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Senate

The Senate met at 2:15 p.m. and was called to order by the Honorable ROB PORTMAN, a Senator from the State of Ohio.

PRAYER

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

Let us pray.

Lord God, source of righteousness and the center of our joy, forgive us when we assume we know what is right without seeking Your wisdom. Inspire our lawmakers to think Your thoughts, to listen for Your directions, and to follow Your guidance. Lord, lead them to seek what is best for our Nation and world, depending always on Your sovereignty and might. May they constantly remember that You possess all power and can accomplish the seemingly impossible if they would only believe. Continue to sustain them with Your might, showering them with Your bountiful blessings.

We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

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

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The senior assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, July 11, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable ROB PORTMAN, a Senator from the State of Ohio, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. PORTMAN thereupon assumed the Chair as Acting President pro tempore.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

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 consider the Nye nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

HEALTHCARE LEGISLATION

Mr. GRASSLEY. Mr. President, I am going to speak for about 5 minutes. Before I begin, I will reference an item that I ask unanimous consent be printed in the RECORD following my speech.

I rise to share real stories of real hardships from hard-working families in my home State of Iowa. Seven years ago, Americans were promised that the Affordable Care Act would make health insurance cheaper and healthcare more accessible. Well, I will not pretend to break any news here. The facts speak for themselves: ObamaCare is not liv-

ing up to its promises. When passing the law, the other side made promises they knew could not be kept.

The irony is, the so-called Affordable Care Act is anything but affordable. I have heard from many Iowans who tell me, in no uncertain terms, that they cannot afford to buy health insurance because ObamaCare is unaffordable. In fact, 72,000 Iowans can't even get help from the exchange because there isn't an insurance company to service them.

One Iowan wrote to me:

I am forced to pay \$230 a month for a healthcare plan that covers nothing until I reach \$11,000 in deductible. So on top of paying 100 percent of my medical bills anyway, now I also have to pay for insurance I can't use.

How did we get to this point?

Seven years ago, I spoke right here on the Senate floor and predicted what would happen to the cost of insurance if ObamaCare passed. So let's go back to that period of time when I spoke in October of 2009. This is my own quote from that speech:

And while some of the supporters of these partisan bills may not want to tell their constituents, we all know that as national spending on health care insurance increases, American families will bear the burden in the form of higher premiums. So let me be very clear, as a result of the current pending health care proposals, most Americans will pay higher premiums for health insurance.

That is the end of my quote from a speech in the Senate in October of 2009.

Now, I don't have a magic crystal ball, but it was easy to read the writing on the wall. I knew that layers of new taxes and burdensome new mandates in ObamaCare would lead us to where we find ourselves today: a broken healthcare system that is not better off than it was 7 years ago, and for millions of Americans—including those 72,000 Iowans—it is much worse.

So where do we go from here? After 7 years of rising premiums, soaring deductibles, and climbing copays, Republicans are committed to fixing the damage caused by the Affordable Care

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



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Act. Not only is it unaffordable for too many people, it is unsustainable. ObamaCare is unable to fulfill its promises to the American people.

Here is what every lawmaker in Congress ought to agree on: Insurance isn't worth having if patients can't afford to use that insurance. The facts are clear. A one-size-fits-all, government-run plan from Washington, DC, is driving insurers out of the exchanges, driving up premiums, driving away customers, and driving up the tab to the tax-paying public.

ObamaCare has overregulated, overtaxed, and oversold its promises to the American people. ObamaCare has not healed what ails the U.S. healthcare system. It is time to move forward.

Mr. President, I also want to speak about Medicaid for a moment.

Medicaid, as we know it, is not sustainable. The Federal Government and States spent \$553 billion on Medicaid in 2016. That amount is very close to \$593 billion spent on the No. 1 responsibility of the Federal Government—our Nation's defense.

Every decade since Medicaid started, it has grown faster than the economy. Medicaid is now unmatched as a driver of the deficit of our country. We cannot sit by and leave this kind of debt to our children and our grandchildren.

Dollars are not the only metric by which we measure Medicaid. Medicaid is a program that should supply healthcare to diverse populations and should have quality measured, but it does not.

Medicaid dollars should be spent efficiently, but they are not. Activists in Washington, DC, are fighting to preserve the status quo and, of course, in the process, scaring the daylights out of the American people.

Yet Iowans tell me that there are waiting lists for Medicaid waivers to obtain services for children with disabilities. Others tell me that medicines that will cure diseases are rationed to be used only with those with the most advanced disease. In other words, you have to get really sick for Medicaid to cover medical expenses.

It is a fact that Medicaid is not working the way it should for everyone. The time to act to preserve and improve Medicaid as the safety net for the most vulnerable citizens is right now.

I am holding up a letter here because, under a Democratic President, proposing to do what we are doing, 46 Democrat Senators wrote to President Clinton and expressed their "strong support" for Medicaid per capita caps. The letter went on to say that it would give States the flexibility to achieve savings without cuts to essential services. That is what the current proposal aims to do as well.

We are proposing per capita caps as a way to make sure tax dollars are spent wisely on the most vulnerable people in our Nation. Medicaid dollars should be spent on a child with cystic fibrosis who needs a blockbuster drug. A person with severe mental illness should be able to rely on Medicaid for care.

Medicaid cannot continue to be a limitless credit card for the States to spend money without any accountability to the people who need it. I urge my colleagues to put aside partisan dogma and work to solve this problem for the American people.

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

WASHINGTON, DC,
December 13, 1995.

President WILLIAM J. CLINTON,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: We are writing to express our strong support for the Medicaid per-capita cap structure in your seven-year budget. We have fought against Medicaid block grants and cuts in the Senate, and we are glad you acknowledge the importance of our position.

We support a balanced budget. We are glad you agree with us that we can balance the budget without undermining the health of children, pregnant women, the disabled, and the elderly.

The savings level of \$54 billion over seven years included in your budget will require rigorous efficiencies and economies in the program. However, after consulting with many Medicaid Directors and service providers across the country, we believe a reduction of this level is possible to achieve without dramatic limits on eligibility or cuts to essential services. States will need flexibility to achieve these savings, and you have taken steps toward granting it in your bill.

We were encouraged that your Medicaid proposal does not pit Medicaid populations against one another in a fight over a limited pot of federal resources.

We were further encouraged to hear Chief of Staff Panetta relay your commitment to veto any budget not containing a fundamental guarantee to Medicaid for eligible Americans.

We commend you on the courage you have exercised in making these commitments to Americans eligible for Medicaid. There is a bottom line when it comes to people's health; do not allow the current Congressional leadership to further reduce our commitment to Medicaid beneficiaries.

Your current proposal is fair and reasonable, and is consistent with what we have advocated on the Senate floor. We urge you in the strongest possible terms to hold fast to these commitments in further negotiations. We are prepared to offer any assistance you may need in this regard.

Sincerely,

Bob Graham; John Breaux; Jay Rockefeller; Herb Kohl; Patrick Leahy; Frank R. Lautenberg; Ted Kennedy; Tom Daschle; Patty Murray; Barbara Boxer; David Pryor; Barbara A. Mikulski; Max Baucus; Paul Simon; Kent Conrad; Wendell Ford; Harry Reid; Paul Wellstone; Richard H. Bryan; Ernest Hollings; Dianne Feinstein; Tom Harkin; Byron L. Dorgan; Chris Dodd; J. Bennett Johnston; Joe Lieberman; Paul Sarbanes; Carol Mosely-Braun; John Glenn; Jeff Bingaman; Carl Levin; Bill Bradley; John F. Kerry; Bob Kerrey; Joe Biden; Daniel K. Akaka; Dale Bumpers; Daniel Inouye; Chuck Robb; J. James Exon; Howell Heflin; Claiborne Pell; Russ Feingold; Daniel P. Moynihan; Sam Nunn; Robert C. Byrd.

Mr. GRASSLEY. Mr. President, I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

MISSISSIPPI PLANE CRASH

Mr. MCCONNELL. Mr. President, I want to start this afternoon by offering deepest condolences to the Marine Corps and to all those who lost loved ones in the tragic plane crash yesterday in Mississippi. We are still learning details about the incident, but we know that at least 16 on board the plane perished as a result of the crash. Our hearts break for all those impacted and the many lives cut short in this tragedy. We are reminded of the bravery that our voluntary servicemembers exhibit, putting their lives on the line, both at home and abroad, in order to defend our communities and our freedom. We are indebted to them for their courageous, courageous sacrifice.

HEALTHCARE LEGISLATION

Mr. President, on a totally different matter, ObamaCare is a direct attack on the middle class. Seven years ago, Democrats imposed it on our country. In the years since, Americans have found themselves at the mercy of its failures repeatedly. Choice was supposed to go up, but it plummeted. Costs were supposed to go down, but they skyrocketed.

ObamaCare's defenders spent years trying to deny these clear realities. When the weight of the evidence became too clear to ignore, some appeared to bemoan ObamaCare's harmful impact on our country.

The Democratic Governor of Minnesota declared that it was "no longer affordable." President Clinton branded it "the craziest thing in the world." Other Democrats said similar things.

Such acknowledgements of the obvious seemed to many of us like progress, but they turned out to be just rhetoric. In the last election, voters delivered Congress the opportunity to finally address the ObamaCare status quo. Yet Democrats made clear early on that they did not want to work with us in a serious, bipartisan way to actually do so.

I wish they had made a different choice. I wish their sudden calls for bipartisanship now were even somewhat serious, but this is the reality before us. We must accept it because that is where we are.

As my Republican colleagues know, this is the charge we must accept as well. The American people are looking to us for a better way. That is why, despite the headwinds, I chose to keep working toward a better solution than ObamaCare. I have seen the pain in the eyes of too many of my constituents because of this law. I think they deserve better than what ObamaCare has given them. I hope, in the end, that a majority of the Senate will agree.

We have been continuing with ongoing conversations across the conference about how to get there. Members shared significant input over the State work period. We are going to keep working very hard on this. We will continue to focus on the fundamentals that have guided the process from the start, like improving the affordability

of health insurance and stabilizing collapsing insurance markets before they leave even more Americans without any options at all.

We also want to strengthen Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on the program don't have the rug pulled out from under them.

Many States want the ability to reform their Medicaid programs so they can actually deliver better care at a lower cost. Under current law, States have some ability to do so. Indiana, for example, has launched a particularly notable effort, thanks to the leadership of now-CMS Director Seema Verma.

Ms. Verma has also helped States like Kentucky develop their own plans, but the process is still too restrictive. It hinders broader innovation, and it is very slow. Kentucky's plan, for instance, still has not been approved by the Federal Government.

The Senate's healthcare legislation contains a provision to dramatically expand the State's authority to improve its Medicaid system. It is an idea that could significantly improve healthcare in States across the country. The Wall Street Journal wrote in a recent editorial:

This booster shot of federalism could become the greatest devolution of federal power to the states in the modern era. [It could] launch a burst of state innovation.

The Journal went on further:

Introducing many competing health-care models across the country would be healthy. California and South Carolina don't—and shouldn't—have to follow one uniform prototype designed in Washington, and even a state as large as California doesn't have the same needs from region to region [within the State]. If nothing else the repeal and replace debate has shown that liberals, conservatives and centrists have different health-care priorities, and allowing different approaches and experimentation would be politically therapeutic. The more innovative can become examples to those that stay heavily regulated.

It is clear that we have an important opportunity to achieve positive things for our country. It is also clear that, if we let this opportunity pass by, the options left are not good ones.

The Senate Democratic leader acknowledges that ObamaCare isn't working the way they promised, but his solution, as he noted in a statement last week, is simply more money for insurance companies. The solution would be an insurance company bailout—no reforms, no changes, just more money to paper over the problems under the current law. It is a multibillion-dollar bandaid, not a real solution.

Senator SANDERS acknowledges that ObamaCare isn't working, too, but his solution, as he stated in my State over the weekend, is to move to the kind of fully government-run single-payer system that was already abandoned in his home State of Vermont, that 80 percent of the voters recently rejected in Colorado, and that even the California State Legislature and its huge Demo-

cratic majority is finding rather hard to swallow.

Is it any wonder? The so-called single-payer plan Senator SANDERS proposed in his Presidential campaign would strip Americans of so many facets of decisionmaking over their own healthcare and literally hand it over to the government. It would require almost unimaginably high tax increases—unimaginably high.

The cost, according to a recent analysis by the Urban Institute, stands at an astonishing—listen to this—\$32 trillion. That is trillion with a “t.” That represents a greater sum than the entire economy of the most populous nation on Earth—China. It is more than Japan's economy, too—and Germany's, Britain's, and France's. It is the same with Italy's, Brazil's, India's, and Canada's.

In fact, the cost of Senator SANDERS' healthcare plan is projected to be roughly equal to the size of all nine of those countries' economies combined. It would total more than the entire economy of the European Union twice over. If you laid out 32 trillion one-dollar bills end to end, they would stretch from the Earth to Neptune. It took the Voyager 2 spacecraft 12 years to reach Neptune.

That is the government-run single-payer plan put forward by the most famous proponent of the idea. Many in the Senate Democratic leadership now support single-payer, too, and these days, increasing numbers on the left seem to openly comment on the failures of ObamaCare, as if they see an opportunity to finally realize their leftwing dream of total government dominance of the healthcare system.

That is the dream of many on the other side in this body. That will not happen if we succeed in our charge today. Americans deserve better than what we are getting under ObamaCare. They deserve better than what they get under an even more government-heavy system than we have now. They also deserve better than a bandaid solution.

The people we represent deserve more affordable health insurance. They deserve improved healthcare choice. They deserve a more flexible Medicaid system that can help improve outcomes for those truly in need. They deserve a more responsive healthcare market that trusts the American people to make more of their own choices, not the government.

That is what we have been fighting for throughout this debate. That is what we are going to keep fighting for today.

Mr. President, on one final matter, believe it or not, the current business before the Senate is the consideration of a noncontroversial nominee to be a U.S. district judge in Idaho—Idaho.

How do we know he is noncontroversial? Well, the Judiciary Committee reported out his nomination on a voice vote, and, then, every single Senate Democrat voted yesterday for cloture on his nomination, thereby agreeing

that there is no need to continue debate on this noncontroversial nomination—a noncontroversial district court judge.

Why are we still having a debate on a noncontroversial district court judge? If they agree that the Senate should bring the debate on the nomination to a close, then, why did they insist on dragging out the 30 hours of postcloture debate time in order to debate a nomination that not a single Democrat said needed to have more debate?

We all know the answer. It is that the unnecessary procedural vote yesterday served our colleagues' apparent purpose of wasting—literally wasting—more of the Senate's time. Unfortunately, this has become a common practice for our friends across the aisle.

At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by simple voice vote. Let me say that again. At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by a simple voice vote, and we only asked for those procedural votes known as cloture votes eight times. At the same point under this current President, President Trump, Democrats have allowed voice votes 10 percent of the time. While 90 percent of Obama's nominees got a voice vote, 10 percent of Trump's got a voice vote, and they forced procedural hurdles 30 times.

These delays have nothing to do with the credentials or whether Democrats support the nominee. In many cases, in fact, they do support the nominee, like the nominee before us.

As the Wall Street Journal observed yesterday:

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position.

What does this mean? It means a 2-day waiting period and then another 30 hours beyond that. It is not about changing the outcome; it is about wasting time to make it more difficult for the President to make appointments.

According to the nonpartisan Partnership for Public Service, at this point in President Obama's administration, he had 183 of his nominees confirmed. While the current President has made 178 nominations—almost as many—the Senate has confirmed only 46 of them.

The Wall Street Journal editorial I mentioned goes on to note that the extent of this Democratic obstruction extends far beyond the cloture vote issue. I have discussed this issue before, and I urge the Democratic minority to think critically about the consequences for the Senate and our country if they allow this near-total obstruction to continue.

Mr. President, I ask unanimous consent that the Wall Street Journal editorial I just mentioned be printed in the RECORD.

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

[From the Wall Street Journal, July 10, 2017]

RUNNING THE SCHUMER BLOCKADE: THE GOP SENATE NEEDS TO STOP DEMOCRATIC ABUSE OF THE RULES

(By the Editorial Board)

The Trump Presidency is well into its seventh month but the Trump Administration still barely exists. Senate Democrats are abusing Senate rules to undermine the executive branch, and Republicans need to restore normal order.

President Trump got an inexcusably slow start making nominations, but in the past few weeks he's been catching up to his predecessors. According to the Partnership for Public Service, as of June 28 Mr. Trump had nominated 178 appointees but the Senate had confirmed only 46. Barack Obama had 183 nominees confirmed by that date in his first term, and George W. Bush 130.

The White House has understandably begun to make a public issue of the delays, and Minority Leader Chuck Schumer says it "has only itself to blame." But a press release Mr. Schumer sent out Monday made the White House case, showing that the Senate has received 242 nominations but confirmed only 50 through June 30. Democrats are now the problem.

Among the non-controversial nominees awaiting confirmation: Kevin Hassell to lead the White House Council of Economic Advisers; David Malpass, under secretary at Treasury for international affairs; two nominees needed to review pipelines and other projects at the Federal Energy Regulatory Commission; and Noel Francisco for Solicitor General. Mr. Malpass was nominated in March and voted out of committee in mid-June. Mr. Trump's State Department is barely functioning with only eight confirmed appointees.

