would say, you know, whether they deal with floods, whether they deal with fire, the biggest problem they have is often dealing with the Federal Government. We have seen it all across the board, and healthcare is just one of the last things to add to a long litany of Federal Government involvement in the lives of the people of our State.

So here we are today with this incredible government overreach and the failure of that overreach, and even the insurance companies, some of whom support of the healthcare law, are saying that this is not working. How they reflect the fact that it is not working is they say: OK, we are not going to sell insurance anymore. You can’t make them sell insurance. The prices have to go up too much, and it is just not worth the effort.

One of the big insurance companies, Humana, is dropping out of the ObamaCare exchange entirely next year. They made the announcement. Aetna said that it is quitting the internal markets in Delaware, Iowa, Nebraska, and Virginia. Anthem is pulling out of Ohio. The list goes on.

Now, so we have over 40 counties across the country that are expected to have no one selling insurance on the exchange—no one. In Wyoming, we are down to one company that sells it. We had two; one lost so much money, they were pulled off of the market. The second one is selling insurance in Wyoming, continues to lose money by selling on the exchange. They are committed to stay, but they just scratch their heads about what the potential future may hold. We are now seeing over 40 counties across the country where no one is selling insurance. That is the reality of ObamaCare.

Remember, President Obama said: If you pass this, there will be huge competition, big marketplaces. If there is not one, and there is not one, it is not a marketplace; it is a monopoly.

Next year, the Centers for Medicare and Medicaid Services has said that about 40 percent of all the counties in America will have just one company selling insurance. So one out of forty percent of the counties across America. That is a monopoly. What happens when those companies decide to drop out?

Even people who get an ObamaCare subsidy, if there is no one in that community, in that county selling ObamaCare insurance, the subsidy has no value whatsoever. It can’t be used.

That is another part of the story that the Democrats refuse to talk about. In fact, Democrats say a lot of things about insurance coverage that aren’t really telling the whole story. They have talked about the Congressional Budget Office report; they talk about a number of things. One of the interesting things about the Congressional Budget Office report—the CBO report, kind of the scorekeepers that take a look at things—on the bill that passed the House really makes no changes in Medicaid in 2018. Yet, the CBO says millions of people on Medicaid will drop it when the mandate goes away.

The Senate is coming up with its own solution. We are looking at ways to make sure that Americans have access to insurance that works for them, not just what works for Democrats in Washington. We roll back some of the worst parts of ObamaCare. Prices for health insurance will go down. People will have better options. One-size-fits-all plans that Washington has forced on the American people. They will have other options that will work better for them and their families.

Our goal is to not do what the Democrats did. ObamaCare actually kicked people off insurance that worked for them, pulled the rug right out from under them; Republicans don’t want to pull the rug right out from anyone. Our goal is to remove the American health care system so that insurance costs less and the needs of the people who buy it. Republicans’ goal is to focus on care, not just useless coverage that ObamaCare had provided for many,
with narrower networks so you can’t keep your doctor. You can’t go to the hospital in your community, you can’t get the care you need, you can’t see certain specialists, which is what we have seen with ObamaCare.

If Democrats want to talk about people losing their insurance because of the premium increases we are seeing requested in Maryland—24 percent is actually how much it went up last year and 38 percent in certain areas requested for this year. Now I hear the Democrats say that they are worried about whether people with preexisting conditions get insurance. As a doctor, I will tell you, my wife is a breast cancer survivor; we are absolutely committed as Republicans to making sure no one with a preexisting condition is left out. Democrats can’t make that claim. They have made it over the years. But if there is no one selling insurance where you live, there is no exchange being offered, and you live in those 40 counties right now with no one selling—none—zero, and that number of counties is going to expand next year—if you have a preexisting condition and you are living under ObamaCare, you cannot get insurance no matter what any Democrat says, because no one is willing to sell it to you, even if you get a government subsidy—no one. You are left out. That is what the Democrats have given us in this country with their failed ObamaCare system.

So ObamaCare continues collapsing. It is going to harm more Americans who have preexisting conditions.

The other day, Senator SCHUMER admitted that ObamaCare isn’t providing affordable access to care. I think it is an injustice from the minority leader. Now it is time for him and the Democrats to join with Republicans in the Senate—join us in providing Americans the care they need from a doctor they choose at lower costs.

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

The PRESIDING OFFICER. Without objection it is so ordered.

Mr. CORNYN. Mr. President, as the Senate knows—and I suspect a lot of people outside of the Chamber know—we will move forward on the healthcare reform effort to repeal and replace ObamaCare very soon. A bill will be released tomorrow morning, representing a discussion draft.

I think it is important to remind all of our colleagues of the urgency that we face. We already know that insurance premiums have gone up since 2013 alone for those in the individual market—those would be individuals with small businesses—by 105 percent. This is 2013. Can you imagine in 2013 paying a premium only to realize that over the next 4 years it would quadruple in just a short period of time?

Most Americans can’t absorb that additional cost. We know that many people are struggling from the high cost and the lack of choice they have and the choices available to them.

Again, on the cost issue, when ObamaCare was being sold to the American people, I still remember President Obama saying that the average family of four would see a decrease in their premiums of $2,500. I think the correct figure is based on experience. They have seen their premiums go up $3,000.

I shared a story last week about a small business owner in Texas who had lost his healthcare. He lost his doctor, and yet he had to pay astronomically more for what ends up to be less coverage. I would say he is only one person who I have heard from. I have heard from many, many more under similar circumstances.

Even those who receive their healthcare from their employer are feeling trapped by ObamaCare. I had a constituent, for example, from Needville, TX, and his story, yet again, is all too familiar. After his employer renewed their healthcare plan, premiums rose 50 percent, and his current doctor refused to accept his plan from the ObamaCare marketplace. While his healthcare costs rose, of course, his salary did not follow suit.

He has been forced to dramatically cut back on his standard of living and is living from paycheck to paycheck. In his letter, he said he is worried about being able to provide for his family. Can you imagine what that must be like? And not thinking of himself, but what this means for his coworkers, as well as the family he was just referred by the Senator from Vermont—one of their Presidential candidates—Mr. SANDERS, who said that what he wants is nothing less than a complete Federal Government takeover of healthcare, the so-called single-payer system. That would wipe out all private insurance, and you would be looking to the government for all of your healthcare.

We know that hasn’t worked particularly well in places like Canada and England and elsewhere. We also know that it is completely unaffordable. The Urban Institute, which did a study of Senator SANDERS’ single-payer healthcare system, said that just in 2017 alone, it would add more than a half trillion dollars to Federal spending, and it would add trillions and trillions of dollars more over ensuing years. This isn’t a solution. This is creating a bigger problem.

Unfortunately, our Democratic colleagues have let the far left faction of...
their own conference hold them hostage to pushing for a single-payer system that would make ObamaCare look like a wild and resounding success.

As I said, we need only look to our neighbors to the north, who under a single-payer system have their healthcare decisions decided for them by the government, while they see their taxes go up every single day.

Canada is marketed as an affordable outcome, but only if your procedure is deemed necessary by the heavy hand. In other words, if the government doesn’t think the procedure you need is necessary, good luck with that.

Would you want somebody in the government making your medical decisions for you or your family without considering your individual medical history? I certainly wouldn’t. Under a single-payer system, this could lead to many families having to buy supplemental health insurance on top of the taxes they have already paid or simply pay cash, rewarding high-income individuals with a better level of healthcare above that offered to the rank-and-file citizens under a government program.

Single-payer systems are not a solution, which is exactly not in this country. Not only is choice and cost threatened under a single-payer system, but so is quality of care.