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position. This means a two-day waiting period and then another 30 hours of debate. The 30-hour rule means Mr. Trump might not be able to fill all of those 400 positions in four years. The cloture rule also allows the minority to halt other business during the 30-hour debate period, which helps slow the GOP policy and oversight agenda.

Democrats have also refused to return a single "blue slip" to the Judiciary Committee, which has the effect of blocking consideration of judicial nominees from their home states. Senators like Minnesota's Al Franken and Amy Klobuchar are holding hostage the eminently qualified Minnesota Supreme Court Justice David Stras for the Eighth Circuit Court of Appeals for no reason other than politics.

Minority Leader Chuck Schumer's troops are even invoking an obscure rule that prohibits committees from doing business more than two hours after the Senate opens for the day. Republicans have had to cancel briefings on national security and Russia electoral interference, as well as scrap a markup of two human-trafficking bills.

Democrat Harry Reid didn't have the cloture headache when he was Majority Leader because in 2013 he cut a deal with Republicans. The GOP traded the ability to offer more amendments to legislation in return for letting Mr. Reid limit post-cloture debate for most nominations to eight hours. This

rule let Mr. Reid confirm dozens of judicial and lower-cabinet nominations every week. But the deal expired in early 2015, and good luck getting Mr. Schumer to grant the GOP the same terms.

Frustrated Republicans may soon begin listening to Oklahoma Senator Jim Lankford, who wants the majority to impose the eight-hour rule unilaterally. Most debate about nominees occurs during vetting and in committees. Eight hours on the floor is enough for all but the most controversial nominees, and the Senate could then get back to other business.

As for the blue-slip tradition, it was designed to facilitate advice and consent by allowing Senators to use their home-state knowledge about local judges to better inform the White House. But it is a courtesy, not a rule, and Judiciary Chairman Chuck Grassley can ignore Senators who are using their blue slips as ideological vetoes of qualified candidates.

Mr. Trump has nominated first-rate judges, and Mr. Grassley is justified in suspending blue-slip privileges on a case-by-case basis. Majority Leader Mitch McConnell has also been starting the Senate at different times of the day to get around the Democratic sabotage of committee work. But note Mr. Schumer's childishness in forcing a game of Senate hide-and-seek.

Mr. McConnell will be wary of Mr. Lankford's advice to change a Senate rule in the middle of the term, but the Majority Leader rightly did so when Democrats staged a historic filibuster of Supreme Court Justice Neil Gorsuch. Democrats aren't using cloture to raise the level of debate or highlight unqualified nominees. They are using it—and have said as much—to sabotage a Presidency. That isn't what the Founders intended, and Republicans have every right to stop this abuse of process to let the President form a government.

The ACTING PRESIDENT pro tempore. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, as the leader has very ably pointed out, the Democratic obstruction when it comes to President Trump's nominees is reaching an unprecedented level if you compare it to any past administration. He pointed out the number of nominees President Obama was able to get in and the way in which Republicans here in the Senate cooperated with him on his nominees. This state of affairs here in the Senate really is taking the obstructionism when it comes to trying to block even getting people into the administration, into their positions, to an entirely new level.

Frankly, about the only thing that probably exceeds the pileup of President Trump's nominees who are not getting into his administration is the pileup of bad ObamaCare news stories. Just take a look at a few of the recent headlines.

From the Cincinnati Enquirer: "Another insurer leaves Ohio health care exchange."

From Bloomberg: "Anthem's Exit Creates Obamacare 'Crisis' for Rural Nevadans."

From the Washington Free Beacon: "Recent Obamacare Insurer Exits Lead to 2 More Counties With No Choices."

This is another headline from the Washington Free Beacon: "19th Obamacare Co-Op Folds, Leaving Only 4 Operating in 2018."

Across the United States, the story is the same—huge premium increases, fewer choices, and a system that is well on its way to complete collapse.

In late May, the Department of Health and Human Services released a report comparing the average individual market insurance premium in 2013, which was the year most of ObamaCare's regulations and mandates were implemented, with the average individual market exchange premium in 2017 in the 39 States that use healthcare.gov. This is what they found:

Between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent. That is in the 4-year timeframe since ObamaCare was implemented. On average, individual market premiums more than doubled in just those few years.

In my home State of South Dakota, premiums increased by 124 percent, or \$3,588. That is money South Dakota families had to take from other priorities, such as saving for retirement or investing in their children's education. Over the past 5 years, the average individual market yearly premium has increased by \$4,800 in Arizona; \$8,364 in Alaska; \$3,648 in Louisiana; \$5,064 in North Carolina; \$4,488 in Tennessee; and \$5,292 in West Virginia.

Premium hikes aren't over. In fact, in many cases, they are getting worse. Here are some of the premium hikes insurers are proposing for 2018. In Maryland, one insurer has proposed an average premium increase of 52 percent. An Iowa insurer is seeking an average 43.5 percent premium increase. In North Carolina, an insurer is pursuing an average 22.9 percent hike. A Virginia insurer is looking for an average rate increase of 38 percent. A Delaware insurer is looking for an average rate hike of 33.6 percent. A Maine insurer is seeking an average rate hike of 40 percent. I could go on. Remember, these are rate hikes for just 1 year. The double-digit rate hikes for next year are in addition to years upon years of dramatic Obama premium increases, as I already pointed out.

The ObamaCare status quo is not sustainable. This law was fatally flawed from the beginning, and it is rapidly imploding. The American people need relief. Inaction is not an option.

My colleagues across the aisle seem to want to do one of two things. They either want to do nothing, which would leave Americans even worse off than they are now, or they want to double down on ObamaCare's failures by giving the government even more control over Americans' healthcare and then raising Americans' taxes to pay for it. Neither one of those so-called solutions will provide relief to the American people.

Republicans are committed to providing real help to the millions of Americans who have been hurt by ObamaCare, and we are working on legislation to do just that. My colleagues

in the House made a good start, and we are working to build on their bill here in the Senate.

We are committed to helping to stabilize the collapsing insurance markets that left millions of Americans with no options. We are committed to freeing the American people from the onerous ObamaCare individual mandate, which requires Americans to purchase insurance that they may not want or can't afford. We are committed to improving the affordability of health insurance, which keeps getting more expensive under ObamaCare. We are committed to preserving access to care for Americans with preexisting conditions. We are committed to strengthening Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on this program don't have the rug pulled out from under them.

The American people have suffered under ObamaCare for long enough. It is time to give them some relief, and that is what we intend to do.

NORTH KOREA

Mr. President, I would like to take a few minutes today to discuss the serious threat posed by a nuclear-capable North Korea.

Last week, on the Fourth of July, North Korea leader Kim Jong Un took the latest and possibly most alarming step in his unwavering quest for a nuclear weapon by successfully testing an intercontinental ballistic missile. Estimates suggest that the missile tested had a range of more than 4,000 miles, which means it could reach Alaska. North Korea has not yet demonstrated the ability to arm these missiles with nuclear warheads, but that day may not be far off.

North Korea's nuclear program has achieved a disturbing number of milestones in this year alone. The United States must do everything we can to prevent a nuclear-capable North Korea, but we must also be prepared should Kim Jong Un put the final pieces together, and that starts with maintaining a credible military deterrence.

This weekend's B-1 bomber flights were but a sliver of the response the United States could bring to bear in direct military engagement.

Gen. Terrence O'Shaughnessy, commander of the Pacific Air Forces, said of the exercises:

Let me be clear, if called upon, we are trained, equipped, and ready to unleash the full, lethal capability of our allied air forces.

We need to make sure we maintain that lethal capability. Congress has a key role to play here by making sure we adequately fund our military and pass defense appropriations in a timely manner.

While Kim Jong Un has not shown much of an inclination toward rationality, we need to keep emphatically reminding him that his regime would not survive a war on the Korean Peninsula.

A robust and redundant defense is also an important component of the U.S. and allied response to North

Korea. A key part of building our defenses should be a rigorous test schedule to inform research and development of anti-ballistic missile technology.

It is true that some U.S. missile intercept tests have failed, but those setbacks have led to improvements. Some of our best men and women are working to keep us ahead of threats. We must repeatedly and aggressively test intercept systems to ensure that they are effective.

Gen. John Hyten, the head of U.S. Strategic Command, has pointed out that our testing schedule for intercept systems lags behind the pace of North Korea's aggressive missile testing.

Tuesday's successful THAAD missile defense system test against a simulated intermediate-range ballistic missile attack was a timely demonstration of this critical defense capability, and I hope we see further deployment of this promising system. Placing THAAD or the Aegis Shore missile defense system in Japan would bolster frontline defenses against future North Korean missile launches.

We should also increase information sharing and military cooperation in the area around the Korean Peninsula to ensure that sanctions are enforced. The joint maritime operations conducted by the U.S. Navy and Coast Guard and the Japanese Maritime Self-Defense Force are good examples of this cooperation.

We must also examine how we have gotten to this state. For a so-called hermit kingdom, North Korea has made significant advancements, while evading international sanctions. Those advancements, which build off a legacy of Soviet support, have been facilitated by North Korea's ties with Iran and a passive China providing North Korea with an economic lifeline. Not all the blame rests with China, but we know President Xi has proved largely unwilling to curtail North Korea's agenda.

Late last month, Treasury Secretary Steve Mnuchin announced sanctions on Chinese entities with financial ties to North Korea. This is a positive first step, but more can be done to target banking and front companies that serve as financial conduits for North Korea. Increased transparency in Chinese customs and export reporting, for example, would restrict oil and steel exports to North Korea and ensure that China is adhering to its ban on coal imports from North Korea.

The United States should also weigh whether new sanctions, both punitive and preventive, could exert additional pressure on China to rein in North Korea. I hope the administration will seriously consider such sanctions alongside measures to address other problematic Chinese actions, such as its continued military buildup on disputed reefs in the South China Sea.

Kim Jong Un is clearly ready and willing to threaten the United States and its allies, and we should have no illusions that he is planning to reverse

course. We need to make sure that we are prepared for any threat he or his regime poses.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. HOEVEN). Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. NELSON. Mr. President, I want to speak on behalf of a group of Floridians I have met with who would be tremendously hard-hit by the healthcare bill, whether it be the one that has already been published by the majority leader or some of the iterations that are being discussed.

I want to talk on behalf of and be the spokesperson for these people who have cried out to me. I want to say that people are crying out. It is not just the group of four families I assembled in my Tampa office last week, but it also includes walking down the street, being in an airport, or going into a public building. Constantly, folks are walking up to me and saying: Please, don't let them take away my healthcare.

Just this past week, I was in—it shall remain nameless—a Republican Senator's State. It happened in the airport there as my colleague, the Republican Senator in that State other than mine—the travelers, the constituents of that Senator in the airport as we were waiting for the airplane walked up to that Republican Senator and begged: Please don't take away my healthcare.

What we have seen in this Republican bill is that it takes health insurance away from millions of Americans. That is not my conclusion; that is the conclusion of the Congressional Budget Office. According to CBO, it also cuts back some \$800 billion out of Medicaid over a decade, and it allows insurance companies to hike rates for older Americans.

Under the bill, 22 million people would lose their insurance by 2026. Over 2 million of these folks are in Florida. In fact, the bill would increase the uninsured rate in Florida by 62 percent. That is not what I want inflicted on the folks in Florida.

This bill lets insurance companies go back to the days when they had annual and lifetime limits on coverage and refused to cover basic health benefits, such as prescription drugs, mental health services, and even maternity care. This Republican healthcare bill, which has been so much the subject in the news and the center of the debate here for the past innumerable weeks, really does cut Medicaid. According to CBO—again, not my words; CBO's words—funding will be 26 percent lower in Medicaid by the year 2026 than under the existing law.

My home State of Florida is projected to lose \$5.7 billion in Federal Medicaid funding from 2020 to 2026 under the bill that is proposed by the majority leader. If that is not enough, the Senate bill would dramatically increase healthcare costs for Americans between the ages of 50 to 64 before they turn that magic age of 65 when they are eligible for Medicare. It dramatically increases those costs. That dramatic rise in cost is due in large part to a provision that would allow insurance companies to charge older Americans up to five times what younger people are charged. The current law, the Affordable Care Act, has a differential of 3 to 1. This bill as proposed has a differential of 5 to 1. So if you are not on Medicare because you haven't turned 65 and you are an older American in those ages—which increasingly seem very young to me—up to age 64 when the differential from what the insurance company charges the young person is five times, not three times, as is the current law, this would especially be felt among those older individuals making between \$42,000 and \$48,000 a year who, after that point, no longer qualify for the tax credits under the Republican bill to make coverage more affordable.

Remember, in the current law, up to 400 percent of poverty level, you are entitled to get tax credits according to what your income is to help you buy private health insurance from insurance companies on the marketplaces in each State. Even that is going to be reduced.

This bill also includes a backdoor provision that undermines the protections that currently exist for people with preexisting conditions. In defending the bill, people will argue that it doesn't do that, but look what the bill says. It says that it can be left up to the States to determine that. What is a way that the State can lessen the cost of insurance premiums? Take away the guarantee that someone can get insurance if they have a preexisting condition.

I have given a number of speeches. I have had some experience in this as the former elected insurance commissioner of Florida, when it was an elected position. It was also a constitutional position of the State treasury. I held that position for 6 years, and I have dealt with insurance companies. I have seen some insurance companies say: You have a preexisting condition. We are not going to insure you because you have asthma. I have even seen an insurance company cite: We are not going to insure you because you have a preexisting condition; you had a rash.

Under the current law, an insurance company cannot deny you insurance because of whatever your preexisting condition is. Your preexisting condition may be that you have a weak heart, and you, of all people, would want health insurance. Before, you couldn't get it. Now, under the current law, you can.

I don't want you to hear this plea over and over again from me. I want the pleas from several Floridians to reach out across the State lines and get to the Senators who are going to be voting on this. I want them to hear from some of my constituents. When I met with them last week in Tampa, I had many who said that they would be devastated if Medicaid were cut.

I want to share with you how this has personally affected them and how apprehensive and plain scared they are right now that the healthcare they are getting will cease if this bill proposed by the majority leader is to become law.

Take, for example, Michael Phillips. He is 36 years old, and he has spinal muscular atrophy. It is a genetic disorder that affects control of his muscle movement. He relies on a tracheotomy, a breathing tube, and uses assistive computer technology to be able to talk. The computer talks for him.

Michael was supposed to join us on that day, but he wasn't feeling well, and, of course, there is always the added exposure to germs in his weakened immune condition. Instead came his two caregivers, his single mother Karen and his brother Brian. Michael relies on Medicaid, which allows him to live at home with his mom and have a personal care assistant. He benefits from the Medicaid home and community-based waivers. If the waivers are eliminated because of the whacking of billions and billions of dollars from Medicaid, he would ultimately end up in a nursing home, away from his mother and his family, being forced to compromise his level of care and quality of life.

You may have seen this fellow and his mom interviewed by the national news networks. He is one and the same, Michael Phillips.

The Senate healthcare bill ends Medicaid as we know it. Whether it is a cap on the amount of money going to the State or it is called a block grant, the effect is the same. It will put people like Michael at risk of losing critical services, and it will certainly take away his independence and his quality of life.

I have already said that the bill certainly takes away the guarantee of coverage with a preexisting condition. Let me tell you about another Floridian who was in that meeting. Elizabeth Isom is from St. Petersburg, and she told me that the Affordable Care Act saved her life and allowed her to purchase insurance for the very first time. If it is taken away, she doesn't know how she is going to be able to afford coverage because of lifetime caps. An insurance company cannot put those lifetime caps on what they pay out. For example, in the old days, before the existing law, an insurance company would say: I'll pay you as long as it doesn't exceed, say, \$25,000 or \$50,000. That was all figured into their insurance payment and their premiums. In the current law there are es-

sential health benefits. There are about a dozen of them.

Elizabeth was a social worker before she developed a sinus tumor. She went without insurance for 3 years, during which time her health was deteriorating. Because she did not have health insurance, she could not afford to have that tumor operated on. What I do not know is if she knew this at the time—because she hadn't had the operation—or if she thought it was cancerous. As it turned out, later, when she was able under the Affordable Care Act to get health insurance and to have the operation, thank the good Lord it was benign. But her health had deteriorated to the point that as this thing started to grow into her sinus passages and into her brain cavity, she actually thought she was approaching death. She ended up having vital organ damage and reached the point of complete disability. The mass in her sinus had extended into her skull.

After the ACA became the law of the land, she purchased insurance through healthcare.gov. She says that it is the best insurance she has ever had because it covered essential health benefits like preventive services. It certainly provided for her to go on and get the operation, and it saved her life.

If this Senate bill passes, services that Elizabeth relies on may no longer be covered, and she likely will never be able to afford a decent health insurance package again. She obviously has a preexisting condition. She would be one of the 22 million people whom the Congressional Budget Office estimates would lose their health insurance if the bill proposed by the majority leader, Senator McCONNELL, were to become law.

Let me tell you about another Floridian. Regina Hebert is from Tampa. She is a small business owner. She was diagnosed with stage IIB breast cancer at the age of 57. She, too, told me that the ACA saved her life. Without the ACA, she would not have received health insurance because her cancer is considered a preexisting condition—57 years old, preexisting condition, stage II breast cancer. She obtained health insurance through the ACA. She had two surgeons, months of chemo and radiation, and she told me that if her cancer comes back and she doesn't have insurance, then she is going to have to choose between going bankrupt—not through what she is doing now with her small business. She is paying taxes. She is contributing to society.

What is her other choice? Her other choice is to give up. Take away her insurance and those are her choices: bankruptcy or giving up. I don't think we want to put Americans in that position. The Senate healthcare bill allows States to waive the essential health benefits—the dozen I talked about that are listed, like those needed if they have a preexisting condition.

There was another lady I met named Olivia Babis. She is from outside of

Tampa, a place called Lutz. She also has a preexisting condition. She told me that she uses the essential health benefits guaranteed by the existing law. She is scared that insurance companies would take away the coverage of treatments for her disability and also reinstate annual and lifetime limits on coverage.

Let me tell you about this young lady. She is just amazing. She was born without arms. She uses her feet and her toes to be able to function in the place of hands and fingers. She had to have a total knee replacement in one leg by the time she turned 30. She works as a community organizer. She doesn't qualify for Medicaid in Florida because her income is considered too high. She actually has an income. Olivia purchased health insurance through healthcare.gov with the help of tax credits to help her afford health insurance.

This young lady, now in her mid-thirties, is just amazing. With no arms, she uses her feet and her toes, and she is capable of getting around in her wheelchair. She is capable of driving a car. She has a business. She has an income, and she is paying taxes. She is able to function because she has health insurance.

Now, thanks to the ACA, people like Olivia benefit because there are bans on lifetime limits in insurance policies, and, thanks to the ACA, she lives an active life. She goes snorkeling, hiking, and even skydiving. Her legs are good, except for the knee replacement that she had so that she can walk. Then, when she has to do the normal functions with hands and arms, she sits down, and she uses her legs, her feet, and her toes. She told me that, without the ACA, she is trapped.

I told you about this unnamed Republican Senator who was in an airport in another State—that of the Republican Senator's. What happened to that Republican Senator happens to me back in Florida with people coming up and begging me: Please do not take away my healthcare.

We should not continue to waste our time with this healthcare bill that only takes away healthcare and charges more for less coverage. We have said—so many of us out here on this floor—that we should be looking for ways to improve the existing law, the Affordable Care Act, not to undo all of the good that it has done. We have Floridians and folks across the country who are grateful for it. They want us to fix it, not repeal it, and they say that over and over: Why can't you guys get together in a bipartisan way and fix it?

These are the personal stories of Olivia, Michael, Regina, and Elizabeth, along with the hundreds of people who have come up to me in the street or in the airport and have begged me: Do not take it away. They do not want us to get rid of this. As you have heard, several of them claim that they would not be alive today without the ACA. Alternatively, they would be bankrupt if it were not for Medicaid in the ACA.

In order to truly improve our healthcare system, why don't we work together to make it better? We need to look at real solutions. I am happy to say that this Senator has been talking to Republican Senators, and we have talked about specific things. I told some of these Senators about my experiences as the formerly elected insurance commissioner of Florida.

When I had a problem after the monster Hurricane Andrew in the early 1990s and we had a paralyzed marketplace in which you could not get homeowner's insurance in Florida from insurance companies because they were scared to death that the next big one was coming and that the losses were going to be so great that they would have to price the premiums so high, what did we do? We created a reinsurance fund called the Florida Hurricane Catastrophe Fund, which builds up the reserves that would reinsure the companies if they were to have a catastrophic loss.

The same principle with hurricanes can apply to health insurance, which is that of creating a reinsurance fund that will insure the health insurance companies against catastrophic loss, which, occasionally, they will have. Do you know something? I costed that out in Florida, and it would reduce the premiums from the marketplace in Florida by 13 percent. Now, that is a real savings, and that is just one solution for a fix. We ought to be looking at approaches like this.

I welcome all of our colleagues on this side and on that side—and I have been talking to some on that side—to join together and do something productive, like getting behind ideas just like the one that I suggested.

I heard our colleague this morning. One of our favorite colleagues out here is JOE MANCHIN from West Virginia, and I heard him being interviewed on one of the morning shows. He was terrific. He said: We need to be working together. We should not be divided by party over this, and we should not be divided ideologically on this. We ought to be openly trying to work together to figure out how to drive down healthcare costs and increase coverage for more Americans.

That is what those folks in Tampa, FL, told me last week with whom I met. That is what those hundreds of folks are telling me who come up to me in the airport, on the airplane, on the street corner, in the public buildings, in the hospitals—wherever I am: Please, get together, and work it out. They are asking us to fix what needs fixing. That is what the American people are asking us today, and that is what I beg of the Senate.

As the good Lord says: Come. Let us reason together. Let us use some of our common sense.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

THANKING THE SENATOR FROM FLORIDA

Mr. SCHUMER. Mr. President, first, I thank my good friend from Florida for his inspiring words. He is always trying to work together on bipartisan solutions. He represents one of the largest and most diverse States in the country—a State that very much depends on having good healthcare. I hope my colleagues on the other side of the aisle will heed his words.

MISSISSIPPI PLANE CRASH

Mr. President, first, I send my sincere condolences to the Marine Corps, which lost 15 of its finest today, as well as 1 Navy corpsman, in a plane crash in Mississippi. It was the deadliest crash in the Marine Corps family since 2005. According to reports, the aircraft that crashed this morning was based at Stewart Air National Guard Base in my home State of New York.

Our hearts break for the families of these sailors and marines. We mourn their loss and wish comfort to their families and their loved ones in this time of tragedy.

May they rest in peace.

HEALTHCARE LEGISLATION

Mr. President, on an entirely different matter, the majority leader said today that we are going to stay in an extra 2 weeks during the August break. We Democrats are willing to stay 2 weeks, 2 months, 2 years to get a good healthcare bill, but in all due respect to my good friend, the majority leader from Kentucky, it is not time that is the problem here. Our Republican colleagues for 7 years said: Repeal ObamaCare. But they had nothing to put in its place. Then President Trump was elected with a Republican majority in the House and the Senate. Since January 4, when they deliberately excluded us from all discussions by enacting a reconciliation bill, they have been trying to put together a healthcare bill. They cannot. It is not because of a lack of time. Two weeks is not going to help. The problem is the substance of the bill.

The bill provides massive tax cuts for the wealthy, and, just as bad, if not worse, it puts a dagger in the heart of the Medicaid Program, which has become a program that affects so many Americans. With kids—poor kids—is where it started, but now it affects people who have Mom and Dad in a nursing home and who might face thousands of dollars of expenses, those on opioid treatment, those who have kids with disabilities, and many, many, many with preexisting conditions. Those are all helped by Medicaid, and our Republican colleagues here want to slash it.

Just like my colleague from Florida, I was in some very conservative parts in New York State, places that voted for Trump by over 60 percent. The revulsion—"revulsion" is the word—and the fear that this healthcare bill has put in the hearts of those folks in Republican areas are dramatic.

So I would say to my good friend the leader that we are willing to stay as

long as he wants, but he is not going to solve his problem until he abandons tax cuts on the rich, abandons the decimation of Medicaid, and works with us to improve the existing law. His problem and our Republican colleagues' problem is not time. It is the substance of the bill.

I will say one more thing. If I were a Republican, I would not want to go home either. Every time they go home, they are lambasted because the American people have such a negative feeling about the bill. So, of course, they would want to stay here, but that is not the answer. The answer is to change the bill. Work with us. We have been begging, pleading, asking, cajoling for a month or two, when it was clear their bill was going to fail. I would say that is very important.

Mr. President, I heard the majority leader complain about the slow pace of nominations.

Our Republican friends, when they are worried about the slow pace of nominations, ought to look in the mirror. This President has nominated fewer nominees than has anyone else, and seven of the major nominees had to withdraw their nominations. Many of them were brought here to the Senate without the necessary documentation—the paperwork, the ethics reports, the FBI reports. The chaos in the White House is now spreading to the Republican Senate. Our President seems to blame somebody else when his administration makes a mess. Let's not do that here.

Again, the number of nominees that this President has submitted is lower than that of any President's in recent memory. My colleague complained about this nominee from Idaho. He was outraged that he had to file cloture. I would remind the majority leader that this district judge was nominated by President Obama in the last Congress and that he was the majority leader in the last Congress, which was responsible for putting nominees on the Senate calendar. The district court judge is only one of many nominees who the Republicans failed to move in the last Congress—a Congress which confirmed the fewest number of judges of any Congress since the Eisenhower administration. That goes to show how desperate our Republican leadership is to shift blame and attention away from its healthcare bill to hypocritical and preposterous complaints on nominations. It is in order to distract from the healthcare bill. They can try other tactics.

On one more point, I would remind my colleagues that it is the majority leader who has the power to put nominees on the floor. In the Department of Defense, we have been asked about three nominees. Leader MCCONNELL has the power to put them on the floor—instead of this judge from Idaho, instead of the nominee for OMB, and instead of the Ambassador to Japan—tomorrow, if he chose. It is his choice. If he puts them on the floor—these Defense nomi-

nees—in regular order next week, they will be approved.

So, again, to deflect from healthcare and the mess our poor Republican colleagues are in, to point falsely at the nomination process, which has been slow-walked by President Trump and many of the committees, is not going to succeed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTHCARE LEGISLATION

Mrs. MURRAY. Mr. President, from the moment President Trump and Republicans began trying to jam TrumpCare through Congress, I heard from family after family in my home State about the damage their efforts to undermine families' healthcare would do, and this last week was no different. Again and again, my constituents told me what a difference it makes to have affordable insurance, to know that benefits like substance abuse treatment are covered, or to worry about how they would manage if TrumpCare ever became law.

I heard some of my Republican colleagues went out of their way to avoid those kinds of stories when they were home, so I wanted to make sure they heard a few examples now that they are back in town. And I appreciate that many of my Democratic colleagues will also be sharing stories they heard from their constituents over the past few days.

Like many of my colleagues on both sides of the aisle, I come from a State in which the opioid epidemic has had a devastating impact. It has been both heartbreaking and inspiring to talk with patients and families who are doing everything they can to fight back. Right now, the message I am getting from them loud and clear is that they do not want TrumpCare.

Daniel, one of my constituents, was injured in the military. He was given a prescription for painkillers. He was on them for 8 years, and he told me that during that time, his three daughters wondered why he wouldn't play with them. Eventually, Daniel changed doctors and was prescribed Suboxone, which made all the difference for him. He is now able to work again. He manages a grocery store. He relies on Medicaid for healthcare coverage, which covers the hundreds of dollars a month his prescriptions cost. Daniel told me that if he loses Medicaid under TrumpCare, he will not be able to make ends meet and all of the progress he has made will be threatened.

I heard from a constituent named Rachel of Seattle who was addicted to opioids and living in her car when she found out she was eligible for Medicaid. She got connected with Swedish Medical Center in Seattle, where she received wraparound health services, in-

cluding mental healthcare and primary healthcare. Now she and her husband are successfully in recovery. They are raising a family, and Rachel is going to school. But, just like Daniel, they do not know what they will do if TrumpCare becomes law and the Medicaid coverage that is keeping them going is taken away.

Those are just two of the countless stories I heard from patients and families and doctors in my home State and nationwide. I have heard from cancer survivors who have fought back as hard as they can and are worried that TrumpCare will allow insurance companies to price them out of care because they are now labeled with a pre-existing condition. I heard from young parents of medically fragile children who stay up at night worrying about how to afford care for their toddler if lifetime caps on coverage are imposed under TrumpCare. I heard from seniors who simply don't have the savings to cover the premium spikes TrumpCare would cost. I heard from women and men who are furious, and rightly so, that a group of 13 men wrote a bill in secret to defund Planned Parenthood—the Nation's largest provider of women's healthcare—removing a quality, affordable provider from communities in which it is now very difficult to get care.

These stories are powerful. They make it undeniably clear just how much TrumpCare would hurt people. So it is no wonder that Senate Republicans spent the last week lying low and avoiding defending, oddly, the indefensible. Senate Republicans have read the same independent Congressional Budget Office analysis as we all have. They have heard from countless doctors and nurses and hospitals and nursing homes and patient advocates about all of the ways TrumpCare would raise families' costs and take away coverage. They know that people across the country are completely, resoundingly rejecting TrumpCare. It is the least popular bill in three decades, according to one study.

All in all, TrumpCare shatters every promise President Trump and Republicans made about providing insurance to everybody and making sure no one is worse off. And, incredibly, the extreme rightwing still thinks it leaves too much of the Affordable Care Act intact.

Even though it seems one would be hard-pressed to find anyone who wants to stick up for TrumpCare—including, by the way, President Trump—Senate Republican leaders are still doing everything they can to jam this through Congress as quickly as they can. They are working on backroom deals as we speak and coming up with new ways to sweeten the deal for Senate Republicans who are rightly wary of voting for a bill that would so clearly do so much harm.

In particular, this afternoon I wanted to address the ongoing effort by extreme conservative Senators to double

down on pulling the rug out from under patients with preexisting conditions. They put together this two-track plan to make middle-class workers and families pay more. If they get their way, insurance companies would be back in charge and could tell patients with preexisting conditions or anyone who happens to get sick in the middle of the year “tough luck,” and they will do that in a way that even conservative experts predict will cause premiums and deductibles to skyrocket. Senate Republicans are coming up with other ideas, too, such as an opioid fund that a Republican Governor said is like “spitting in the ocean.”

Let me be clear. There is no “fixing” TrumpCare. No tweak around the edges is going to turn TrumpCare—which, by the way, is just a tax break for special interests and the healthcare industry on the backs of patients—into a healthcare bill that actually helps people. There is just no way. TrumpCare, as the President said, is mean at its core, and unless it is dropped altogether, Senate Republicans are going to have to decide whether they stand with their party or the people they came here to represent.

So to everyone out there who has called and written and rallied and tweeted, you are having an impact. You are why TrumpCare isn’t already law. But you cannot give up now, and Democrats here in the Senate won’t either. We are going to keep doing everything we can to make sure Senate Republicans can’t hold their noses and vote for TrumpCare just to hand big corporations a tax break and President Trump a hollow political win, whether it is next week or the weeks into August.

I also want to remind my Senate Republican colleagues again that we have made clear all along the way that there is a better way to do this. Democrats are ready. We are willing to work with you on policies that make healthcare more affordable and workable for patients and families.

So I am here today to say I hope you all listen to the stories our Democratic colleagues are bringing to the floor. Think about how devastating TrumpCare would be, and do the right thing. Drop this mean bill once and for all so all of us can get to work on real healthcare solutions that actually help people afford care, get covered, and stay healthy. If you do, you won’t have to defend this defenseless bill a minute longer.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, first of all, I wish to thank Senator MURRAY, a member of our leadership, for taking this time to talk about accounts from home, what we have heard from those we have the honor to represent, and I think this is exactly what is appropriate at the beginning of this work period.

I just come off of eight open-to-all townhall meetings in my home State of

Oregon. Five were in counties won by President Trump, three were in counties won by Hillary Clinton, and the single unifying issue that dominated each one is that TrumpCare is a loser. Across the political spectrum—Democrats, Republicans, liberals, and conservatives—what I was told is that the Congress ought to set this TrumpCare bill aside, that the one MITCH MCCONNELL has been working on ought to be dropped, and after it is dropped, Democrats and Republicans ought to get together and look for the common ground by trying to show some common sense.

I am going to spend a little time talking about what I heard, what people are concerned about, and then briefly talk about, as Senator MURRAY said, what we would like to do if our colleagues on the other side of the aisle will drop this ill-advised, “our way or the highway” approach and do what the Senate has traditionally done when we are talking about tackling a big issue, which is find common ground.

It doesn’t get much bigger than healthcare. We are spending \$3.2 trillion each year now on healthcare. It comes to something like \$10,000 for every man, woman, and child. We are spending enough money; the real question is whether we spend it in the right place, and this very flawed TrumpCare bill will compound that problem.

During those eight townhall meetings over the past week, Oregonians asked me: When is this flawed TrumpCare bill coming to a vote? How are my frail, not physically well, older parents supposed to get by if this bill passes and they lose their health care coverage?

As I have talked about with Senator MURRAY, we know that Medicaid picks up the bill for what amounts to two out of three older people in nursing homes. What often is not mentioned is that it also covers home- and community-based services for seniors. I remember from my days as director of the Oregon Gray Panthers that the whole goal was to create this continuum of choices for older people and, as Senator MURRAY touched on, the older people who need nursing homes and nursing home benefits. She is absolutely right. We also need to protect the Medicaid guarantee for the seniors for whom care is appropriate in other settings, such as home- and community-based services.

At those townhall meetings at community centers and auditoriums, folks knew that I am the senior Democrat on the Senate Finance Committee.

We have another talented member from the committee, Senator BENNET, here, as well as my knowledgeable colleague from Oregon, Senator MERKLEY.