Just last year in Canada, it took an average of 26 weeks for patients receiving medical care that was deemed necessary—the longest recorded wait since wait times began to be tracked. One report estimated the Canadians are waiting for nearly 1 million healthcare procedures.

Can you imagine having to wait up to 38 weeks for some medical procedure, the whole time worrying about your health or the health of your loved one?

Single-payer is a costly, inefficient, and unfeasible option, and, perhaps because of that, we do not hear from many people on the floor stating what I believe to be the case, which is that it is the only choice being offered by our friends across the aisle. They are not willing to come here and debate the merits of what we are proposing, which is a market-driven, individual-choice system, which is designed to keep premiums down in a way that makes it more affordable. They are not willing to debate that and a government take-over as a single-payer option with all of its assorted problems.

The reforms we are seeking are patient-centered and market-driven. These are the sorts of things that many of our colleagues across the aisle said they would like to see as well, but they have somehow fallen in line with part of their political base, which makes it impossible for them to have an open, rational discussion about the merits of each proposal.

We are left with no option but to finalize our discussion draft and introduce that tomorrow so that the world can see it and so it can be put on the internet, so we can have a fulsome debate and we can have unlimited amendments in the so-called vote-arama process, which I know is very popular around here. We will vote dozens of times or more on proposed amendments to the bill. That is the kind of transparency that I think is important when you are dealing with something as important as healthcare.

Here are the goals of what we are going to propose tomorrow in this discussion draft.

First, we need to stabilize the markets that have left millions in the country with no choices when it comes to insurance providers. Under ObamaCare, insurance markets have collapsed. In Texas, one-third of Texas counties have only one option for health insurance, which is no choice whatsoever. Of course, in addition to threatening competition, it also lowers quality while doing nothing about rising costs.

Second, we have to address the ballooning price of ObamaCare premium increases. I mentioned, just in the ObamaCare exchanges since 2013, they have gone up, and we do nothing about it, they are going to go up by double digits again next year, so doing nothing is not an option. Again, without competition, there is no room for these prices to go anywhere but up, and we have come to the rescue of the millions of Americans who are simply being priced out of the health insurance market.

Third, something our Democratic colleagues have repeatedly called for is that we have to protect people with preexisting conditions. If we want our healthcare system to work, we must be able to provide coverage, particularly for preexisting conditions, for all Americans. We will do that in the discussion draft proposed tomorrow.

Lastly, I believe we need to give the States greater flexibility when providing for the low-income safety net known as Medicaid, in a way that is user-friendly and cost-effective. For example, in my State, we have asked for a waiver in order to provide managed care for people on Medicaid. More than 90 percent are on managed care, which means if you have a chronic illness—if you have a particularly complicated medical problem—you have a medical home and somebody keeping track of your treatment, making sure you get the treatment you need and are on track.

Now we have the opportunity to make Medicaid a sustainable program. We know that it is not, as currently written. What we are proposing is to spend more money each year on Medicaid, not do so at a cost-of-living index that will be affordable and sustainable by the American taxpayer. We have the opportunity to address the quality issues and redtape issues and provide this important entitlement to make sure that it remains on a stable path.

The American people have made clear, time and again, that the status quo of ObamaCare is not working. All you have to do is look around. There were 60 Democratic Senators in 2010 who voted for ObamaCare. They were in the majority—a big majority. How many are there today? Well, there are not 60 anymore. They have gone from there originally to believe in large part because of the unfulfilled promises of ObamaCare.

I encourage our colleagues across the aisle—indeed, I encourage all of us to listen to the stories from our constituents. There are too many families asking us to step up and come to their aid. We need to do more than just give floor speeches or loft impossible single-payer options, which simply won’t work. We need to actually deliver on the promises we made to deliver healthcare reform and to do so to the best of our ability.

I am under no illusion that this will be perfect. Indeed, when you are operating under the constraints of the Affordable Care Act, it is threatening competition, it also lowers quality while doing nothing about rising costs.

We invite our Democrat colleagues to join us, if they will. But under present circumstances, it doesn’t look as though they plan to do so.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. President, I have nine requests for committees to meet during today’s session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet today beyond 2 p.m. But I ask unanimous consent that a list of the committees requesting authority to meet be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Committee on Commerce, Science, and Transportation
Committee on Finance
Committee on Foreign Relations
Committee on Homeland Security and Governmental Affairs
Committee on the Judiciary
Subcommittee on Intelligence
Subcommittee on Seapower
Subcommittee on Public Lands, Forests, and Mining

Mr. CORNYN. Mr. President, if I could take 30 seconds more—because my colleague from Louisiana is here— I, frankly, think the objection to nine committees meeting in the Senate is indefensible. I mentioned the three committee hearings we had this morning, but they are just an indicator of important issues and investigations by the Intelligence Committee of Russian involvement in our election; the Judiciary Committee looking into
the role of MS-13, one of the most dan-
gerous and violent street gangs in
America, with about 10,000 gang mem-
bers present in the United States. We
are looking at things like trade and the
importance of modernizing NAFTA and
the $5 million jobs that binational trade
supposes among Mexico or the 8 million jobs
with Canada.

For our Democratic colleagues to ob-
ject to our being able to meet in com-
mittees because of theirique over
healthcare—which they have volun-
tarily put themselves out of—is just
beyond indefensible. I hope the Amer-
can people realize exactly what they
are doing. This is the temper tantrum
I talked about a moment ago. This is
not about having an open and honest
debate and trying to solve a problem
that, frankly, is not just our problem;
it is a problem for all Americans. We
ought to do better than that. We ought
to hold ourselves to a higher standard
than that. But this is the kind of tem-
per tantrum, I believe, that we see
when a political party is not willing to
participate in the debate and where
they have no ideas that are actually
workable, other than a single-payer
system that will bankrupt the country
and not fail to deliver quality
healthcare to all our citizens.

I yield the floor.

The PRESIDING OFFICER (Mr.
TOOMEY). The Senator from Louisiana.

HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, I am
also here, as Senator COTNYN has,
on the state of play, if you will,
and the repeal and replacement of
ObamaCare. I think sometimes the
American people feel like collateral
damage as Republicans and Democrats
go back and forth as to what is the best
policy.

I am a physician, a doctor who
worked in a public hospital for the un-
insured for decades before I went into
politics. I guess from my perspective,
the primary or predominant—well, yes;
versus Democrat, but that patient who
is struggling to pay her bills, her pre-
miums, or the fellow who can't afford
medicine. What are we doing for them?

There is a gentleman who went on
my Facebook page—again, cutting
through this kind of political noise.
This is Brian from Covington, LA:

My family plan is $1,700 a month, me,
my wife and 2 children. The ACA has brought me
to my knees. I hope we can get something
done. The middle class is dwindling away.
Can everyone just come together and figure
this out?

If that is not a plaintive plea of
someone who is drowning under the
cost of premiums for insurance, which
he knows he has and, as a responsible
father and husband, he will work to pay for—nonetheless, he says that he
is being crushed by these high premiums.
The American people need relief. We
have to lower those premiums. I have
always said, though, that whatever we
do must pass the Jimmy Kimmel test;
that is, to say that if Brian's wife or
children or he himself has a terrible ill-
ness, there will be adequate coverage
to pay for the care their family would
need for that member of their family
with that terrible disease. It kind of
brings us to where we are now—two
aspects to what we are considering.

By the way, the Democratic Senate
in the status quo—to get the money they
would have ordinarily received under
the Affordable Care Act and to con-
tinue a system—as much as they desire
to have—for the whole Nation.

I say, as any observer, Chuck SCHU-
MER, condemned our bill before we filed
it, meaning before he had a chance to
read it. Without reading our bill, he
condemned it, even though his State of
New York would have been allowed to
continue in the program that they are
currently in and receive the dollars to
support that program. He condemned
the bill before he read it, even though
it would have allowed his State to con-
tinue in the status quo.