I have worked on these issues with respect to taxes and healthcare for some time, and I have really dedicated my professional life to trying to find that common ground, show common sense in the areas of healthcare and taxes. But the fact is, this version of TrumpCare is a tax break for some of

the most powerful special interests masquerading as a health plan, and when Oregonians heard that, whether it was in a Trump county or in a Clinton county, everybody started nodding.

The secret is out. This is not a plan to fix anybody’s healthcare or hold down the premiums; this is one big handout to the most powerful special interests. People heard that Republicans were saying those tax cuts were going to create jobs. That is not very likely when they have made the tax cuts retroactive. What that means—they made the big one retroactive to January 1—is that if you have a capital gain say in March, and if this bill is passed in its present form, if that capital gain is \$1 million, you get a tax break of \$38,000. That is not creating jobs, it is creating windfalls, and the American people have caught on.

Now that the Senate is back in session, the public is reading about the newest proposal on offer. It is a Hail Mary pass from Senator CRUZ and Republican leaders, trying to put together \$50 billion for their version of TrumpCare. And we know in the Finance Committee, they have billions and billions of dollars that they can use to try to find those extra votes.

I will tell you, this Senator CRUZ proposal as it relates to healthcare is a prescription for mayhem in the private health insurance marketplace. It is going to mean misery for so many Americans dealing with illnesses. Forget the talk about bringing costs down. This plan is going to send health expenses into the stratosphere.

The plan tells insurance companies: You are off the hook as it relates to basic consumer protections. You get to bring back annual and lifetime caps on coverage.

Think about that. In the State of Alabama and everywhere else in America under the Affordable Care Act, the 160 million people who get their care through their employer heard about this bill and said: We are home free. It really does not affect us. They got a little extra bonus. The Affordable Care Act gave them a major catastrophic benefit if they had that employer coverage. With this Republican bill, all of those folks who thought they were home free with the employer coverage should know that once again there would be limits on what insurance companies could pay.

I will tell you, for anyone who is listening to this, if someone gets cancer at home, they are going to bust that cap in a hurry. This bill means they are not automatically protected. You can forget about essential health benefits. You get to flood the market with bargain-basement insurance plans as long as you offer one comprehensive option, and you get to price that plan through the roof.

If you pass this bill—the Cruz fantasy proposal—it is going to be a tale of two health symptoms. The young and healthy will opt for the barebones insurance plans that don’t cover much of

anything, but there are millions of people in the country who can't get by, can't make it with skimpy insurance that covers nothing but stitches and aromatherapy.

There are people who have had a cancer scare or suffer from diabetes or people who get hurt on the ski slopes or slip off a ladder. The only coverage that works for them will come with an astronomical price tag.

By the way, the people between 55 and 64, who can get charged five times as much as younger people, get fewer tax credits under this Republican proposal. They can't get by with skimpy coverage. A lot of them have really serious health problems. Skimpy coverage for them is just a prescription for trouble.

The fact is, this new proposal basically starts marching America back to the days when healthcare was reserved for the healthy and wealthy. What I will say is that there would be plenty of opportunities for Democrats and Republicans to find common ground if this proposal is set aside.

Nobody has said the Affordable Care Act is perfect. What we would do is go to work to stabilize the private insurance market. That would be business No. 1. We would look at ideas, as Senator NELSON has just thoughtfully outlined, like reinsurance. Then a special priority of mine is to clamp down on skyrocketing prescription drug prices. I think there are a number of ideas that are teed up for both sides to come together.

I recently put in a bill called the SPIKE bill. What it says is that these big drug companies should have to justify their big price hikes. I don't think that is an extreme position to say they ought to have to publicly, justifiably make it part of the public record.

In the last few years, we have had a whole new industry emerge. They represent States and companies and labor unions, and they are supposed to be negotiating a good deal for patients. They are called pharmaceutical benefit managers, but we don't know what they put in their pocket and what they put in our pocket.

I have said: How about some transparency, folks? Sunlight is the best disinfectant.

Those are the kinds of ideas—reinsurance, stabilizing the private insurance market, clamping down on prescription drug prices, particularly using the power in the marketplace—that both sides ought to be able to get together.

The recess is over, but the healthcare debate is far from over. What I will say is what I told my constituents. I see my friend Senator MERKLEY here. We had rallies at home. I said: Folks, in stopping the McConnell bill before the July break, you proved that political change in America is not trickle-down; it is bottom-up.

For weeks before that July break, Americans of all ages and political philosophies called and texted and wrote and came to rallies and town meetings.

They said: This TrumpCare bill is a loser for us. It doesn't work. Drop it and move on to approaches that involve common sense. Look for common ground that both sides could support. It is absolutely vital.

The events of the last few weeks have shown the power of the grassroots. I walked through for my constituents what could have happened if 2 weeks ago the Republican leader had brought his bill to the floor. It was in the morning. I described how the bill could have gotten through the Senate. Maybe the House would have stayed in; maybe the House would have passed it; maybe the President would have signed it. One of my constituents said that morning: If that had happened and we had lost the ACA, even though it is not perfect, that morning we would have been in mourning.

Let us show today that we can tackle this in a way that the Senate historically has worked best. Let's block the deeply flawed bill, and then let's turn around immediately to show that we can come together, find common ground.

I see one of our colleagues, the distinguished Senator from Virginia, who has one of the important reinsurance bills here. We have a variety of ideas that we can pursue, that I think would have appeal on both sides of the aisle, but there is a step you have to take before you get on to those commonsense ideas. You have to stop the flawed bill before the U.S. Senate at this point.

I ask the people of this country to continue what they have done over the last few weeks and show political change, bottom-up rather than top-down.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Colorado.

Mr. BENNET. Mr. President, I thank the ranking member of the Finance Committee for his leadership not only on this bill but also healthcare over the decades. He knows something about the right way of doing it and the wrong way of doing it, which is partly what brings me to the floor today.

I want to say something that I think will be uncontroversial to the people at home but may be news to some people here, and that is whether you support the Affordable Care Act or whether you don't support the Affordable Care Act, whether you have been a supporter of ObamaCare or whether you are not a supporter of what is called ObamaCare, in general, people are pretty dissatisfied with our healthcare system at home. In general, people are pretty dissatisfied with the rate their insurance goes up. They are pretty dissatisfied with the fact that a lot of people are still uncovered in this country. If they are a senior, they are pretty dissatisfied not just with the idea but with the practice that month after month, people have to cut their medicines in half just to get through the month. They are pretty dissatisfied with the fact that they call an insurance company to

make a claim to say "My child was sick" and point out that month after month they have paid their premiums only to find that on the day they make that claim, there is someone at that insurance company who has more time than they do to stay on the phone, to keep them on that phone, to deny them their claim. They are pretty dissatisfied about that.

As a whole, I think the American people are dissatisfied by the fact that we spend 16 percent of our gross domestic product, our entire economy, on healthcare when every other industrialized country in the world spends half of that or less than half of that on healthcare and—this is going to come as news to some people in this Chamber—get better results. We are moving in the wrong direction on too many dimensions when it comes to our healthcare.

I have said all of that as a proponent of the Affordable Care Act. I spent a year and a half in Colorado, in certain places, being called a Bolshevik or a socialist, being accused of advocating for a government takeover of our healthcare system. This was at a time when the tea party was very active, and people would come and say, quite rightly: Read the bill. Read the bill. We need to take our government back.

We tried to do some things to help in that bill. For the first time in the country's history, we tried to say that it wasn't OK to discriminate against people who were sick or have what is called a preexisting condition when they went to buy health insurance. As the Senator from Oregon said, it wasn't OK that if you did get sick when you had insurance and you got something like cancer that an insurance company could just throw you off their rolls because you hit their cap.

We said that we thought it wasn't OK that there were millions of people, many of them children, who didn't have access to primary care; that is, a doctor to be able to give you a checkup and see how you are doing so that you weren't getting treated in the emergency room—the most expensive, least intentional way of running a healthcare system that is imaginable. In fact, I would say that is the Bolshevik way of running a healthcare system: When you are sick, you get to show up at the emergency room, and somebody is going to take care of you. It gives you the results of a Bolshevik system because you are paying more for less of an outcome.

We tried to address some of those things, and that became the Affordable Care Act. That became ObamaCare. That became something that was politicized for 7 years, as the House of Representatives cynically, month after month, voted to repeal the Affordable Care Act. Then the majority of the House went home to their districts and said: We repealed ObamaCare. We voted to repeal ObamaCare.

You didn't repeal it.

No, we voted to repeal it. If you send me back there next week, I will do the

same thing. I will do it the week after that.

Then at some point, people started to say: Well, you keep having the vote on repealing ObamaCare. Why haven't you actually done it?

They said: Well, we didn't have the Senate.

They have had the Senate now for two Congresses.

Well, we didn't have the Presidency.

Now we have the same party in Presidency, the Senate, and the House of Representatives. This terrible bill we are considering is not a bill that anybody—that is an exaggeration—virtually anybody in my State supports or has asked for. That is what we have in front of us.

I know somebody else who knew that the American people were dissatisfied with their healthcare system, and that was Donald J. Trump when he was running for President of the United States.

I hope, in particular, the people who voted for the President, as a way of keeping Washington accountable, will remember that he said he was going to provide the American people “a terrific plan,” to “cover everyone at a fraction of the cost.” The President, when he was running—he still does it—was very fond of talking about—his words—how stupid everybody in Washington was and he knew how to make deals and he was going to come here and make great deals and he was going to cover everybody at a fraction of the price with a terrific plan. That is what he promised the American people. That is what he was peddling when he was running for President. He said: “Everybody is going to be taken care of much better than you are taken care of now.” That is what he said. This isn't fake news. This isn't CNN or the New York Times or the Wall Street Journal or whoever is in the crosshairs. This is what the President said on the campaign trail when he was running because he detected, quite rightly, that the American people are unhappy with the way our healthcare system works—unhappy in the richest country of the world to have a healthcare system where people have to make decisions about their lives and about their children's lives that no one in the industrialized world has to make about their lives or their children's lives—and they wonder why.

I think the diagnosis has a lot to do with what some people have said, which is special interests having a grasp on Washington, DC. That is what the President said he was going to give to the American people. This is what his promise was to the American people. What did we get instead? We have a bill passed by the House that was a massive tax cut for the richest people in America, which, literally, nobody in my townhalls in red or blue parts of my State has ever said is something that would help with their healthcare. Not a single person has said what they want for healthcare is a massive tax cut for people making more than \$250,000 a year—not one, not one person.

There is a 25-percent cut to Medicaid in this bill. That was done in the name of, I guess, reforming entitlements. The argument has been made that there are a lot of lazy people who are on Medicaid, and if you cut Medicaid by 25 percent, they will go to work, and they should go to work. Well, there are two issues with that. The first is, it is important to understand who is on Medicaid.

In my State, 50 percent of the people are children. Are they supposed to be at work or can they go to school? Then there are a whole bunch of people on Medicaid—in fact, it is a very large share of the population of Medicaid who have spent their entire life savings down for the privilege of being in a nursing home paid for by Medicaid. Are they supposed to work? Then there are a lot of people—I am ashamed to say this—there are a lot of people in this country who are working one job, two jobs and can't make enough money to buy private insurance in the United States of America. That is a shame. Do they need to get a third or fourth job before we are saying they are not lazy or should we fix this healthcare system so it is more affordable, more predictable, more transparent for American families? Those were the promises the President made. That is the content of the bill with one addition. They slipped in—between that tax cut and that 25-percent cut to Medicaid, which is paying for that tax cut for the wealthiest Americans—what my colleague RAND PAUL, a Republican from Kentucky, has described accurately as ObamaCare lite. He is absolutely right about that. If you hate ObamaCare, you will hate ObamaCare lite. If you are looking in a rural part of my State or the country, and you already can't afford insurance because there is no market there and you can't get a subsidy that will help you because you are making too much money, you are going to hate that even more. Wait until they pass the Cruz amendment, which he is calling the freedom amendment—freedom to have to endure something no one else in the industrialized world has to put up with, which is buying lousy insurance that doesn't cover anything. You can create the worst product in the world and make it affordable. That is not hard to do.

We have come a long way from Franklin Roosevelt's four freedoms, if we are talking about the freedom of insurance companies to be able to throw you off if you hit the lifetime cap, freedom not to give you insurance if you have a preexisting condition. We have come a long, long way.

Finally, my colleagues are here so I am going to stop. I do want to say one word about the process. The majority leader today announced that he is going to keep the Senate in for 2 weeks in August because they have to finish their work on healthcare or maybe it is 3 weeks in August. I don't care if it is a month. I don't care if they cancel every recess we have between now and

the end of the year. I don't care if we work on weekends if it will create a situation where we can actually improve healthcare for the American people. I am glad to stay. In fact, I think we should stay, but, unfortunately, that is not what he is trying to do. What he is trying to do is jam through a bill that is incredibly unpopular with the American people. That is why, until 2 weeks ago, it was a secret. Until two Thursdays ago, it was a secret.

I have to suspect that one reason they want to keep us in August is because they don't want to go home because they were just beaten to death over the July 4th recess because people came out in Republican and Democratic parts of their States and said: Are you out of your minds? This bill has nothing to do with our healthcare. They probably don't want to repeat that in August.

I will close just by saying this, and I said this again to the people who came to my townhalls and were highly critical of the Affordable Care Act and the process: I want to remind you folks that back then—the Senator from Oregon will remember this—back then, we spent over a year debating that bill here in the Congress. We had countless—somebody could count them up—but countless committee hearings in the Health, Education, Labor, and Pensions Committee and the Finance Committee. We had almost 200 amendments that were Republican amendments that were adopted as part of that bill. Everybody remembers, no Republican voted for it, but there were 200 Republican amendments adopted as part of that bill. We have not had a single committee hearing in the Senate about this healthcare bill—not one.

So you can keep us in for 2 weeks or 3 weeks longer in August, but a better idea might be to follow the regular order around this place. Talk about take our country back, take our government back, make it work, have hearings, have witnesses. I can think of 100 Coloradans, off the top of my head, who would like to come here and testify. I would even say 50 of them can be Republicans and 50 of them can be Democrats. Have them come testify what would make healthcare better for them. That is what this should be about: families all across this country who are struggling because of our healthcare system and who need relief from this Congress and who so far aren't getting it.

I will close just by saying, if the President could submit a proposal that actually would meet the criteria he set out when he was running for President—instead of having a bill he couldn't pass with even 51 Republican votes—he would have a bill he could pass with 100 votes here in the Senate, and that is what we should strive to do.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, let's revisit recent history. Four weeks ago,

my Republican colleagues were meeting secretly in this building, in a hallway that the press was not allowed in because they didn't want to have the press see them sneaking in and sneaking out of this completely undemocratic process—13 Republican men crafting a healthcare plan to destroy healthcare for 22 million Americans. That is where we were 4 weeks ago.

We made a big deal out of the fact that is not the way a Congress is supposed to operate. You are supposed to have committee hearings. You are supposed to have committee debate and invite experts in. You are supposed to have time to consult with your constituents back home, but none of that was happening. No, we had the Republican zero-zero-zero process: Zero committee meetings. How does that compare to more than 100 committee meetings and roundtables and walkthroughs from 8 years ago? Zero committee amendments. How does that compare to more than 400 amendments that were considered 8 years ago and more than 100 minority amendments, Republican amendments, that were adopted in this process? Zero exposure of the bill to the folks back home and to the healthcare stakeholders.

Then, 2 weeks ago, we had a draft, and we had a chance to circulate that draft and get a few folks from home to weigh in on what it looked like. We received a CBO analysis. Yes, it looked a lot like the House bill. The House bill was going to eliminate 14 million healthcare policies in a year, and the Senate was going to best that by eliminating healthcare for 15 million Americans and 22 million Americans over a 10-year period.

The President had called the House bill mean, but we had the even meaner Senate bill. Fortunately, we were able to create such a fuss that the majority leader canceled the vote—the vote that was going to take place with the zero committee hearings and zero amendments and that would give my colleagues the opportunity to go home and talk to their constituents. But what happened?

Well, in the course of this entire year, two-thirds of my Republican colleagues haven't held a single townhall, and last week, when they had a full opportunity to finally take their secret 13 bill—zero-zero-zero bill—and ask their constituents what they thought, they didn't hold townhalls. By best count, 2 Senators across the aisle held a townhall out of 52.

Why are my colleagues so terrified of their constituents? Is it because wiping out health insurance for struggling Americans is a travesty? Is it because wiping out healthcare for working Americans is a crime—a crime against decency? Is it because their bill proceeds to give \$33 billion to the richest 400 Americans? No, that is not \$33,000 or \$33 million, that is \$33 billion to the richest 400 Americans—more than several hundred billion dollars to the richest Americans overall. You know, the

money they want to give to the top 400 richest Americans would fund healthcare for more than 700,000 Americans under Medicaid.

Well, I went home. I went to a lot of places. I went to three cities in what you might call blue Oregon. I went to 13 towns in what can clearly be called red Oregon—predominantly Republican Oregon. I went to towns like Echo and Helix; Adams and Athena; Weston and Sumpter; Granite and Greenhorn, with 37 individuals; and Adams, with a population of 348. I went to larger towns like North Powder and Wallowa; and Baker City, Burns and Nyssa.