Similarly, we approached other Sen-
ators—10, at least, on my part. None
would help us with our bill, even
though their State could have continued
in its current status quo, receiving the
income it currently receives. That
tells me that even a good faith effort to
try to pass the bill and get cooperation
for them, so much so that those folks
enrolled in Medicaid expansion. Tax-
payers are paying 50 percent more than
taxpayers are paying for those in tradi-
tional Medicaid. And States enrolled
as a roughly 30 percent share of the
Medicaid expansion program. The combi-
nation of enrollment so many people in
the Medicaid expansion program and pay-
ing 50 percent more than for tradi-
tional Medicaid means that when
States finally have to foot 10 percent of
the bill, which they will by 2020—when
States have to finally foot that 10 per-
cent of the bill, they cannot afford that
10 percent.

Unfortunately, under the Affordable
Care Act, taxpayers will not be able to
pay what in California is $2.2
billion extra per year as the State's 10-
percent share. Similarly in Louisiana,
my State, our taxpayers—me, my col-
leagues, my friends, my neighbors—
would be on the hook for $310 million
per year. Our State is having a budget
crisis because we can't afford $300 milli-
on. Now it is a $310 million recurring
bill every year.

One thing that is not said is that
Medicaid expansion program is not sus-
itable. We have to do something—again, to preserve benefits
for that patient. We have to take care
tof that patient, but we have to make it
sustainable, both for the Federal tax-
payer and the State taxpayer. By the way,
whomever is watching this is both a
Federal and State taxpayer. You are
getting caught both ways.

Let me speak a little bit about the
process. If you want to speak about
Medicaid, I just laid it out. Let's
speak about the process, as little as
much has been said about it. I don't
care how the process transpired,
but I certainly understand Leader
MCCONNELL's concerns that Democrats
would not collaborate. I find that
sorry state of affairs.

What do I mean by that? SUSAN COL-
LINS and I, and four other Republican
Senators, put forward a bill that would
continue the Affordable Care Act in the
status quo—to get the money they
would have ordinarily received under
the Affordable Care Act and to con-
tinue a system—as much as they desire
to have—for the whole Nation.

As you might expect, States were quite
concerned about current law regarding
Medicaid expansion program and pay-
taxpayers are paying for those in tradi-
tional Medicaid. Under the Medicaid expan-
sion program in the Affordable Care Act, States
got 100 percent of all the cost of the pa-
tenants enrolled for the first 4 to 5 years.
As you might expect, States were quite
generous in their payments for these
patients as they contracted with Med-
icaid-managed care companies to care
for them, so much so that those folks
enrolled in Medicaid expansion. Tax-
payers are paying 50 percent more than
taxpayers are paying for those in tradi-
tional Medicaid. Under the Medicaid expan-
sion program and pay-
ning.
could use to create what was called the invisible high-risk pool—a reinsurance program, if you will—so that if you are a patient on dialysis, a patient with cancer, very expensive to care for, you would continue to get the care you require. Otherwise, you and everyone else in that insurance market has their premiums lowered because there is a little bit of help for those folks with those higher cost conditions. By that, we lower premiums.

President Trump, when he was running for President, said he wanted to continue coverage, care for those with preexisting conditions, eliminate the ObamaCare mandates, and lower premiums. What I have seen or, at least, heard is we are on the path to fulfilling President Trump’s pledge. Now, again, reserving judgment until I have seen written language, I will say that what I have seen so far keeps the patient as the focus, would address someone like Brian, the needs of his family, the needs of his healthcare as well as their health, and build a basis so that going forward, States would have the ability to innovate, to find a system that works best for them.

On behalf of those patients, I hope that—what both parties are successful. I hope going forward, we, as a Senate, no matter what our party, put the patient as the focal point, hoping that our combined efforts—again, no matter what our party—will address her needs or his needs, both financially and particularly for their health.

I yield the floor.

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

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

Mr. BLUMENTHAL. Mr. President, earlier this week, on Monday morning at 9 a.m., I held a last-minute emergency field hearing on healthcare. With our colleagues on the other side of the aisle refusing to hold any official hearing on the bill and refusing to even show us the bill—what almost certainly is almost bad policy that is contained in the bill—I want the people of Connecticut to know how serious this is. The voices and their faces would be heard and seen here in Washington, DC, and their stories would be told with or without an official committee hearing.

When I say this emergency field hearing was last minute, it was truly last minute, with many people having not even days but hours of advance notice to come and speak and share with me and others what the Affordable Care Act has meant to them, to their families, to their communities, and what losing it would mean to them.

To say the room was full would be a gross understatement. Every seat was filled, and when those seats were gone, people lined the wall two or three deep and squeezed in through the door. They were so anxious to be heard, and they were loud and clear. They were heard by me, and now I want their voices to be heard here.

We are continuing this hearing. In fact, we are having a second hearing on Friday afternoon at 1:30 in New Haven. We are sending out notices, blasting them to the people of Connecticut. We will have a third, if appropriate and necessary.

The people who came to this emergency field hearing in Connecticut were no different from millions of other people around the country, and they were speaking, in a sense, for all Americans. In my mind, they were speaking for parents who are suffering, providers who are healing, kids fighting back against dreaded diseases. They came because the closed-door discussions held in secret here by a small number of colleagues across the aisle impact them every single day for the rest of their lives. My constituents and the people of Connecticut and the people of the country are unrepresented in those discussions. That is a travesty and a betrayal of our trust and our duty.

So, on Friday, we are going to do the same thing. We are holding another emergency hearing in New Haven so people of my State can be heard, despite this disgraceful process that has left them on the outside looking in. They are excluded from democracy, and that is unconscionable.

If nothing else, I hope my colleagues will realize one thing. This is what democracy looks like. This is how we are meant to make decisions with many opinions—much debate, diversity of viewpoint, sometimes messy but always transparent, open, and clear to people whose lives are affected by it. That is what this emergency field hearing was designed to do.

Since it is becoming increasingly clear that this bedrock principle of our democracy—the right to open and honest debate—is being denied, I want to share some of the stories I heard on Monday, just some of them, and I will be sharing more of these stories over the coming days.

Justice Brianna Crouth was described by her mother as a beautiful, free spirit who you can see from this side of the photo. She was filled with compassion and at 21 years old had a beautiful and meaningful life ahead of her, all of her life ahead of her. She was a full-time student in a dental program, and she had a 4.0 average.

Justice, like far too many people, particularly young people in Connecticut and around the country, had a substance use disorder, and she needed effective, long-term treatment to begin that road to recovery. For Justice, this treatment came too late, and on August 23, 2013, she overdosed on heroin. It led to a brain injury. It is likely she will never recover from that injury.

“More likely than not,” her mother said, “I will have to make the decision to bring my daughter home with hospice care. No parent should be faced with these decisions.” That is what Jennifer Kelly said at the hearing on Monday.

That is a picture of Justice as she is today. I want to read exactly what Jennifer Kelly said because her words are far more powerful and meaningful than mine could ever be.

The American Health Care Act—

The House version of the so-called replacement for the Affordable Care Act—would reduce Medicaid funding by $800 million, which provides coverage to an estimated 3 in 10 adults dealing with an opioid addiction. This will be so devastating to those seeking treatment for an opioid addiction. In a system where families are already seeking help, this will be a tremendous step backwards.

So here I am, almost two years later, pleading for life, fighting once again for families I have never met, because I believe that we should have the right to get help for addiction in this country like my daughter did. So my question is, Mr. President and the members of the Senate, what number of lives is enough? When will others in this body realize that gutting our healthcare system and stripping millions of care will simply make this opioid epidemic worse?

Jennifer was unfortunately not the only person who came to speak about the opioid epidemic. Most moving and powerful among those moments came from Maria Skinner, who runs the McCall Center for Behavioral Health in Connecticut, who was there to give her thoughts and share the stories of two young people. I was actually lucky enough to meet both of them. Once again, I am going to share her words directly:

What I want to do is talk to you about two people and make that a real, personal, granular, human story. . . . And you know these two people very well; it’s Frank and Sean.

She was speaking to me.

[You have met Frank and Sean, who were able to access care and get clean and sober because of the Medicaid expansion, because they were able to have coverage.

And they’ve come here, to these rooms, to speak courageously and publicly about their lives and about their recovery, and about how grateful they are to be able to be clean and sober because of the access of care afforded them through their insurance coverage.

We went to Sean’s funeral on Saturday, and . . . Frank would be here today if he wasn’t as brokenhearted as I am. Sean was 26 and had been doing really well, was on Naltrexone, was taking a Vivitrol shot, and he had to have surgery for a hernia, because
he raced motorcycles professionally and the hernia hurt him. He wanted to go back and was doing so well, he was speaking publicly to youth and was anxious to go back into doing what he loved. So he had that surgery and had to come off of his medication to do that. He was very vulnerable after his surgery, and he slipped once, and he used.

I’ve seen many funerals and seen too many mothers and fathers broken-hearted at the coffins of their sons and daughters. We can’t make this any harder than it already is. To me, it is unconscionable.

Maria is right, and so is Jennifer. Gutting Medicaid would be unconscionable. Weakened the protections afford those with mental health or substance use disorder would be truly unconscionable. Repealing the Affordable Care Act and the provisions within it that have meant more coverage, more healthcare, and more healing for those already living with substance use disorder and struggling to break the grip of this opioid epidemic would be unconscionable and costly beyond words.

Alternative funds, as some reports say have been considered, will never replace a permanent insurance program like Medicaid because Medicaid guarantees that coverage is there when families need it. No alternative can do that.

In Connecticut, nearly half of all medication-assisted treatment for people with substance use disorders is paid by Medicaid. My fear is that the Republican bill in place will mean that these people would have no place to go. They would have no support for medications, counseling, and help, no chance to get better, no place to go. I refuse to let us find out the answer to what would happen to them if Medicaid were gutted. I refuse to allow it to happen.

People with substance use disorder are not the only ones who will see their coverage threatened by a weakening of protections for those with preexisting conditions. In Connecticut on Monday, Shaye Endres of the Connecticut Health Policy Project, really summed up the reason. Here is what she said:

We have been working on expanding health coverage, high-quality, affordable coverage to everyone in the state and now everyone in the nation. I looked back, actually, at 2010, how many people were uninsured in this state before the Affordable Care Act, it was 397,000 people, almost 400,000. Last year it was down by 262,000. That is 262,000 fewer people living in our state without insurance because of the Affordable Care Act.

I want to share one final story. It is about a little boy in Connecticut who has a life-threatening condition. The Affordable Care Act is secretly gutted behind closed doors, as is now happening in real time right before our eyes, in secret, invisibly, in this body. I want to tell you about Connor Curran.

Two years ago, when Connor was 5 years old, his parents noticed that he was lagging behind his twin brother. They brought him to a doctor. Rather than receiving a simple diagnosis, they learned that Connor has Duchenne muscular dystrophy, a degenerative terminal disease that has no cure. Most people with the disease don’t survive past their midtwenties. Connor’s family wrote that their sweet boy, who was just 5 and full of life, would slowly lose his ability to walk and lift his arms. Eventually, they said, he would lose the ability to hug them at all.

Connor needs complex care from multiple specialists, costing an estimated $54,000 a year. Thanks to the Affordable Care Act, he cannot be denied coverage and has the ability to receive care. His family also wrote that any elimination of lifetime caps or elimination of essential health benefits will hinder his family’s ability to access the care that Connor needs.

This is Conner in a picture that has been provided by his family.

The ACA removed barriers to Conner’s care, and they are concerned that this reckless, reprehensible bill will put them back to the place that they were when they first learned about Conner’s diagnosis.

Should Conner’s disease progress, he will very likely need access to Medicaid in order to offset the costs of living with a disability, but for his family, the question now is, Will Medicaid be there? If that devastating day comes, will he continue to receive the care he needs?

Conner’s family is not about to give up. They have come to my office annually since he was diagnosed in order to fight for a cure and to fight for the Affordable Care Act—sometimes with tears in their eyes. They raise awareness, and they fight for their little boy. I know they would do it a million times again if it meant that Conner could get better and live a long and healthy life.

Connor and others like him are why I am here. Conner and others like him are why I will continue this fight against any attempts to repeal the Affordable Care Act and replace it with a shameful, disgraceful bill that has been written behind closed doors—destroying lives and degrading the quality of life for millions of Americans.

The people whom I have met in Connecticut who came to this hearing—and countless others who have talked to me about the Affordable Care Act—are fighting for their lives and their health and for others who need it as well.

Those people whom I met in Connecticut and the others who will come to our hearing on Friday and, perhaps, also Wednesday are the reason I am fighting for better coverage for all of the people of Connecticut and our country. Those people are the best of our country with their fighting spirit and devotion to the people whom we represent. Failing to do so is unconscionable just as destroying the Affordable Care Act would be unconscionable, just as denying Conner what he needs would be unconscionable, just as ignoring the voice and the work that people who should be unconscionable. I hope my colleagues will listen.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. HATCH. Mr. President, I am pleased to yield 5 minutes to the distinguished Senator from Georgia.
The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, I thank the distinguished President pro tempore of the Senate, the chairman of the committee. I am honored to take that 5 minutes.

VETERANS HEALTHCARE

Mr. President, a lot of us wake up in the morning with a plan for the day, and we know what we are going to do each hour—and every 5 minutes if you are a Member of the Senate. Some days surprise me. Like, I went to breakfast this morning for Members of the Senate who are veterans of the U.S. military.

There were three of us at that breakfast. There were supposed to be more, but some did not come at the last minute.

One of the people at the breakfast handed me a piece of paper—four pages as a matter of fact—and asked: Have you seen this?

I did not know what it was, but I turned to it and read it. It was a white paper on the impact of President Trump's proposed budget on the American veteran.

The guy said: You are the chairman of the Veterans' Affairs Committee. I want you to explain why all of this is true.

I quickly turned through it, from one page to another, and looked at each of the headlines and subtitles. Every one of them was wrong. There was not a statement of fact in it, but there was a purpose to the paper.

So I thought all morning about what I would do today to try and get the word out about what is true without getting into a partisan or a bickering battle on the floor of the Senate about documents that have been sent out circuitously by one Member of the Senate or another. Facts are facts, and facts are stubborn things. It is very important for me as chairman of the committee to make sure that the Members of the Senate know what we are dealing with as we lead up to making important decisions.

This white paper alleges that President Trump's budget is a circuitous route to privatize VA health services for our veterans, which is patently untrue and wrong, and the authors of this in the Senate who have written it know it is untrue because they are on the committee. It further alleges that the funding of healthcare for veterans has been cannibalized and that they are not going to get their healthcare services, you are accusing the Congress and the Senate of not doing their constitutional duty of providing the funds a government has and those women when they voluntarily sign up to serve our country, serve for the eligible time necessary, and get VA status.

I am never going to forsake my obligation to the men and women who serve us today, have served us in the past, and will serve us in the future. I am never going to be one of those politicians who is not trustworthy in standing behind every promise that is made.