In six of those Republican towns, I held full townhalls, and what did I hear? I heard that the top concern was healthcare because constituents in red America across this country are terrified of the secret 13's bill and all that it involves. What would it do in my home State? Well, 400,000 Oregonians under the Oregon Health Plan would lose their care. At least another 100,000 would lose their care because of the changes in the way the exchange operates. They kind of put their minds to work at what the picture looks like from the draft the Republicans were willing to circulate after we applied extensive pressure. And what did we hear? Well, we heard that they are very concerned about extinguishing the expansion of Medicaid. Those are folks who are working hard but struggling, often in multiple part-time jobs.

We heard about the fact that Medicaid pays for more than two out of three individuals on long-term care in rural America. In fact, I went to one nursing home and asked: Does Medicaid—Oregon Health Plan—pay for two-thirds of your residents?

They said: No, Senator. Here in Klamath Falls, it is nearly 100 percent.

Realize that an individual who is getting paid-for, long-term care under Medicaid has to have assets of less than \$2,000. So there is no backup plan. You wipe out healthcare for those 400,000 individuals who are on expanded Medicaid, many of whom are in long-term care, and they have no backup plan.

One woman, Debra, said to me: Senator, I am paid for by Medicaid, and if they cut Medicaid, I will be out on the street. That will be a problem because I can't walk.

That is right, Debra, you are in trouble, and so is every other individual who is funded through Medicaid for long-term care.

What about maternity care? One out of three individuals in rural Oregon and rural America who is preparing to have a baby is funded through Medicaid. Children and the disabled are funded through Medicaid.

What do we get as an alternative now that the Republicans are back, having ducked their constituents? They want a new plan to offer? Well, they are talking about the Cruz plan. Now, this is interesting. It is a plan that says an insurance company can offer policies

that cover nothing as long as they have at least one policy that covers quite a bit, which means the young and the healthy buy the policy that covers almost nothing, and then the policy that covers quite a bit that older Americans and those with preexisting conditions need becomes incredibly expensive because the group in that pool are people with lots of healthcare problems, and it creates a death spiral in insurance.

Well, at the one end of the spectrum, you have a death spiral for insurance policies that cover a lot; at the other end of the spectrum, you have fake insurance because it covers virtually nothing. Oh, maybe it only costs \$50 a month. Oh, isn't that wonderful—until you find out it doesn't cover a day in the hospital; doesn't cover a trip to the emergency room; doesn't cover maternity care; doesn't cover drugs. In fact, it doesn't cover anything.

Why is it that a President who is so concerned about fake news is so interested in supporting fake insurance?

My constituents back home told me a lot of stories. These are stories that I hope to share in the next couple of days, but right now, I think it is important that we hear from my colleague from Virginia, Senator TIM Kaine, because he has also been looking in detail at this bill. He also understands what a devastating consequence TrumpCare will have for American healthcare.

Can't we come together with a better vision? Can't we come together and make the marketplace work better, restore the reinsurance that has ripped apart the ability of insurance companies to go into new markets? Can't we restore the cost-sharing payments that buy down the premiums, in fact improve them, so there are lower premiums and lower deductibles? Can't we come together and do a better job of funding opioid treatment? Can't we come together and take on the high costs of drugs in general, which is driving costs in the healthcare system? Just those four things would be something very positive to make our current healthcare system even better.

Let's work together to make healthcare here in the United States of America even better, not tear it down and destroy it, as is being proposed by my Republican colleagues.

Thank you, Mr. President.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Virginia.

Mr. Kaine. Mr. President, I also rise to talk about the healthcare proposal on the floor, and I thank my colleague from Oregon and all my colleagues who have taken the floor on this issue.

I will just state at the top a punch line: I will vote for any healthcare bill that meets President Trump's promises. He said that in his replacement, no one would lose coverage, no one would pay more, no one would get kicked around because of a preexisting condition, and he wouldn't cut Medicaid. And any bill that meets those criteria, I am voting for, but I won't

vote for a bill that shatters all those promises, and that is what this current proposal does.

There is a lot to talk about with the bill, and I just want to talk about one thing—the proposed cuts to the Medicaid Program and especially the effect of those cuts on children.

In the current Senate proposal, which is being sort of adjusted and modified, there is a slashing of Medicaid by about \$770 billion over 10 years. And if you add to that additional cuts to Medicaid proposed by the President's budget, we are now north of \$1 trillion of cuts to Medicaid in the next 10 years.

Who receives Medicaid? In Virginia, between 50 and 60 percent of those who receive Medicaid are children. In Virginia, 600,000 young people are Medicaid recipients.

If you go to school and you are receiving an individualized education plan because you have a designated disability, Medicaid is paying for it.

About 50 percent of childbirths in Virginia are paid for by Medicaid.

If you are a kid who is doing everything right, but your family is dysfunctional and a juvenile court judge has to decide whether to keep you with your family or put you in a group home, if the judge decides to send a social worker to your house 5 hours a week, Medicaid pays for that.

If you are a child with autism and you are getting services for your autism after school so you can succeed in school, Medicaid pays for that.

In Virginia, 600,000 children receive Medicaid.

We recently had the administration's OMB—Office of Management and Budget—Director, Mick Mulvaney, before us, and I asked him about these Medicaid cuts. These cuts are catastrophic. How can you say these cuts are a good thing? This is his quote:

We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid. We are going to measure compassion . . . by the number of people we get off those programs and back in charge of their own lives.

So the philosophy that drives this is, we want to get people off Medicaid and back in charge of their own lives—600,000 kids.

I had a roundtable yesterday in Springfield, VA, here in Northern Virginia, and I had five families, parents and children, come to talk about what Medicaid cuts would mean to them.

Angie and Anna are from Haymarket, VA. Anna is a little 5-year-old and, her mom says, typical in so many ways. She loves to play with her brothers, and she loves to play with dolls. But she has cerebral palsy and tracheal bronchial malacia and subglottic stenosis and chronic lung disease. In 2014, she developed a condition that caused her to have 30 bone breaks in 18 months.

Anna is in school. Anna is in school with a wheelchair that Medicaid pays for. Anna is in school with some home

health that Medicaid pays for. Medicaid enables this child who has so many needs to actually go to school so she can be all that she can be. Her family has TRICARE through the military because the dad is in the military, but they couldn't make it without Medicaid.

Jen and Cailyn are from Sterling, VA, also in Northern Virginia. Cailyn is about 9½. Within a week after she was born, the family knew there were some things wrong. She was finally diagnosed at age 3½ with a very rare, noninherited genetic anomaly. The family was able to get her qualified for a Medicaid waiver when she was about a year old. And this is secondary insurance. The family works and they have private insurance, but it doesn't cover a wheelchair, a hospital bed, and things that she needs to succeed. Again, this little girl who is 9½—and her mother testified that she functions on about the range of a 6-month old—she is able to go to school because Medicaid can pay for some of the technology she needs.

Kim and Isaac are from Ashburn, VA, in Loudoun County. Isaac is a youngster, a very active kid, but he has a tracheotomy. He is feeding-tube dependent. His family has private insurance, but they couldn't get along without Medicaid. He is in the Loudoun County schools succeeding because of Medicaid.

Dylan is another kid in Loudoun County schools. Corinne is his mother. Dylan has a rare neuromuscular disease called spinal muscular atrophy with respiratory distress. He has a tracheotomy tube. He relies on a ventilator to breathe. Little Dylan was at this meeting. The family has private insurance, but they couldn't succeed without Medicaid. Dylan is able to go to school because of Medicaid.

Finally, there is a family from Richmond—Amy is the mom, and the son is Declan. Declan is not in school because he is only 18 months old. He has cerebral palsy, and his medical needs are intense. With Medicaid, he is able to get some home nursing help, and he is able to get some machinery at home that helps him succeed.

These are beautiful parents, one of whom had adopted her child—first as a foster care and then adopted knowing the special needs of this child. This was Angie and Anna. These parents are the saints of the world, and these kids are fighting so hard. They are fighting so hard just to try to develop every talent they have, every capacity they have, but with Medicaid cuts, they would be in deep, deep jeopardy.

Why would we vote for a bill that slashes Medicaid to families like these when President Trump said we are not going to cut Medicaid? Why would we vote for a bill that shatters those promises, that takes health insurance away from 20 million people, that increases premiums for seniors, that subjects those with preexisting conditions to being cast in the shadows yet again? That is what this bill would do.

I had a conclusion written, but I will tell you, one of my moms yesterday gave me a better one. She gave me a better conclusion.

We had this roundtable with five families. We had some great folks from the American Academy of Pediatricians who were there, too, saying what a bad bill this would be for kids.

After the hearing was over, one of the moms looked at me and said: You know, they kind of picked the wrong group of people to fight with—talking about this bill.

I said: What you do mean by that, wrong group of people to fight with?

She said: Parents of kids with disabilities.

I said: I don't get where you are going.

And this is what she said to me: From the moment our children are born, all we do is fight. We fight so that our kids can survive. We fight so that our kids can have as normal a life as possible. We have to fight with hospitals. We have to fight with insurance companies. We have to fight with school systems. We have to fight with cultural stigmas about people with disabilities. If you are a parent of a child with a disability, from the day they are born, all you do is fight. And if they think that we are going to pass a bill to cut Medicaid to these kids and their families and that we are not going to fight about it, that we are not going to stand up and be heard, they have seriously underestimated us.

I think we can do the right thing, as my colleagues have said, if we will get together. I am on the HELP Committee, Health, Education, Labor, and Pensions, and the only topic that has been taboo on my committee this year is health. We have had hearings about nominees. We have had hearings about the FDA. We have not been allowed to have a hearing about this health proposal—either the House bill or the Senate bill.

Let's have a hearing, listen to patients, listen to parents, listen to hospitals, listen to doctors, listen to people who are worried about their premium costs, listen to insurance companies, and listen to medical innovators. If we listen, we will get this right. But if we shut down a process, if we don't allow the public in, don't listen, don't have hearings, and rush it through, we will get it wrong.

This is the biggest sector of the American economy, and it is the most important expenditure that anybody ever makes in their life. On behalf of the 600,000 children in Virginia and the 30 million children in this country who receive Medicaid, let's get this right.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise today with my colleague, Senator RISCH, to speak on the nomination of Judge David Nye to be a U.S. district judge for the Federal district of Idaho.

First, let me acknowledge the diligent work of Judiciary Committee

Chairman GRASSLEY and Ranking Member FEINSTEIN in expediting the confirmation process for Judge Nye's renomination.

I also thank both President Obama and President Trump for nominating Judge Nye to the Federal bench. It is rare to be nominated by Presidents of two different parties, but it is a fitting testament to Judge Nye's sterling reputation that he has secured that distinction.

Finally, I appreciate the majority leader giving Judge Nye the honor of being the first U.S. district judge by the 115th Congress.

Judge Nye is supremely qualified as a candidate for the Federal district court seat, having a unanimous "well qualified" rating from the American Bar Association and having received approval from the Senate Judiciary Committee without dissent twice in a little less than a year.

Judge Nye has long been ready to assume this high office. A longtime member of Idaho's legal community, Judge Nye has been a law clerk, a practicing lawyer, and since 2007 a judge on Idaho's Sixth Judicial District Court. This court handles all felony criminal cases, major civil cases, and appeals from the magistrate court from six counties throughout the southeast portion of Idaho. He also served from 2009 to 2012 as the administrative district judge for the Idaho Sixth Judicial District, elected by his peers on the court for the 3-year term to this position.

He is not just a well-respected jurist in Idaho. Judge Nye is heavily involved in the training and orientation of new Idaho judges, and he serves on the Idaho Supreme Court's committees on judicial education and felony sentencing.

Action on Judge Nye's nomination is critical and timely. Idaho is one of only three States having just two authorized district court judgeships. The nonpartisan Judicial Conference of the United States has declared a judicial emergency for Idaho and has recommended in every one of its reports to Congress since 2003 that Idaho be authorized a third district judge position. For the past 2 years, Idaho has had a three-judge caseload handled by just one active judge. What is even more challenging is that our lone remaining active judge is already eligible to take senior status since this past March. Even with Judge Nye's confirmation, Idaho still needs another U.S. district court judge.

Confirmation of Judge Nye today or tomorrow is undoubtedly a proud day for the entire Nye family, including Judge Nye's wife Katre and their eight children. Knowing that a successful public servant draws so much strength from the family surrounding him or her, I salute their partnership with Judge Nye in making this important occasion possible.

Again, I strongly endorse Judge Nye's nomination and appreciate the Senate's confirmation of him.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. RISCH. Mr. President, I want to associate myself with the remarks from my distinguished colleague and close personal friend, Senator CRAPO, and join him in urging our fellow Senators to quickly confirm Judge Nye.

As pointed out by Senator CRAPO, this will be the first district judge to be confirmed by this Congress. So it should be an honor for Judge Nye, and I am sure he views it that way.

This has been, literally, years in the making. As Senator CRAPO pointed out, we have only one active Federal judge right now, and he is handling what is essentially a three-judge load. Some time ago, when this vacancy occurred, Senator CRAPO and I went to work on this. Most Americans don't understand how this works, but to become a U.S. district judge, it takes essentially the concurrence of three people—that is, the President of the United States and the two Senators from that particular State, be they two Republicans, two Democrats, or one of each—because we have what is called a blue slip process, where if any one of the three can and do object to a person, then that person will not be permitted to go forward.

In this particular case, we negotiated with the Obama White House for literally months and months, and it turned into years. I believe we acted in good faith on both sides in trying to find a person who would be the right fit for Idaho. Again, we literally vetted well over 50 individuals for this position, and for one reason or another, we were unable to get any of those across the finish line.

Finally, we settled on Judge Nye. I shouldn't say "settled" on him. He had not really applied. After going through the 50 being vetted and not really getting where we wanted to be, we sought out Judge Nye and talked with him about it, and we went forward on that basis. The White House came along, and before President Obama left office, he nominated Judge Nye, pursuant to my and Senator CRAPO's request. Unfortunately, that was just about the time that we ran out of time processing judges. The election came and went. President Trump was inaugurated, and we started all over again. I want to personally thank the White House for very quickly renominating Judge Nye for this position, again, at the request of myself and Senator CRAPO.

Too many States have a shortage of judges, and there is a movement afoot right now to attempt to boost the Federal judgeship load, which is in bad need. For instance, in the last seven surveys that the Judicial Conference has undertaken, they recommended that Idaho get a third judge. Senator CRAPO and my predecessor before me and, I think, even Senator CRAPO's predecessor before him have also been pushing for this judge. We continue to do that, and I am seeing some green sprouts that perhaps we will be moving somewhere in that direction.

In any event, yesterday we had the vote on moving forward on his nomination, and that vote was 97 to 0, which certainly is a testament to Judge Nye himself. I would urge our fellow Senators, when we get to this vote, which will either be later today or midday tomorrow, to proceed with the same kind of vote. It was a bipartisan vote on cloture, and we hope it will remain a bipartisan vote as we move forward on this confirmation.

With that, I want to thank Senator GRASSLEY, who obviously is pressed by everyone who has a vacancy, and Senator MCCONNELL, who has lots of things on his mind these days and is struggling with challenges that come at him from all directions, for choosing Judge Nye at our constant and gentle urging over the recent months and years and moving him to the front of the line. I want to personally thank Senator MCCONNELL for doing that. Of course, I want to thank my distinguished colleague for his work on the Judiciary Committee and moving it through the Judiciary Committee.

I think Judge Nye will be a person who will make us all proud. Certainly, we are going to be very happy to have this judgeship filled in Idaho and, particularly, with someone of the quality of Judge Nye.

With that, 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.

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, as we move forward in our efforts to repeal and replace the failed ObamaCare law, it is worth remembering the reasons why this work is so urgent and why it is so important. The Affordable Care Act has left many American families paying far more for healthcare than they did beforehand, and it has taken away their freedom to choose the doctor they want or the health plan they want. That is, of course, all contrary to what was promised at the time ObamaCare was passed back in 2009 and 2010.

We all remember what the President said, and none of it has proven to be true in terms of your plan, your doctor, or the costs. In fact, as I mentioned before, the cost has gone up 105 percent for people in the individual market since 2013 alone. So rather than seeing a \$2,500 decrease in the cost to their health coverage, they have seen a \$3,000 increase, and the prices continue to go up. It is actually getting worse by the day, which is another reason for the urgency of what we are about to do. A report from the Centers for Medicare and Medicaid Services, or CMS, released yesterday, found that 40 percent fewer insurers have applied to participate in

the ObamaCare exchanges next year. The reason why that is important is because when fewer insurance companies choose to participate, of course, consumers have less choice and there is less competition in terms of quality of service or the price they charge. The damage goes far beyond the damage to the doctor-patient relationship and the damage to our pocketbooks, when we are told things will cost us less and they cost us more. The damage of the Affordable Care Act has literally permeated our entire economy and has led to a lot of people losing their jobs along the way.

ObamaCare consists of a number of mandates, government coercion, and punishment if you didn't comply with the mandates that forced many Americans to buy a product they would not have bought of their own volition and in many instances simply could not afford. But if you refused to do it, the government fined you, punished you. That represents a radical change in the nature and guiding philosophy of this country. This country was founded on the concept of individual freedom, not on Big Government coercing you to buy something that you don't want and you can't afford. But that is the theory behind ObamaCare.

In addition to that, for small business owners, it included a penalty for any business that exceeded more than 50 employees who did not provide government-approved health insurance policies. It cost them at least an additional \$70,000 a year, in addition to other increases in healthcare costs.

Let's say you are a small business of 50 or so employees. You are sure not going to hire over the cap and subject yourself to the additional \$70,000 a year in costs. What you are likely to do is to hire fewer than 50 employees in order to protect yourself from that expense, and that is exactly what happened.

I still remember, after the Affordable Care Act passed, having lunch in San Antonio, TX, with a friend of mine who was an architect at the particular time. When I described to him the nature of the employer mandate and its effect, he made it clear to me that he would rather lay off some of his employees in order to avoid that additional expense under the employer mandate. In fact, that is just what he did.

This is just another bit of evidence about the pernicious impact of the Affordable Care Act. It is not just about premiums. It is not just about deductibles. It is not just about freedom of choice. Literally, it has been a wet blanket on our economy.

This damage reaches across many different sorts of industries. According to a recent study by the Mercatus Center, an estimated 250,000 jobs nationwide were lost due to this mandate. That strikes me, frankly, as too small a number, but that is the number they projected. A quarter of a million people lost their jobs because of this mandate because small employers were moti-

vated to keep their numbers under the cap in order to avoid the extra expense. This does not even take into account the consideration of businesses that were forced to shut their doors altogether.

In other words, ObamaCare was, in part, premised on this idea that businesses could endlessly absorb additional taxes and new costs and mandates and somehow continue to keep their doors open and do business as usual, but that is not the real world.

It also does not take into consideration the many businesses that choose to cut the hours their employees can work instead of firing them. This is another one of those stealth characteristics of ObamaCare, in which employers are judged on the number of full-time employees they have.

I remember talking to a restaurant owner in East Texas—in Tyler, TX—who told me he had to lay off a single mother who was working as a waitress in his restaurant. He could not afford to have her work full time. He had to put her on part time in order to avoid the penalties that are associated with ObamaCare. What that meant for this single mom is that she essentially had to go out and get two jobs in order to fill the gap that was left by her going from full-time work to part-time work. That is not the only story I can tell you.

A small business owner in Donna, TX, epitomizes this reality in a letter that was written to me a few weeks ago. This gentleman said he and his wife are both on Medicare. Of course, they are unaffected directly by ObamaCare because Medicare covers people who are 65 years and older while ObamaCare covers people who are younger than that. While they were left unaffected personally by ObamaCare's changes, on behalf of his 54 employees, he wrote that after ObamaCare went into effect, he was faced with a choice, either he could buy his employees expensive health insurance that his business could not afford or he could pay fines totaling more than \$100,000. Instead, he made the painful choice to lay off six of his employees in order to remain under the ObamaCare-imposed threshold. As he pointed out, this meant more than just simply laying off six people; it also meant risking the well-being of each of those families represented by those six people.

Small business owners should not be forced to choose between growing their businesses and providing jobs or risking the financial livelihoods of their entire companies and their employees just to satisfy the demands of Big Government. Even beyond causing layoffs, ObamaCare has effectively ensured that many businesses cannot grow and that existing businesses will not hire any more employees.

ObamaCare did not just lead to a new form of healthcare coverage, as some have claimed, as two-thirds of the small businesses that were surveyed by

the Mercatus Center report already offered insurance. Two-thirds of the businesses affected by ObamaCare already had healthcare coverage, but that was effectively displaced and replaced by government-approved healthcare, which proved to be far more expensive.

Instead of having the choice to shop around for the insurance that best meets their needs and the needs of their employees, these businesses have been forced to either pay the penalty or to pay the piper—that is the Federal Government—when it comes to these mandates and these demands.

It ought to be clear by now—7 years into the implementation of ObamaCare—that this kind of one-size-fits-all mandate should not be applied to a country of 320 million people, especially when it comes to something as personal as healthcare. Each of us is a unique human being. Each of our families has its own unique needs and desires. Frankly, we ought to be able to choose the sort of healthcare coverage that best suits our needs as well as our incomes and our desires to buy health insurance. Some people want policies that provide purely for catastrophic coverage when they go to the hospital. Maybe they prefer to have savings accounts that use pretax dollars under health savings accounts in order to save money so as to pay for their doctors' visits, and they combine that with a high deductible health insurance plan. You literally cannot do that under ObamaCare, but you will be able to do that under the Better Care Act, which we will be voting on next week.

What we have tried to do is to look at the meltdown of ObamaCare and say that we need some emergency measures to take place because of the phenomenon I mentioned earlier in which insurance companies are pulling out, people's premiums are going through the roof, or deductibles are so high that they are effectively being denied the benefit of their health insurance. We need to do something quickly and urgently.

What we are going to do is take measures to stabilize the insurance markets because if insurance companies continue to pull out of the insurance markets and deny people a choice or competition or even access to a qualifying policy at all, that is going to put people in an impossible situation. So the first thing we are going to do is to stabilize the marketplace.

The second thing we are going to do is to repeal the mandates that have made health insurance so unaffordable and restore the freedom to choose the sorts of policies and create a marketplace in which people can choose the policies that best suit their needs and at prices they can afford. It will literally bring down the cost of what people are charged in order to buy healthcare coverage.

Because we understand the importance of protecting families against preexisting condition exclusions, we are going to make sure the current law

remains in effect that protects people from exclusions when they change jobs or lose jobs based upon preexisting conditions.

The fourth thing we are going to do in the Better Care Act is put Medicaid on a sustainable growth rate. Medicaid is an important program. It provides the healthcare safety net for the Nation, but unfortunately it is unsustainable at the current rate of spending. Over the next 10 years, we propose to spend \$71 billion more than we do today on Medicaid. In other words, it is going to continue to grow but at a more controlled and fiscally responsible rate.

We are also going to provide people with tax credits who have an income between zero and 350 percent, including those people who are left out in the event that the Medicaid expansion is not embraced by their States and States like Texas—people who are now at 100 percent of the Federal poverty level up to 138 percent who were left out because of the fact that Texas did not expand Medicaid to able-bodied adults. They are going to be able to use that tax credit to buy private insurance. Private insurance provides much better access to coverage because, right now, Medicaid pays doctors and hospitals about 50 cents on the dollar when it reimburses them. Private insurance pays them much better so it improves the range of choices available to consumers.

Our bill continues to be a work in progress. We have done our best to try to work with everybody who has been willing to work with us and to use their ideas. What we have tried to build is a consensus bill, but the fact is, our friends on the other side of the aisle have simply refused to participate in the process, thus leaving it up to us to save people and help people who are currently being hurt by the status quo. We are going to do our duty. We are going to fulfill our responsibility to our constituents the best we can under these circumstances. In recognizing that no bill is ever going to be perfect, certainly, we have to do what we can in order to help the people who are being hurt now under the status quo.

Let me just close by saying that I have heard my friend the Senator from New York—the Democratic leader—talk about this bill. If we are unsuccessful in getting this bill passed next week, he wants to engage in a bipartisan negotiation in order to address healthcare. Yet what I predict is this: What he is really talking about is a massive, multibillion-dollar bailout of insurance companies without there being any reform. To me, that is an exercise that, frankly, I am not willing to participate in. I will never support a multibillion-dollar bailout of insurance companies and not be able to reform the system that created the problem in the first place.

I urge all of our colleagues to work together with us. Bring us your best ideas. Work with us. Try to figure out

a way to be constructive in this process and help us to achieve a result. It is not going to be the final result. We will have other opportunities, for example, in the Children's Health Insurance Program, which is a bipartisan program that expires by the end of September. We will have another opportunity to come back—hopefully, then on a bipartisan basis—to do additional things that we were unable to do because of the constraints of the budget reconciliation process and the fact that our Democratic colleagues simply refuse to participate in saving the people who are being hurt today by ObamaCare.

I encourage my colleagues not to be lured by the seductive message of our friends across the aisle about doing something bipartisan after this bill is unsuccessful. They are not interested in changing anything about the structural defects in ObamaCare. If all we are going to do is propose to pay insurance companies billions of dollars more in order to bail them out—in order to support the same flawed structural program known as the Affordable Care Act—you can count me out.

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. CARDIN. 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. CARDIN. Mr. President, I take this time to share with my colleagues the experiences I had in the State of Maryland during our most recent work period and shortly before that, when I took the opportunity to meet with different groups with regard to the healthcare debate.

I had a townhall meeting this past week at Atrium Village, which is a senior living place in Baltimore County. We had a robust discussion primarily with seniors, but not just seniors, about their concerns as to whether the changes in the healthcare law would affect their ability in the Medicare system as well as relating to long-term care and Medicaid.

A little bit earlier than that, I had a townhall meeting at one of our local hospitals where we had a chance to talk with lots of people. It was an open townhall meeting, and a lot of people from the community showed up. They expressed their concerns about what would happen under the changes being suggested in healthcare on coverage and quality of coverage, and we had a very robust discussion.

I also had a chance to meet with leaders of the faith community as we talked about our responsibility to make sure healthcare is a right and not a privilege in the United States.

I met with the leaders of the community health centers in Park West, in Baltimore City, to talk about the impact on the viability of health centers if the Medicaid Programs were cut.

I had a chance to visit with Mosaic Behavioral Health Center, which deals with behavioral health in Baltimore, and their concern is, if we eliminate the essential health benefits of mental health and addiction, what impact that would have on access to care.

There was a consistent message from each of the places I met with, with regard to whether we would be able to maintain coverage—under the Affordable Care Act, we expanded coverage by tens of millions—and whether that coverage would be compromised under the legislation being considered in the Senate.

We also had a chance to talk about whether there would be a weakness in what benefits would be covered. I already mentioned mental health and addiction. There were also concerns expressed about reductions of benefits regarding obstetrics and how it would affect women, and pediatric dental care, which is a particular concern in Maryland after the tragic death of Deamonte Driver.

They also raised many issues concerning discrimination in healthcare that was present before the Affordable Care Act and whether these conditions would be returning. A young father told me a story about how his daughter was born prematurely and, as a result, the baby was in the neonatal intensive care unit for 4 months. When his daughter was 4 months old, she had reached her lifetime limit of what the insurer would pay for healthcare if we returned to lifetime limits. Whether we would be returning to the predatory-type practices of the insurance companies that were present before the Affordable Care Act and whether we would be returning to preexisting conditions or doing that indirectly through what benefits would be covered—that was expressed at several of my healthcare meetings.

I already mentioned the concerns that the elderly expressed, including the discrimination of the near elderly, if we go to a 5-to-1 ratio on health premiums, so that those who are 60 or 62 years of age paying five times higher premiums than younger people are paying. All of that was brought out during my townhall meetings.

The one message I just wanted to leave with my colleagues is that there was a strong interest that we work together—Democrats and Republicans—because we all acknowledge that the Affordable Care Act can be made better. We don't want to repeal it. We want to improve it.

Before we left for the July 4th break, I introduced legislation that deals with some of these issues. The legislation would improve competition by putting the so-called public option in the exchanges so that we know there would be at least one governmental option without subsidies, without any additional breaks over private insurance companies, to guarantee more competition in the marketplace.

I also included in my legislation a solution to deal with the two major problems that we have under the Affordable Care Act. For some people, the insurance premiums are too high. Why? Well, I asked CareFirst, which is the major health insurer in Maryland, about the uncertainty as to whether President Trump is going to fund the cost-sharing issues. My legislation makes it clear that those funds will be made available, as was anticipated under the Affordable Care Act.

I also provide predictable subsidies for lower income families, up to 400 percent of poverty, so that we can help bring down the cost of premiums in that marketplace, and we reimpose the reinsurance program so that we can spread the risk so the insurance companies know that they have a more predictable risk when they set their premiums.

All of this would make a big difference. CareFirst said that, in the individual marketplace in Maryland, if you do that and endorse the individual mandate, we could reduce our premium increases by 50 percent.

So I am trying to work, I hope with Democrats and Republicans, to deal with the problems that have been brought to our attention on higher premiums and then to deal with healthcare costs generally.

More and more people talk to me about bringing down the costs of prescription drugs. It is outrageous that Americans pay twice what our friends in Canada pay for the same medicines that are manufactured here in the United States. So why don't we have a more competitive marketplace? Why don't we have the rebates that we have in the Medicaid and the Medicare systems, and why don't we allow for more collective bargaining for prices in the pharmaceutical industry? My legislation would do that, and I know there is bipartisan support for that.

Lastly, we deal with more integrated care. I mentioned Mosaic, a behavioral health facility in Baltimore City. They have an integrated care model. If you come into their community health center, they will treat whatever your problems are. They are not going to say: Well, come in one day and we will deal with diabetes, and the next day we will deal with high blood pressure. Let's deal with the whole patient in a coordinated and integrated care model, and that would help save on costs.

My bottom line is this. No, I am not going to support weakening the Affordable Care Act. I am not going to support legislation that would diminish those who currently have coverage or the quality of their coverage. Let's work together—Democrats and Republicans—to deal with the real problems of bringing down costs in our healthcare system—everybody benefits from that—and to make sure there is more competition in our exchanges and to make sure there is better premium support for those who cannot afford their premiums. If we do that, then, I

really think we would be carrying out what the people of Maryland were asking me to do during the recess; that is, not to go back on the progress we have made under the Affordable Care Act. Let's build on that. Let's make healthcare more affordable, and let's deal with more competition on the premium costs.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

VENEZUELA

Mr. RUBIO. Mr. President, I have, since the year 2014, come to the Senate floor on numerous occasions, perhaps more than I hoped to, to discuss the developing situation in the nation of Venezuela.

The reason why I have taken such an interest in this issue is because of the impact it has, first and foremost, on my home State of Florida. We are blessed in Florida, particularly in my hometown of Miami and in South Florida, to have a vibrant and diverse community with people from across the world and, particularly, from the Western Hemisphere. That, of course, includes a very substantial number of people from Venezuela, some who live in Florida for part of the year and some who have made it their permanent home. They have contributed greatly to our economy, to our culture, and to our lives.

It is through their eyes that I have witnessed the tragedy that has unfolded in that nation over the last 5 years. I use the word "tragedy," but I don't use it lightly. Venezuela is one of the richest countries in the world, blessed with natural resources that God has blessed that nation with and the largest crude oil reserves on the planet—certainly, more than the United States and Canada combined, as an example. They have highly educated and capable people and a long tradition of democracy. Venezuela has one of the oldest traditions of democracy in the Western Hemisphere. As much as anything else, not only is it a tragedy for the people of Venezuela—what has happened—but it is a tragedy for the hemisphere and, ultimately, for the world. We look at some of the great causes that the world is confronting and think what a democratic and prosperous Venezuela could be contributing, what its extraordinary people could be contributing. But the last 5 to 10 years—particularly the last 5—have largely been taken up by internal strife.

At the end of the day, my interest on the issue of Venezuela has never been the removal of anyone from power. It has been about the restoration of the democratic order so that the people of Venezuela can choose their path forward. We look at the history of our hemisphere, here in the Western Hemisphere, and we see that up until about 25 years ago, most of the nations in the Western Hemisphere were governed by dictators and strongmen on both the left and the right, and few, if any, people in our hemisphere had a role to

play in choosing their leaders. Today, but for the exception of a handful of places—predominantly, Cuba and the Caribbean and some others—almost all of the people of the region get to choose their leaders, and that has been the story of Venezuela up until very recently. Sometimes they choose leaders who agree with America, and sometimes they do not. But they choose their leaders.

In the end, we know that democracies very rarely start wars because their peoples do not tolerate it. Democracies always seek stability and prosperity because their peoples demand it, and they get rid of leaders who don't deliver.

So our goal from the beginning—my goal, in particular—has consistently been the restoration of the democratic order and, through that, the respect for basic rights and dignity of all people, particularly in Venezuela. It is sad to see what has happened because I think it is fair to say that the situation today in Venezuela is worse than it has been at any point since 2014.

We saw about a week ago the horrifying images of armed thugs storming the National Assembly—the democratically elected National Assembly—and attacking members of that assembly. It would be the equivalent of protestors storming the Capitol doors and attacking Senators and Congressmen. We saw images of uniformed personnel, some of whom, basically, are the equivalent of our Capitol Police, roughing up the very members of that assembly whom they are supposed to be protecting. We have seen the images of protests in the streets, of national guard troops firing on people with tear gas and rubber bullets and, in some instances, with guns.

We have seen these irregular groups called "colectivos" going after people in the streets. By the way, in fairness, we have seen violence on both sides of it, although the vast majority of people in the opposition—the enormous majority—seek a peaceful resolution to this. Anytime you put hundreds of thousands of people in the street, chaos happens.

You think not just of the protestors, but you think of their family members on the other side of it. We forget that these national guard troops, holding up their shields and wearing the uniforms, have sisters and brothers and husbands and wives and loved ones on the other side of that barricade, deeply dividing this proud nation with an incredible history of contributions that it has made.