We have made a great promise to the veterans of America, and we are going to keep it because they made the greatest promise of all—that they would risk their lives for each of us.

And so if you get a document that reads, "The Impact of President Trump's Proposed Budget on America's Veterans" and read it and it talks about the cannibalization of VA healthcare and its going to a privatized system of healthcare, put it in the trash can because that is where it belongs. It is full of quotes that have been taken out of context and that have been put together to tell a story to frighten folks.

Today and every day, we are in the process in the Veterans' Affairs Committee of working toward seeing it that we meet the funding shortfalls that exist, to see to it that our veterans get the healthcare that they deserve and they come to our Veterans Health Administration for or that they have a choice, and we will continue to do so.

I have but one responsibility in the U.S. Senate, which is of paramount importance, and that is my chairmanship on the Veterans' Affairs Committee. I am not going to let our veterans down, and I am not going to let somebody else allege that we on the committee are trying to do something that would not help the veterans or guarantee them their healthcare. On the contrary, we are going to see to it that nobody else takes it away. We are going to do for our veterans what they have done for us—pledge our sacred honor to see to it that they get the service they deserve and have earned for, and have risked their lives for.

I thank the Senator from Utah for yielding the time.

The PRESIDING OFFICER. The Senator from Utah.

HEALTHCARE LEGISLATION

Mr. HATCH. Mr. President, for the last several weeks, I have been going quite a bit about process here in the Senate, particularly as it relates to the ongoing debate over the future of ObamaCare.

My friends on the other side of the aisle have, apparently, polled-tested the strategy of decrying the supposed secrecy surrounding the healthcare bill and the lack of regular order in its development. They have come to the floor, given interviews, and even hijacked committee meetings, in an attempt to express their supposedly righteous indignation about how Republicans are proceeding with the healthcare bill.

Of course, hearing Senate Democrats lecture about preserving the customs and traditions of the Senate is a bit ironic, but I will get back to that in a minute.

Last week, the Senate Finance Committee, which I chair, held a routine nominations markup to consider a slate of relatively uncontroversial nominees. On that same day, several of our colleagues and congressional staffers had been viciously attacked by an armed assailant, and a Member of the House of Representatives, of course, was in critical condition in the hospital.

I opened the meeting by respectfully asking my colleagues to allow the committee to use the markup as an opportunity to demonstrate unity in the face of a violent attack against Congress as an institution. Even then, my Democratic friends were, apparently, unable to pass up an opportunity to try to score partisan points and rack up video clips for social media by playing for the cameras as they lamented the committee's position in the healthcare debate.

Once again, the situation is dripping with irony. As I said, I will get to that in a minute.

If my Democratic colleagues are going to continue grandstanding over the healthcare debate, I have a few numbers I would like to cite for them.

Under ObamaCare, health insurance premiums in the State of Oregon have gone up by an average of 110 percent. In Michigan, they have gone up by 90 percent. In Florida, they have gone up by 84 percent. In Ohio, they have gone up by 86 percent. In Pennsylvania, they have gone up by 120 percent. In

Virginia, they have gone up by 77 percent. In Missouri, they have gone up by 145 percent.

I have not picked those States at random. Each of these States is currently represented by a Democrat on the Senate Finance Committee. Of course, those trends extend well beyond the committee.

In Illinois, where the Senate minority whip resides, premiums have gone up by 98 percent.

In West Virginia and Wisconsin, both of which are also represented by Democratic Senators, premiums have gone up by 109 percent and 93 percent, respectively.

Montana is in a similar situation with premiums rising by 133 percent under ObamaCare.

Now, just so people do not go thinking that I am picking on the Democrats, I will note that in Utah, of which is also represented by Democratic voters for wondering why they only mentioned a few things. I hope they have answers for their voters for wondering why they only have one insurance option available to them, if they even have that, and, most importantly, I hope they have an explanation as to why they have been more or less silent while the law they supported—and still support—has wreaked havoc on our Nation's healthcare system.

Until they can answer those questions and provide those explanations, my good friends should spare anyone within earshot their lectures about what is currently happening in the Senate.

Finally, let me address the irony of my Democratic colleagues' process complaints. Some of them have selective memories when it comes to the history of ObamaCare. We have heard our colleagues talk about the number of committee hearings held in advance of ObamaCare's passing. What we don't hear is that there was not a single hearing held in the Senate on the ObamaCare reconciliation bill, which was an essential element that ensured passage of the Affordable Care Act in the House.

We have heard our colleagues talk about the markup process in committee and the number of amendments that were filed and accepted. What we don't hear about is the fact that the bills and when they are passed, HELP Committees were tossed aside so the healthcare bill could be rewritten behind closed doors in Senator Reid's office, who was then the majority leader. The final product was only made public a few days before the Senate voted on it.

The truth is this: Senate committees—including the Finance Committee—have had literally dozens of hearings wherein the failings of ObamaCare's passing. What we don't hear is that there was not a single hearing held in the Senate on the ObamaCare reconciliation bill, which was an essential element that ensured passage of the Affordable Care Act in the House.

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without asking. What in the heck have we done here? Are we so stupid that we believe the Federal Government is the last answer to everything?

Well, we will see, because I think some people are that stupid and, frankly—I don't know anybody, and I hope I am wrong, but I have been here 41 years and I have seen a lot of stupidity around this place and you have to really go a long way to find anything worse than the so-called “affordable” healthcare bill.

The Senate is about to pass a piece of legislation that is going to wreck our country if we don’t, as Democrats and Republicans, get together and reform it. This is an opportunity for my friends on the Democratic side as well as the Republican side to see what we can do about this and to get this thing straightened out.

This is the greatest country in the world. There is nobody in this country who should go without basic healthcare. When we have terrible cases like my distinguished friend and colleague from Connecticut has mentioned, yes, we want to make sure people who suffer like that are taken care of, and there are some on our side who could have a little more humane and compassionate, but there are some on the other side, too, who could be a little more humane and compassionate and maybe a little more honest when they talk about this bill.

We are a long way from solving the healthcare problems in this country, and if we go down this road any further, we will be an even longer way from solving these problems, and we may very well bankrupt the American economy, which will then really show us how bad we are with regard to healthcare in this country.

My friends on the other side never ask, Where is the money going to come from? Who is going to pay for this? Who is going to tax us to get through this? We are just going to throw money at it, and we are $100 trillion in unfunded liability in this country and $20 trillion in national debt. It is astounding. Who is going to pay for it, especially when it doesn’t work any better than that.

I spent some of my prior life in medical malpractice work defending doctors and hospitals and healthcare providers, and some of that was really astounding because some of those cases were brought just to get the defense costs, which were always pretty high because those cases were very expensive to defend. Most of them were not good cases, but once they got in court, if they had any kind of basis at all—but even if they were dismissed, it still cost a lot of money.

All I can say is, there is a lot wrong with our healthcare system in this country, but it is still the best healthcare system in the world and it is about to go down if we don’t get together as Republicans and Democrats and straighten this mess out. We can make our political points all we want to. Both sides have been right in some cases and both sides have been wrong on some things, but we are wrong if we think that the current system is going to work, and we ought to be working together as Republicans and Democrats or Democrats and Republicans to straighten this mess out.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan, Mr. PETERS, Mr. President, I rise with the understanding that the Senate is about to pass a Republican healthcare bill next week, a bill that has been written entirely behind closed doors.

The bill has been hidden from the American people, the press, and, as far as I can tell, almost every Senator. I have not been allowed to see it and neither have any of my Democratic colleagues.

I was elected to the Senate in 2014 during the same election that Republicans regained the majority, and I remember a pledge by their leadership that the Senate would return to regular order. Well, regular order means public hearings on legislation. Regular order means committees have a chance to gather input from expert witnesses, consider a policy’s potential impact, and amend bills before they come to the floor.

Prior to enacting ObamaCare, the Senate Finance and HELP Committees held nearly 100 hearings, roundtables, and walkthroughs on healthcare reform. In the House, where I served at the time, there were over 79 bipartisan hearings and markups that included an opportunity for our Republican colleagues to offer input and amendments in the bill. Dozens of Republican amendments were adopted during the House committee markups of the Affordable Care Act. That is an open process.

What are we seeing now? Is it a bill drafted behind secret, and hidden behind closed doors. But why? Is it because Republicans know that this bill is not a good deal for the American people? You could call the recent process a lot of things, but you can’t call it open, and you can’t call it regular order.

Supposedly, the bill has been assembled by a working group of 13 of my Republican colleagues, but just yesterday—just yesterday—one of these Members complained that he had not even seen a draft. In fact, he went on to say—this is a Republican colleague of mine in this working group:

It has become increasingly apparent in the last few days that even though we thought we were going to be in charge of writing a bill within this working group, it’s not being written by us. It’s apparently being written by a small handful of staffers for members of the Republican leadership in the Senate.

This quote makes it clear that this working group is—well, it is not working.

When Senators in the majority party are unable to tell you who is writing the bill, let alone what is in the bill, we have a problem. While we clearly have a problem with the secretive, rushed process, this process is a symptom, not the disease. The underlying disease is that this bill, which we reportedly will see tomorrow, is almost certainly terrible for the American people.

There are two explanations for keeping a product under wraps: Either you want to build excitement for it or you are worried about the weaknesses that will be exposed by light. I don’t believe for a moment that Republicans are trying to build excitement by hiding this bill. This bill is not next year’s model of the Ford Mustang or Chevy Camaro waiting to be unveiled at the Detroit auto show to great fanfare. This bill is like a disaster that will negatively impact millions of Americans. This bill is the iceberg that sunk the Titanic, and Republican leadership questions like these: What are your policy goals here? How do you think this will help people afford quality insurance coverage? What will the bill do for tens of millions of Americans who have gained healthcare coverage in recent years? What will the patients with preexisting conditions? What will the bill do for the hundreds of thousands of Michiganders covered under the successful Healthy Michigan Program? What will the bill do for small business owners and employees? What will the bill do for seniors who need affordable, long-term care options? What will the bill do for individual battling opioid addiction? These are questions I am asking, along with all of my Democratic colleagues.

I serve on the Permanent Subcommittee on Investigations, and just a few weeks ago we held a hearing on opioid abuse and how the epidemic is simply ravaging our communities.

I had the opportunity to speak with a police chief from our southern border State of Ohio. He was very clear that if Medicaid expansion were to go away—and it is in the House bill and expect to see in the Senate bill—it will make it much more difficult for local police departments to tackle this crisis because of dramatically scaled-back
availability of addiction treatment. I spoke with a coroner, a medical doctor, and an addiction expert on the panel as well.

These are professionals dealing with a public health crisis each and every day—not politicians on political agendas. They all agreed that Medical exploitation is critical to combating addiction, improving public health, and helping individuals suffering from addiction have an opportunity to be productive citizens and have a second chance at life.

The bottom line is that this bill—this secretive, rushed bill that we will supposedly see tomorrow—will move us backward and rip healthcare away from millions of Americans. When you take health coverage away from people, people will die.

As a Member of the House, I voted for the Affordable Care Act because I knew that, at the end of the day, it would save people’s lives. As elected officials and public servants, there are only a handful of votes we cast that are literally about life and death. Next week, we will see one of those votes.

I urge my colleagues on both sides of the aisle to read the bill, whenever we get it, and then talk to doctors, patients, families, clinics, and hospitals in their State. I also urge my colleagues to vote no next week and to start a truly bipartisan process that keeps what works, fixes what doesn’t, but, mostly, helps all Americans afford quality healthcare in their communities.

I stand here ready and willing to be a partner in a bipartisan process and to work with my Republican colleagues to improve our healthcare system. Show us and the American people you are serious about health reform. Let’s have an open and honest process and pass a bill that is genuinely in the best interest of the American people.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GARDNER). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President. I come weekly to the Senate whenever we are in session to give my “Time to Wake Up” speech, talking about climate change and, quite often, talking about the climate denial campaign that prevents us from taking action and, quite often, talking about the campaign finance problems in our country that make climate denial ineffective. Here, in Congress, it is not hard to connect the dots from campaign finance to climate denial.

The Supreme Court’s Republican majority Citizens United decision was requested by the fossil fuel industry, and the fossil fuel industry took instant advantage of it—almost like they saw it coming. The industry and its front groups instantly used their new power conferred by Citizens United to come after politicians—Republicans in particular. Ask Bob Inglis, who backed responsible climate policies both before and after Citizens United created new American dark-money emperors, and no surprise—the new emperors love their new political power.

Their first payoff was that Republicans in Congress fled from any legislative action on climate change. Before Citizens United, there were multiple bipartisan climate bills. Year after year—when I was here in 2007, 2008, and 2009—there were bipartisan climate bills to the left of you, bipartisan climate bills to the right of you, bipartisan climate bills dropping up all over.

Today, we watch our Republican President trying to undo curbs on carbon emissions and, to the cheers of Republicans in Congress, withdrawing the United States from the historic Paris Agreement. We join Syria and Nicaragua as the only nations to reject this common cause. That, my friends, is the heavy hand of fossil fuel influence, driving us into isolation and abdication of American leadership.

Of course, no Republican can safely sponsor any bill to limit carbon dioxide emissions, and so none do. Very different than before the Citizens United decision in January of 2010. That changed everything. When those five Republican justices opened up unlimited political spending to the big Republican special interests, that unlimited political spending was inevitably going to find dark-money channels. Dark-money channels hide the identity of the political donor, so that big special interests can pollute our politics with their money with seemingly clean hands.

The climate denial scheme of the fossil fuel cartel is powered politically by the lure of dark money coming in for you in a political race or the threat of dark money coming in against you in a political race, dark money powers climate denial. Well, we have just learned something new about dark money.

Chairman GRAHAM and I held hearings in our Judiciary Subcommittee on Crime and Terrorism to look at Russian interference in the recent 2016 election and what it portends for elections to come. We learned that Russia has strategically manipulated politics in Europe for decades. They started working in the former Soviet Union countries, and they expanded to where they are manipulating politics in France, Germany, Holland, England, and all over Europe. The witnesses warned us that we in America must be prepared for that. They jumped the Atlantic to manipulate the 2016 elections, and they are not going away.

One identified weakness of the United States against Russian influence was this dark money in our politics. Why is that? Well, it is obvious. Once you allow dark money in, dark is dark. Cash from Vladimir Putin is no more traceable than cash from Charles and David Koch. One witness, a former Republican national security official, told us: “It is critical that we effectively enforce the campaign finance laws that would prevent this type of financial influence by foreign actors.”

“It is critical that we effectively enforce the campaign finance laws” against foreign influence by foreign actors.

The two best studies of Russian influence in Western Europe in their elections and in their politics are “The Kremlin Playbook,” by CSIS, or the Center for Strategic and International Studies, and “The Kremlin’s Trojan Horses,” by the Atlantic Council. Both of them report that Russia takes advantage of nontransparency in campaign financing to build its shadowy webs of influence and control. If you leave a dark-money channel lying around, it is likely that Vladimir Putin and his oligarchs will find them.

The “Trojan Horses” report warns this: “The Kremlin’s blatant attempts to influence and divide the 2016 presidential election should serve as an inspiration for a democratic push back.” That is a lower case “d” for “democratic push back,” and it points to one key way we need to push back.