The situation has now reached what I believe is the tipping point. Later this month, the Government of Venezuela—I should say the executive branch, under its current President—has scheduled an unconstitutional assembly. They call it a constituent assembly. It violates the very Constitution of the country, not to mention that the supreme court has already kind of canceled the democratic order and this adds to that. I just say this with deep

sadness. If that goes forward, I think it fundamentally changes the situation permanently.

I had an occasion early this morning to speak to the President on this topic for a few minutes, as I know he is headed overseas. He expressed his continued dissatisfaction with the course of events. I think it should be abundantly clear to everyone that this government in the United States is prepared to take additional significant measures if, in fact, that constituent assembly moves forward at the end of this month—basically, all but admitting to the world what we already know; that is, that the democratic order in Venezuela has ended.

I do believe that there is still a path forward—a path forward that doesn't involve vengeance, that involves reconciliation; a path forward designed to restore the democratic order. I believe deeply that all of my colleagues here in the Senate and in the Congress and the President of the United States are prepared to play whatever role they can to help facilitate that. I think that, obviously, ultimately, it would involve restoring democracy. It would involve respecting its own Constitution. It would involve holding free and fair elections, internationally supervised, not by the United States but by the United Nations or by neighboring countries. I just left a meeting a few minutes ago with the Foreign Minister of Mexico, a nation that has shown that it is willing to step forward and be constructive and productive in this endeavor.

That is the goal. The goal is to restore peace and order and to restore democracy and to grant amnesty and freedom to those who have been imprisoned because of their political views. Within that space, there are those within the government who themselves perhaps seek the same thing but feel trapped by the circumstances before the nation today.

So I do believe there is a path forward, but I also think it would be unfair if I didn't make clear that the time for that path is running out and the door will permanently close if, at the end of this month, the Maduro government moves forward with this assembly, which is illegal and unconstitutional. At that point, it would be clear for all that they have no interest and no intent of restoring democracy. I fear the consequences of that, not simply because of what the U.S. Government and the Trump administration might do but what it would mean to those in the streets who are already desperate as it is.

I do think that path is there. I do believe that opportunity is still available, but it will not be around forever. My hope is that cooler heads will prevail. My hope is that patriots in Venezuela—no matter what side of this debate they have been on up to this point—realize it is time to step up and further this process of reconciliation, not with a goal of vengeance or punishment but with a goal of freeing those

who have been imprisoned unjustly, with the goal of having free and democratic elections, with the goal of living up to constitutional principles, with the goal of restoring democracy to a great people and a great nation.

I know that I, for one, despite all of my criticisms and all of the speeches I have given and all of the measures we have taken, am prepared to do all I can to be helpful in that endeavor, to help the people of Venezuela take control of their destiny once again and restore the democratic order, the constitutional order in a way that unites the country, not one that further fragments and divides it.

I know the President has expressed a willingness to be involved in that process in whatever capacity is appropriate, knowing that other nations in the region are prepared to lead as well.

I thought it was important on this 11th day of July, as we get closer to that measure—which I think will do irreparable harm to this possibility—that I come here to the Senate floor and express this. In the end, I think all of us in this hemisphere and, ultimately, the world would benefit greatly from a Venezuela that fulfills its potential—the potential of its people, the potential of its economy, the potential of its proud history of democracy. Whatever we can do to be helpful in that endeavor, I know that this Nation is prepared to do in whatever capacity is appropriate in the eyes of the people of Venezuela.

Ultimately, the future of Venezuela belongs to the people of Venezuela, and that is what we stand for. We hope that we can be helpful in a process that brings them together—and not further divides them—and restores what they once had and deserve to have again: a proud democracy, a vibrant economy, and a people with extraordinary and unlimited potential to achieve great things on behalf of their nation, their countrymen, and the world.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

WELCOMING THE PAGES

Mr. CARPER. Mr. President, I want to welcome our new pages. They have been here all of 24 hours or so. I talked to some of them earlier today. They come from all over this country, and we welcome each of them.

I understand they are with us for 3 weeks, and we wish it could be longer. Who knows? Maybe it will be. We will see.

HEALTHCARE LEGISLATION

Mr. President, I am here today to talk about healthcare. That is a subject we have talked a lot about, not just on this floor this week, this month, and this year but for years. A lot of times, when we talk about it, we seem to forget that this involves real people, people who live in our home States. They are moms and dads; they are parents. They are children. They are grandparents, aunts, and uncles. They are young, and they are old. They

are people from different walks of life. They are real people.

I want to talk today about one of them. Delaware is a little State. I like to kid my colleagues that a lot of days in the week I visit all the counties in Delaware. We have only three. Yesterday I got to go to all three of them.

In the southern part of our State is Sussex County, which is the third largest county in America. I think there are 3,000 counties in America. The third largest is Sussex County, DE. The county seat for Sussex County is called Georgetown.

Before I came over here yesterday afternoon to be here for the convening of the Senate, I stopped off and hosted a roundtable. There were about 20 patient advocates from organizations across the State of Delaware. We were in Georgetown at a place called the CHEER Community Center, which is a gathering place for seniors in the southern part of our State. A lot of good activities happen there for seniors from all over Southern Delaware.

Some of the organizations on the frontlines of our healthcare system were there. I am going to mention a couple of them. They include the Mental Health Association, the National Alliance on Mental Illness in Delaware, the Leukemia & Lymphoma Society, Autism Delaware, the American Heart Association, the Juvenile Diabetes Research Foundation, the Alzheimer's Association, and atTAcK addiction. The folks at the roundtable explained to me and to others how the new plan that was presented several weeks ago would dramatically diminish their ability to care for the Delawareans they serve.

During our roundtable, we heard directly from representatives of these organizations, and we heard directly from patients. These Delawareans shared with us just how devastating a repeal of the Affordable Care Act would be for them and for their families.

One person's story stood out to me. She is a woman I have met before. Her name is Jan White. She is pictured here with her husband Mike. They live in Newark, which is at the other end of the State. If you drive up I-95 from Washington through Baltimore, on up to the Delaware line, the first town you come to in Delaware is Newark. That is where the University of Delaware is located. That is where they live.

Jan and her husband were college sweethearts. This October they are going to celebrate their 30th wedding anniversary. They run a successful small business in Delaware. It involves setting up meetings, running them, organizing and running special events.

Together they have one child, a son named Ethan. This September, Ethan will start his senior year at the University of Delaware, which is one of my alma maters. I went to graduate school there after the end of the Vietnam war on the GI bill. It is a wonderful school. He will be a senior there this fall.

Jan, depicted here with her husband, was doing everything she was supposed

to do to stay healthy. She ate right. She exercised. In fact, she was studying martial arts.

I eat right too. I exercise almost every day of my life and have since I headed to Pensacola, FL, as a newly minted ensign in the Navy. I still work out, just like Jan. One thing she has done that I haven't—she has studied martial arts and achieved her third-degree black belt. She did it a couple of years ago, in April of 2015.

Jan also worked hard at their business and helped to raise Ethan. Jan, Mike, and their son Ethan were living the American dream, but their lives were irreparably changed in April of 2016—a year after she earned her third-degree black belt.

Something happened. What happened was that Jan was diagnosed with aggressive stage IV non-Hodgkin lymphoma. It had invaded her chest and her spine. She went from teaching kickboxing and studying for her fourth-degree black belt to relying on a walker.

Jan underwent over 5 months of intense chemotherapy. I am told it was 102 continuous hours every 3 weeks. Think about that: 102 continuous hours of intense chemotherapy every 3 weeks. She had two injections into something called—I think it is a cavity in our brain—the Ommaya. She had two injections every 3 weeks for her spinal tumor, a high dosage of inpatient chemotherapy, and a month of radiation.

Jan was pronounced in remission earlier this year. Thank God. She desperately hopes to stay there, and our prayer is that she will.

When Jan was sick, she and her husband Mike kept working. There was no quit on that team. They kept working at their business, although it certainly wasn't possible to keep up with everything. That business had its usual pace that they followed.

As Jan has said, the bills don't stop just because you have cancer. That is true. Today she continues physical therapy repair damage from spinal cord compression from the tumor and the chemotherapy for the spinal tumor. She continues this therapy, even though her insurance-approved visits ran out a long time ago.

Jan monitors daily for relapse, hoping and praying it will not happen. She and Mike have worked hard to keep their business doors open and to try to put their lives back together.

The current debate in Washington over the Affordable Care Act makes Jan and Mike wonder if they will be able to afford the premiums that they face. Their current premiums now—including deductibles, out-of-pocket expenses, or denials—are double their mortgage payments.

Jan told me that they wonder if they will have to forgo Jan's medical care. They wonder if they will have to choose to pay for care and maybe put their family in bankruptcy. What if the treatments don't work?

Most of us know that cancer is a hard battle. In my own family, we know that my grandfather, his wife, and others who have fought cancer ultimately succumbed to it. It is a hard battle. Jan shouldn't have to fight for the chance to fight and survive. That is what she is doing.

We are encouraged that she has had better than a fighting chance. Jan and her family hope that those of us in this body—in the Senate—and our friends in the House of Representatives will do the right thing. That is why she is now involved with the Leukemia & Lymphoma Society as a patient advocate.

It is up to those of us in Washington to do the right thing by Jan—not only to do the right thing by her but by the 1.2 million people who have blood cancer, including roughly 400 Delawareans and the 50,000 cancer survivors who live in my State.

I will close by saying this: Last week we had the Fourth of July recess. The place was closed, and most of us were in our States. I covered the State of Delaware almost every day. I saw thousands—probably tens of thousands—of people during the course of that time. I am amazed at how many people talked to me about healthcare legislation. They called on us to do the right thing.

The other thing they called on us to do was to work together. Any number of people said to me: This shouldn't be all Republicans trying to solve this; this shouldn't be all Democrats trying to solve this. This should be everyone working together.

I couldn't agree more. I think we have a great opportunity right now to hit the pause button and not retreat to our different corners around here but to figure out how we can engage and do three things with respect to the Affordable Care Act: Figure out what in the Affordable Care Act needs to be fixed and let's fix it; figure out what in the Affordable Care Act needs to be preserved and let's preserve it; and if there are provisions in it that should be dropped, let's figure out how to drop them.

I talked with one of my colleagues, a former Navy guy from Arizona on the other side of the aisle. We came to Congress together in 1982. We served in the Navy together before that. We were talking yesterday about a path forward for us. We both said almost at the same time: What we should do is regular order.

I don't know if our new pages have heard that term, "regular order." What it means is pretty much this: If someone has a good idea—or maybe a not-so-good idea—on an important issue, introduce it as a bill. It gets assigned a committee, and the committee chair, ranking member, senior Republican, senior Democrat talk about scheduling a hearing. They hold a hearing—maybe not just one hearing but maybe a series of bipartisan hearings. Sometimes they actually schedule some roundtables in

addition to hearings, which are more of an informal discussion, which are sometimes helpful in working out consensus around the very difficult issues like healthcare.

The regular order is that after there has been a lot of testimony, a lot back-and-forth, a lot of questioning, they have a markup in the committee on jurisdiction. The markup is to vote on the bill before we vote on the bill. We have the opportunity for members—Democrats and Republicans have the opportunity to offer amendments to the legislation, amendments for and against, amendments that would change and hopefully improve the underlying bill.

After the amendments are offered, there would be a vote on the underlying bill, to keep it in committee or report it out. In regular order, if it is reported out, then it competes for time on the floor. That is something our leaders, Senator MCCONNELL and Senator SCHUMER, would need to work out amongst themselves.

If the bill makes its way to the floor, in regular order, we would have time for debate, especially for something this important. As I recall, when we debated the Affordable Care Act in committees, hearings, and roundtables, I think we spent 80 days. All told, I think over 300 amendments were offered. There were 160 Republican-sponsored amendments adopted to the Affordable Care Act. Is it perfect? No. Anything that big, that complex, should have been even more bipartisan than it was. This is something we need to get right.

I will close with this thought: If you go back 8 or 9 years ago, we had a new administration. I was a brandnew member of the Finance Committee, which has jurisdiction over Medicaid and Medicare. We share jurisdiction in the Senate on healthcare legislation; the other committee is the Health, Education, Labor, and Pensions Committee, which is led by Senator LAMAR ALEXANDER of Tennessee and Senator PATTY MURRAY of Washington State, two very able people and leaders. I would suggest that they are the kind of leaders who can help us actually figure out what is the right thing to do.

I don't know that either party is smart enough to figure it out by themselves, but if you ask a lot of people around this country, including people like Jan and her family or folks who are providers, such as doctors, hospitals, and nurses, and folks who work in pharmaceuticals, health economists—if you ask a lot of people "What do you think?" there is a much better chance to ultimately get this right.

I will add a P.S. as a former Governor of Delaware, as some of my colleagues know. I call myself a recovering Governor. We have a new page here from Ohio. One of the guys from Ohio is now a pharmacist. John Kasich, my old colleague from the House, is now Governor of Ohio. He has been a strong voice in favor of just what I am talking

about doing, and that is to hit the pause button and figure out how we can do this together, and we need to.

In closing, I will paraphrase something Mark Twain used to say. Mark Twain used to say: "When it doubt, tell the truth. It will confound your enemies and astound your friends." Think about that.

In this case, maybe we should paraphrase Mark Twain: When in doubt, try regular order. When in doubt, try working together. When in doubt, try a bipartisan approach that is focused on getting this country and our healthcare delivery system a lot closer to where it needs to be.

Every President since Harry Truman said as President that we need to change our healthcare delivery system so that everybody in this country has access to healthcare. By the time we took up the Affordable Care Act in the Finance Committee and the Senate, we were spending, as a nation, 18 percent of the gross domestic product on healthcare in this country. I have a friend, and if you ask him how he is doing, he says: Compared to what? We are spending 18 percent GDP. What were they spending 8 years ago in Japan? They were spending 8 percent of GDP for healthcare in Japan. Did they get worse results? No. They got better results—higher rates of longevity, lower rates of infant mortality. In Japan they covered everybody. They still do. They are getting better results for less money.

Frankly, what we did in writing the Affordable Care Act was we looked around the world, including Japan, and we looked around this country, including at places like Mayo, the Cleveland Clinic, and others, to see what they are doing to get better results. We tried to put a lot of that in the legislation, in the law. Wonder of wonders, some is actually delivering good results—better value, better results for less money. That is part of the Affordable Care Act we want to maintain and preserve.

I have probably stood here long enough talking about this today. This is an important issue. It is one-sixth of our economy, and healthcare eventually affects us all. People who get sick will eventually get care. For too long, the care they have gotten has been in the emergency room of a hospital. By the time they get sick enough to go there, sometimes they are very sick. It is very expensive. They don't spend an hour or two in the emergency room of a hospital; they may spend a week or two in the hospital and really run up the tab. That is a hugely expensive way to provide healthcare. Who pays for it? The rest of us. We have to be smarter than that.

I am hoping that in the days ahead, particularly as our Governors gather up in Providence, RI, later this week to discuss, among other things, providing healthcare for their constituents in 50 different States, my hope is that some of what I said here today will be on their minds: Hit the pause button. Fix

the things in the Affordable Care Act that need to be fixed. Preserve the aspects that need to be preserved. Let's do it together.

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

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

The bill clerk proceeded to call the roll.

Mr. DURBIN. 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. DURBIN. Mr. President, I represented the congressional district of Springfield, IL, for 14 years, and this is my 21st year in the Senate. It is a big State with 102 counties. We are proud of our diversity in our State, which runs from the great city of Chicago, to deep, deep Southern Illinois, to a town of Cairo, IL, which is literally south of Richmond, VA, by latitude. They grow cotton down there in the State. So it is a very big and diverse State. I am proud to represent it.

I have spent some time doing my best to understand the challenges that businesses, individuals, and families face and to measure their sentiments on issues over the years.

For the last several months, I have spent my time visiting every corner of downstate Illinois, which is the more rural, smalltown area of our State outside of Chicago. It is more conservative politically. President Trump ran well in some parts of downstate Illinois. And I have been in this area—representing it, growing up in it—to measure what I consider to be the topic and issue of the day, and that is the issue of healthcare in America. It is an issue which each of us takes very seriously and personally because each of us is called on in a variety of different ways in our lives to have healthcare for ourselves and our family—the people we love—at critical moments.

We are now engaged in a national debate about the future of healthcare in America. The Republicans control the House, the Senate, and the White House, and have been from the beginning opposed to the Affordable Care Act, which was passed under President Obama. I voted for it. I think it was the right vote. I think it has achieved a great many things. I hope we can build on it to make an even better healthcare system for our Nation. It is not perfect. There are areas that need to be changed, improved, and areas that I think need to be strengthened over the long haul to make sure America has more fairness when it comes to healthcare for our people.

Last week, I visited about a half dozen healthcare facilities in Illinois. I jokingly said to my staff that I have come to know hospital administrators in my State far better today than I ever have.

Here is what they told me. They told me the healthcare bill that Senator MCCONNELL has proposed in the U.S.