I will quote them again. Electoral rules should be amended, so that publicly funded political groups, primarily political parties, should at the very least be required to report their sources of funding.

That is, end dark money.

Likewise, the “Kremlin Playbook” report warns:

Enhancing transparency and the effectiveness of the Western democratic tools, instruments, and institutions is critical to resilience against Russian influence.

Enhancing transparency means ending dark money.

Our hearing and these reports reveal a new methodological influence tool used by the Kremlin: fake news. As we shore up our democracy to defend against Russia’s fake news information warfare, we must remember this: Climate denial was the original fake news.

To give an example, here is a story that may sound familiar. An unknown hacker illegally breaks into and steals an organization’s emails. The organization’s emails are held until they can be released at a politically strategic moment. The strategy is, the stolen emails are leaked to a website with shady ties. The leaks are then amplified and spun by fake news, driven into the regular media, and have their desired political effect. Does any of that sound familiar? Of course, it is the methodology of the Russians’ hack of the Democratic National Committee, right? Unknown hacker, stolen emails, strategic release, caching them until they can be used, shabby website, fake news spin-up, regular media takes the bait, political damage.

If you step back and look at just the methodology, we have seen this pattern before—so-called climategate, the
fake scandal years ago cooked up by the climate denial machine. It was 2009, not 2017. The organization hacked was not the DNC but the Climate Research Unit at the University of East Anglia in the United Kingdom. The release was timed to the U.N. climate conference in Copenhagen, not the Presidential election. The documents went to climate skeptic blogs—with, interestingly, the first upload in Russia—instead of to WikiLeaks, but the mainstream media took the bait, and the political damage was done.

At the time, the New York Times wrote:

The revelations are bound to inflame the public debate as hundreds of negotiators prepare to negotiate an international climate accord at meetings in Copenhagen next month.

This climategate scheme worked so well that in November 2011, the climategate operation did it again just before the U.N. climate conference in Durban, South Africa was due to begin. Climategate 2.0. Of course, the whipped-up climategate hysteria was all fake news.

As the Guardian wrote in February 2010:

Almost all the media and political discussion about the hacked climate emails has been based on soundbites publicised by professional [climate] sceptics and their blogs. In many cases, these have been taken out of context and twisted to mean something they were never intended to.

Eight times, everyone from the inspector general of the U.S. Department of Commerce, to the National Science Foundation, to the British Parliament found no evidence of any misconduct by the scientists, but for the climate denial groups, the truth was never the point.

This climategate stunt was the product of a fake news infrastructure built by the fossil fuel industry to achieve its goals: to spread doubt and undermine real climate science—disinformation campaigns, false-front organizations, stables of paid-for scientists, and propaganda honed by public relations experts. This denial operation aspires to mimic and rival real science; it just needs to create the public illusion of a real dispute. It doesn’t have to be true; it just has to sound like it might be. This industrial fake news operation isn’t going anywhere. It is too valuable to the big polluters.

As we prepare to face down Russia’s campaign election interference, we will have to face up to these two hard facts:

If the Kremlin wants to deploy fake news information warfare in our country, the climate denial fake news infrastructure already exists. Remember, climate denial was the original fake news.

If the Kremlin wants to deploy a surreptitious financial influence campaign, the dark money infrastructure already exists. The fossil fuel industry’s dark money election manipulation machinery is ready to go. Putin doesn’t have to build a thing. The fossil fuel dark money and fake news infrastructure is already in place.

Unfortunately, we know it works because it has worked for years for the fossil fuel cartel, particularly since Citizens United allowed the fossil fuel industry to enforce silence on the Republican Party.

The dangers of fake news, dark money, climate denial, and foreign interference in our elections are all intertwined. They have brought us to the point where the President of the United States will leave the Paris Agreement, betraying the country’s interests, in the service of the fossil fuel industry, the Koch brothers’ climate denial operation, and Breitbart fake news.

This calls for an American response. Dark money and fake news are a sinister combination, whoever is behind them. America must address the twin threats of fake news and dark money. It is bad enough when these are the tools of the fossil fuel industry’s climate denial war—on notice now. We are on notice from these reports and from multiple witnesses that the Kremlin can borrow these tools too.

I will close by asking that we clean up this mess. It may take citizen action, given the stranglehold dark money and fake news have on Congress, but this is a fight worth having. There is no good that comes out of dark money and fake news, whoever is behind them. We should rid ourselves of this sinister combination.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio?

Mr. PORTMAN. Mr. President, I rise today to talk about a promising young man from Wyoming, OH—just outside of Cincinnati, my hometown—a young man whose life was drastically cut short at just 22 years of age. I rise to talk about Otto Warmbier.

Otto had all the smarts and talent you could ever ask for. He was a homecoming king and the salutatorian of the Wyoming High School class he graduated from a few years ago. He was also a student of Economics. He was a smart kid. He won a prestigious scholarship to study at the University of Virginia. As everyone expected he would, he excelled at UVA. He got great grades. He had a third-year learning. He loved meeting new people and hearing about their lives and their perspectives. His future was as bright as it could possibly be.

It was this smart, kindhearted young man—a college kid—who was taken prisoner by the North Korean regime. Otto was sentenced to 15 years of hard labor, from what we know, Otto suffered a severe brain injury—juried from what we know, and we may never know.

Whom did the North Korean Government tell about this? No one. For the next 15 months or so, they kept this secret. They denied him access to the best medical care he deserved, and they refused repeated requests for consular access that would normally be provided to those who have been detained—requests from our government, from the Obama administration, from the Trump administration, requests from the Red Cross, requests from the Swedish Government, which provides consular access to those who have been detained in North Korea. Otto, requests from many of us here in the Capitol.

The regime unjustly imprisoned him and then lied about his severe medical condition. They denied him access to the best medical care he deserved, and they refused repeated requests for consular access that would normally be provided to those who have been detained—requests from our government, from the Obama administration, from the Trump administration, requests from the Red Cross, requests from the Swedish Government, which provides consular access to those who have been detained in North Korea. Otto, requests from many of us here in the Capitol.

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There are still three Americans who are being detained by the North Koreans. They should be released immediately, and we should do everything we can do as a country to secure their release.

Otto's case is a reminder that we must, on the one hand, increase pressure on North Korea to force them to change. There will soon be more to discuss on that. At the same time, we have to maintain an open line of communication to deal with the deadly serious issues we face. Those are some of the lessons I have taken from the last 18 months.

Fred, Cindy, and the entire Warmbier family have been incredibly strong through this ordeal. No one should have to go through what that family has experienced. My wife Jane and I will continue to be at their side, including at the funeral service tomorrow.

I urge my colleagues and everybody listening at home to continue to hold up this family in prayer, but also let’s ensure that this tragedy is a wake-up call about the true nature of this brutal regime.

Mr. President, I yield back.

The PRESIDENT. The Senator from Massachusetts.

HEALTHCARE Legislation

Ms. WARNER. Mr. President, President Trump said last week that the healthcare bill passed by the House was “mean,” and then he said the Senate should make the bill more “generous, kind [and] with heart.” It sounds like the President is having second thoughts about this Republican bill.

So now, Mr. President, you are waking up and noticing just how heartless this bill is; you know, the bill your Republican buddies in Congress slapped together in a backroom; you know, the one you celebrated with a big press conference in the Rose Garden a few weeks ago; you know, the bill that you and House Republicans gave each other high fives over for taking away healthcare of millions of people, and now it sounds like you want a do-over.

Too bad no one explained to the President that mean is just part of the deal the Republicans have struck. Mean is baked into every sentence of this bill. When you set out to trade health insurance of millions of Americans for massive tax cuts for the wealthy, things get real mean fast.

This mean bill does a lot of things, but one of the scariest things about it is how hard it will hit American women. To pay for the hundreds of billions of dollars in tax cuts for this bill, Republicans chose to make one of their classic moves—a sort of old reliable for Republicans: men: attack women’s healthcare.

Let’s run through just a few examples. Today, most people helped by Medicaid are women. The Republican bill cuts Medicaid by $834 billion. Republicans say millions of women who lose healthcare will do just fine.

Today, plans on the individual market have to cover maternity care and treatment for postpartum depression. The Republican bill says: Forget it. Let the States drop those benefits. Women are the only ones using them anyway.

Today, the law says you can’t charge women more by labeling things like pregnancy as preexisting conditions. The Republican bill says: Who cares? Go for it.

Today, women can choose healthcare providers they trust the most, but the Republicans want to eliminate that choice and force people into Planned Parenthood. Republicans say women can do just fine without the care they need.

Frankly, I am sick of many coming down to the Senate floor to explain to Republicans what Planned Parenthood does. I am sick of explaining that it provides millions of women with birth control, cancer screenings, and STI tests every year. I am sick of pointing out, again and again, that Federal dollars do not fund abortion services at Planned Parenthood anywhere else. Women come to the floor, we explain, we cite facts, but Republicans would rather base healthcare policy on politics than on facts.

Speaker Ryan called this mean bill pro-life, but it is not just the biggest political play of all. Calling something pro-life will not keep women from dying in back-alley abortions. It will not help women pay for the cancer screenings that could save their lives. It will not help them take care of their families, have safe sex, or afford their medical bills. The pro-life label is the Republicans playing politics with women’s lives.

Let’s be blunt. The Republican bill will make it more likely—not less likely—that women and their children will die. Women aren’t fools. We can feel the difference. We can tell the difference between reality and lies, and that is why we are here today. That is why we are fighting back on the Senate floor today.

Right now, 13 Senators—all men—are sitting in a room writing revisions to the secret Republican bill. These 13 men will not show us the bill and will not hold hearings on its contents. Just in case anyone missed the point, please note that all 13 of these men have already voted during their time in the Senate to reduce women’s access to contraception and abortion. Republicans have told the press that Americans shouldn’t worry about the facts that women are shut out because “reduc[ing]” the 13 men to their gender is a “game . . . of identity politics.” This is not identity politics, and it is certainly not a game. This bill will affect every woman in this country, and as women, we know what is going on behind closed doors: 13 men are trading away women’s healthcare for tax cuts for the rich.

American women deserve better than this mean Republican bill, and American women are here to fight back.

Thank you.

I yield the floor.

The PRESIDENT. The Senator from Idaho.

Mr. CRAPO. Mr. President, I ask unanimous consent to speak 5 minutes before the vote.

The PRESIDENT. Without objection, it is so ordered.

NOMINATION OF MARSHALL BILLINGSLEA

Mr. CRAPO. Mr. President, I rise in support of Mr. Marshall Billingslea, who has been nominated to serve as Assistant Secretary of the Treasury for Terrorist Financing.

Mr. Billingslea proved at his nomination hearing before the Banking Committee that he is exceptionally qualified for this job. As Assistant Secretary for Terrorist Financing, Mr. Billingslea would be in charge of coordinating Treasury’s efforts on terrorist financing. anti-money laundering, and other illicit financial threats to the domestic and international financial systems.

Mr. Billingslea would work with the entire national security and law enforcement communities, the private sector, foreign governments, and other entities to carry out this mission.

Mr. Billingslea demonstrated at his confirmation hearing, his unique background includes 22 years of experience working with these entities to protect the Nation, and it also includes time in the legislative and executive branches, as well as the private sector. After 9/11, Mr. Billingslea served in senior positions in the Department of Defense and NATO. Prior to that, he worked on national security affairs at the Senate Foreign Relations Committee, where he drafted numerous pieces of sections of legislation intended to combat weapons of mass destruction and disrupt terrorist networks.

Mr. Billingslea’s qualifications and capabilities were affirmed when he received bipartisan support from the Banking Committee in a 19-to-4 vote. Before we proceed to the cloture vote on Mr. Billingslea, we will have a final vote on Ms. Sigal Mandelker’s nomination to be Under Secretary of the Treasury for Terrorism and Financial Crimes, which I spoke about yesterday.

These two positions are critically important to defending our Nation from threats and securing our interests. As Assistant Secretary, Mr. Billingslea would work closely with Ms. Mandelker as head of the policy and outreach apparatus for the Office of Terrorism and Financial Intelligence, which Ms. Mandelker would lead.

As we saw with the Senate passage of the Iran sanctions bill and our Russia sanctions amendment last week, there is strong bipartisan support in Congress to remain strong against these terrorist threats and financiers.

As with the passage of that bill, I urge my colleagues to confirm Ms. Mandelker and to move forward with Mr. Billingslea’s nomination so they can carry out the important work for which we have already shown such strong bipartisan support.

Thank you. I yield the floor.

The PRESIDENT. OFFICER. Under the previous order, the question is, Will
the Senate advise and consent to the Mandelker nomination?

Mr. STRANGE. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The result was announced—yeas 96, nays 4, as follows: [RollCall Vote No. 150 Ex.]

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The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. LEAHY) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 65, nays 34, as follows: [RollCall Vote No. 151 Ex.]

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The motion is agreed to.

The consequence of the vote is that the nomination is confirmed.

The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

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

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, today I wish to touch on a topic that, as I announced recently, I am going to continue to speak about in the coming weeks and months on the Senate floor; that is, the right of free speech.

This fundamental right is one of our most cherished. It forms the beating heart of our democracy. It sits at the core of our civic identity. Yet, these days, it seems to be coming under an increasing threat all across our country.

The challenges it faces are different from what we have seen in the recent past, but we must confront these, too, if we are to preserve this right for future generations. That is certainly what I intend to do, but many colleagues share that commitment, and I hope more colleagues will join in this effort as well.

Our colleagues know this is a topic I have devoted a large part of my career to. Throughout the Obama years, I warned that our ability to freely engage in civic life and organize in defense of our beliefs was under coordinated assault from an administration that appeared determined to shut up anyone—anyone—who challenged it. These efforts to suppress speech were well documented, they extended throughout the Federal Government, and they were often aided by the Obama administration’s allies here in Congress.

There were threats before then as well. I know, because I took up the fight against many of them. Sometimes it was a lonely battle. Often it was an unpopular one, but, in my view, it was necessary because whether the threats to free speech came from the IRS or the Obama administration’s SEC, they shared a similar goal: to shut down or scare off the stage those who chose to think differently.

Today, however, the threat to free speech is evolving. The speech suppression crowd may no longer control the levers of Federal power, but it hasn’t given up its commitment to silencing those with an opposing view.

Yesterday, in the Judiciary Committee, Chairman GRASSLEY held a hearing to explore the worsening problem of a lack of tolerance on college campuses—imagined, college campuses of all places—for the views of others—lack of tolerance on college campuses for the views of others. One of the witnesses at the hearing was Floyd Abrams, whom our former colleague Senator Moynihan mightly described as “the most significant First Amendment lawyer of our age.” Mr. Abrams noted that we are witnessing “an extraordinary perilous moment with respect to free speech on campuses where ‘too many students seem to want to see and hear only views they already hold. And to prevent others from hearing views with which they differ.’”

So what could account for this?

A profound lack of information is one answer. For example, Mr. Abrams cites a study where “nearly a third of college students could not even identify the First Amendment as the one that deals with freedom of speech.”

The day before, across the street, the Supreme Court reminded us of the importance of a vibrant right to free speech.