Senate would be devastating to the families, the patients, the employees, and the healthcare facilities in our State. They told me that nearly \$800 billion in Medicaid cuts would cripple rural hospitals and health clinics. Not only would this harm patients in rural communities, but 35 percent cuts in the Medicaid Program would also cost jobs in Illinois. The Illinois Hospital Association in my State estimates that the Republican bill, which passed the House and now is being considered in the Senate, would cost us 60,000 healthcare jobs.

I went to Granite City, IL, which is near the St. Louis area. I met a young woman named Sam, who has Down syndrome and her mother Missy. They are worried about the Republican plan to cap Medicaid spending. Sam's health needs can't always be anticipated. There are not some that can be capped in terms of future needs, and the amount of care can hardly be determined in advance for this young woman who is doing her best to lead an active and involved life facing this disability, which she does. This is so true for so many people nationwide.

Some of my Republican colleagues in Illinois have said: We just don't understand why Medicaid as a program has grown so much. Well, it may be hard to understand until you look inside the program and realize what it does. Medicaid may have started as a small idea, but it has really grown into a major provider of healthcare in America. In my State of Illinois, it is responsible for paying for the prenatal care, birth, and care of mothers and their children after they have been born for more than 50 percent of the kids.

It is an important provider of healthcare resources to our school districts in Illinois, which count on Medicaid to help them take care of special needs students—counselors, psychologists, transportation, even feeding tubes for those who are severely disabled. It is a critical program as well for the disabled community, like Sam and young men and women who are victims of autism or Down syndrome who want to lead a full life but need health insurance. Medicaid is their health insurance.

One woman said to me in Champaign, IL, my 23-year-old son is autistic. He counts on Medicaid, and, Senator, if I don't have Medicaid, my only recourse is an institutional program that would cost us over \$300,000 a year. It is impossible for us to even consider that.

So those who would cut back on Medicaid spending in the name of flexibility and saving money or generating enough to pay for a tax cut for wealthy people would leave people just like those I have described in a terrible circumstance.

I haven't described the largest cost of Medicaid. The largest cost in Illinois and across our Nation is the Medicaid services and benefits provided to those who are older—mothers, grandmothers in nursing facilities and care facilities

who count on Medicaid along with Medicare and Social Security for the basics in life.

I heard from Kevin. He is a worker from Urbana, IL, who is worried that the Senate Republican bill is going to increase his out-of-pocket expenses by thousands of dollars. He is worried because he fits into an age category which would see premiums go up dramatically in costs under the Republican bill. The Affordable Care Act, which we passed under President Obama, set limits on the increases in premium costs so no premium paid would be more than three times the cost of the lowest premium that is paid for health insurance in our country. Well, Republicans have changed that. In both the House and Senate, they have raised that to five times. So it means for people, particularly between the ages of 50 and 64, they are going to see a substantial increase in their premiums because of that Republican provision. People are following this closely enough to know that when premium costs go up for many of them, it becomes impossible to buy the coverage they need.

As I returned to Washington, I once again face the reality of what this Republican healthcare plan would mean. The nonpartisan Congressional Budget Office told us the bill would cost 22 million Americans health insurance coverage—cutbacks in Medicaid as well as cutbacks in private insurance. Think of that. I don't know how the Republicans in our State can go home and explain why a million people in Illinois are about to lose their health insurance in the name of healthcare reform.

I can tell you the notion of repealing the Affordable Care Act may have had some surface political appeal until you realize you might be 1 of the 1 million people in my State who ends up with no health insurance when it is all over. It would cut Medicaid dramatically, as I have mentioned, and then keep cutting—a 35-percent cut over the next 20 years—with devastating impacts on hospitals, clinics, and many other facilities.

By 2020, average premiums in the individual market would increase by 76 percent under the Republican plan. Costs would skyrocket even higher for seniors, rural communities, and those with medical needs.

What happens to people with pre-existing conditions under the Republican repeal bill? One out of three Americans has a preexisting condition. In the old days, they couldn't buy insurance or, if they could, couldn't afford it because they had a history of cancer in their family, diabetes, heart disease. Well, this Republican plan would take away the protections of the Affordable Care Act. It would allow States to waive essential healthcare benefits, like maternity care, mental health treatment, substance abuse treatment. People in need of these services would be left to fend for themselves.

The Congressional Budget Office analyzed the Republican bill, and it said: "People who used services no longer included in the Essential Health Benefits would experience substantial increases in out-of-pocket spending on health care, or would choose to forgo the services. Moreover, the ACA's ban on annual and lifetime limits . . . would no longer apply."

With this scathing analysis from the Congressional Budget Office, what did the Republican leadership decide to do? Instead of addressing these challenges straight on, they retreated. They shut themselves off behind closed doors and tried to cut a deal within the 52 Republican Senate Members here to pass this measure, as bad as it is. There was not one hearing on this bill—on the Republican healthcare bill—no markups, no amendments, and no support from medical advocates in any part of our Nation. There was no input in the Senate from any Member outside the Republican caucus.

They want to call this bill right away, and it is understandable. The longer it sits out there and the longer people get to know it, the less they support it. You know we still haven't seen the final language. Why? Because Republicans continue to work in secret on a bill that literally impacts one-sixth of the American people and every single person in our country.

This measure affects everybody. Even if you get your insurance through your employer or Medicare, this bill would make Medicare go insolvent sooner and allow employers to, once again, impose annual or lifetime limits on care under their health insurance plans.

Now, the latest we have heard is that the Republicans are meeting in secret, making some changes to this bill. They may be throwing some money at the opioid crisis facing America, but that will not make up for kicking 15 million people off of Medicaid. The amount of money they are talking about to deal with the opioid crisis is literally inadequate to deal with the seriousness of that issue or to provide the substance abuse treatment people currently receive from Medicaid who will be cut off under the Republican plan.

Cutting Medicaid, our best tool to fight the opioid epidemic, and offering a coupon for drug treatment is a cruel step backward. If it ends up buying a vote on the Republican side, shame on my colleagues for selling out so cheaply.

Republican Gov. John Kasich of Ohio is not fooled. He called this idea of a special opioid fund to win some votes on the Republican side "like spitting in the ocean." I called Governor Kasich this last week. He and I came to Washington together many years ago. I have known him, and I like him. We disagree on some political issues, but he is very forthright and frank. He has warned us that what is going to happen to Ohio is going to happen to the Nation, if the Republicans have their way with their healthcare bill.

We have also heard the Republicans are considering adding provisions that allow insurers to offer bare-bones plans. I have just heard some more about this today, and I believe the author of this idea is the junior Senator from Texas, Mr. CRUZ.

Here is what he says: If your State offers a health insurance plan that complies with the requirements of the Affordable Care Act, then you may offer it to other consumers in the State insurance plans that do not. He says it gives consumers choice. Well, it sure does, but look at the choice it gives them because if he is aiming for lowering premium costs by offering health insurance plans that are junk plans, health insurance plans that are fake insurance, the net result is going to be people paying a lot more in copays and deductibles and a lot less coverage when they definitely need it.

There are a couple other things it will do. Because these younger healthier people will buy the cheaper plans believing they are invincible, it will end up raising the cost of premiums for those who buy other insurance. The discrimination, in terms of premium costs, will be dramatic, and that, in and of itself, could be damaging to people all across the United States.

So Senator CRUZ believes that offering junk insurance plans and telling the consumers we are giving you a choice is going to answer the needs across America. It will not. It will raise premiums on everyone else. It will provide inadequate coverage for those who buy these plans, and sadly many of them are going to be facing deductibles and copays they just can't handle. That is no answer. It may be a political answer to get his vote, but it is certainly not a credible answer.

We have had this before the Affordable Care Act, and do you remember what it was like? People got sick and found out their insurance didn't cover what they needed. Women who were pregnant found out their plans didn't cover maternity or newborn care. People who were diagnosed with a mental health condition found out their insurance covered no treatment for mental illness. So what good is insurance if it doesn't care for the most basic and essential needs of Americans?

Thanks to the Affordable Care Act, we changed it. We required that policies provide real insurance for real families. Do you know what happened, in addition to providing more care for people across America? The number of bankruptcies, personal bankruptcies, have been cut in half since the Affordable Care Act passed. Why? The No. 1 driver of personal bankruptcy and family bankruptcy in America was medical bills—medical bills that were beyond the payment of an ordinary person. There are fewer of those today because of the Affordable Care Act.

Senator CRUZ's plan for selling fake insurance or junk insurance plans that will not be there when you need them,

I can just tell you it means more business for the bankruptcy court. It would banish those with preexisting conditions to the world of sky-high premiums, all in the name of Senator CRUZ's freedom of choice. Well, freedom isn't free when it comes to relegating so many Americans to such a precarious state when it comes to health insurance. No matter how much the Republican Senators tinker around the edges, they are dealing with a flawed, unfixable bill.

The American people oppose any bill that rips health insurance away from millions of individuals and families, they oppose any bill that causes nearly 1 million people nationwide to lose their jobs, and they are also opposed to a Republican health insurance plan that would cost coverage for half a million American veterans.

The American people oppose any bill that hurts those with preexisting conditions. They oppose a bill that throws millions of people off Medicaid and slashes billions in Federal funding to hospitals, healthcare clinics, and schools.

The American people oppose any bill that is rejected by every major medical and patient group. The Republican bill is opposed by the American Hospital Association, the American Medical Association, nurses, pediatricians, AARP, heart, diabetes, and lung associations. How can you write a bill that draws that much opposition? They did it. They did it behind closed doors, and they don't want you to see what they are doing with it now.

Finally, the American people oppose any bill that takes away nearly a trillion dollars in healthcare in order to provide hundreds of billions of dollars in tax breaks to the wealthiest Americans and large corporations. Case in point: Of the 145 pages of the Senate repeal bill, 94 pages are devoted to slashing Medicaid and providing tax breaks to the wealthiest Americans and pharmaceutical companies.

Last week, one conservative writer penned an article which said that it gives conservatism a bad name when we are giving tax breaks to the wealthiest people in order to cut and eliminate health insurance for the poorest people in America. That is exactly what this bill does.

I am glad the Senate Republicans have delayed their vote on this repeal, but many have not given up. In all of my townhall discussions, the plea from Illinois people has been clear: Improve the Affordable Care Act; don't repeal it.

So where do we go from here?

First, Republicans need to take repeal off the table. We need 3 Republicans out of the 53 to say this is the wrong way to go about it.

Second, President Trump must stop undermining the stability of the marketplaces with his uncertainty and sabotage.

Third, we need to work together on a bipartisan basis to strengthen our cur-

rent system. We need to address the price of pharmaceutical drugs. The current bill and law does not. That is the biggest driver, according to Blue Cross in Illinois, of premium increases—the cost of pharmaceutical bills. We need to build competition through a Medicare-like public option available to everyone who chooses it across the United States.

Some Republicans, including Senator MCCONNELL, have said that the Republicans have to do this by themselves because the Democrats refuse to work with them. That is simply not true. We are here. We have been here all along, and we want to have a hearing. Bring in some experts. Let's just have a meeting. That would be a breakthrough.

Democrats have asked the Republicans to join us. Let's sit down together, informally, like grown-ups, and address this issue in a responsible fashion. We are ready and willing to work on legislation to improve the individual market for the 6 percent of the people who purchase their insurance there. I fail to see how gutting Medicaid and throwing 22 million Americans off of health insurance in order to provide tax breaks for rich people does anything to help that 6 percent.

This is a critical moment when it comes to healthcare across America. It is unfortunate that we are now considering a bill that was revealed only 2 weeks ago, a bill that has never been subject to a hearing before any committee, a bill that has never been amended in an open process.

When it came to the Affordable Care Act, over 140 Republican amendments were adopted. The Republicans haven't offered us an opportunity to offer one amendment to their proposal—not one. It is a take-it-or-leave-it, closed-door deal. That is not the way the Senate was designed to work. It is not the way the American people want us to work. They expect us to work in a constructive fashion on a bipartisan basis to solve the problems facing our Nation. The biggest single problem is giving peace of mind to Americans and American families across the Nation that they have healthcare they can count on and afford.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I have joined my colleague in coming to the floor to talk about how we need to make progress on healthcare and make sure that we don't pull healthcare out from millions of Americans. I thank the Senator from Illinois for talking about his constituents. Like the Senator from Illinois, I was at home this past July recess talking to my constituents, and I heard many of them talk about their individual healthcare needs and their concerns about what is happening in Washington.

I met a young woman who told me about her daughter who was born prematurely and weighed less than 2

pounds. Her daughter required specialized, expensive treatment as a newborn. She was concerned that if we keep moving ahead with the repeal of the Affordable Care Act, she and her husband would be overwhelmed with crushing hospital debt if, in fact, we hadn't covered preexisting conditions. She is one of millions of Americans who are scared that they are going to lose their health insurance under the proposal that is being talked about, that has been talked about for the last several weeks, and from what we can tell—because, obviously, there is a lot of secrecy—may still include details about reducing coverage for those who have access to care through Medicaid.

I have come to the floor tonight to talk about the latest idea because I think one of the things that is clear—and probably why the Senate majority leader said that he wanted, basically, to cancel the first 2 weeks of the August recess—is that my colleagues don't want to go home and talk about the proposal that was brought before them. In fact, they are now trying to bring up a new proposal, thinking that, again, with a very limited time period, without floor discussion, without committee debate, without an amendment process, somehow our colleagues on the other side of the aisle will fall prey to the notion that there is a silver bullet, a magic solution. I have come to the floor knowing that an amendment or a discussion piece or the new behind-closed-doors discussion proposal being advanced by my colleagues from Texas and Utah is basically to allow junk insurance into the marketplace.

What do I mean by junk insurance? I mean a proposal that basically offers less than the essential benefits, such as hospitalization, prescription drug benefits, lab costs, and all of those things; that, basically, by offering a market where you can get junk insurance, you can say: Oh, well, you have to have one offering of insurance that does cover all the basics and essentials, but then you can have junk insurance.

I say "junk insurance" because this is the wrong idea for the marketplace. It is basically mixing good and bad and not having adequate risk spread across—so basically it means that you don't have to have compliant plans for the market. I know this firsthand because we had this in Washington. We had this same experiment in Washington in the 1990s, and people tried to do the exact same thing—basically, have a compliant plan, and then say that you have a bunch of less-than-adequate proposals for insurance in the market that really aren't giving individuals coverage. What happened? It drove up the cost of the compliant plans that covered most of healthcare and basically drove the insurers out of the market. That was the experience in Washington State. This same idea was tried, and it failed because basically it ran up the price, and insurers didn't stay around to offer options. They

couldn't make the mandate of the required plan work because it basically took the risk out of the system.

The notion that somehow this new idea by my colleagues is going to be the silver bullet is, in my opinion, not an answer at all. People who would be the ones who could get that kind of coverage for a short period of time would then end up leaving the rest of the people without adequate coverage. As I said, what happens is, the costs then just go up, and then the market has to adjust. I would say that in our State—because a lot of people are talking about leaving the individual markets over the proposals that we are talking about today because they are concerned about the costs and who is going to be covered—you would see a very rapid collapse of the individual market exacerbated by what my colleagues from Texas and Utah are proposing.

There are numerous nonpartisan health experts who seem to be saying the same thing. There is the American Academy of Actuaries, where one individual said:

People who are healthy now would tend to choose noncompliant plans with really basic benefits. People who want or need more comprehensive coverage could find it out of their reach, because it could become unaffordable.

Another individual from the American Enterprise Institute wrote that “the main effect of the Cruz-Lee amendment would be to shift costs from healthy consumers to less healthy consumers and households with lower incomes.”

Douglas Holtz-Eakin, a Republican and former Director of the Congressional Budget Office called the amendment by my colleagues from Texas and Utah “a recipe for a meltdown.”

Larry Levitt, senior vice president at the Kaiser Family Foundation, summed it up best when he called the amendment “a recipe for instability and discrimination.”

So you can see that many people already understand the idea of junk insurance is not a market solution at all. It is not really even healthcare coverage. In its May 24 score of the House proposal, the CBO provided a definition of health insurance, saying that they would “broadly define health insurance coverage as consisting of a comprehensive major medical policy that, at a minimum, covers high-cost medical events and various services, including those provided by physicians and hospitals.”

To me it seems pretty clear that the types of plans that could be sold under this proposal don't meet that definition.

What are essential benefits that we expect to be covered in a plan? Obviously, hospitalization, emergency services, ambulatory services, mental health, prescription drugs, rehabilitation, if needed, laboratory services, like lab tests, and we have moved toward some preventive, health, and wellness measures. Those are the es-

sential benefits that are supposed to be in a plan, and I want my colleagues to know that this experiment was tried. It failed. It drove insurers out of the marketplace because it just made the plans that were covering essential benefits so costly by distorting—really tearing the market apart.

The second point about the proposal we are hearing about is that it is still a war on Medicaid. In my opinion there are cost-effective ways for us to continue access to healthcare. I have brought them up on the Senate floor. One would be looking at rebalancing from nursing home care to community-based care or, as I have mentioned, a basic health plan that bundles up a population and serves them up to get a discount so that individuals would have as much clout as a large employer would have in the marketplace.

I hope that my colleagues will stop the focus on capping, cutting Medicare—because it would throw so many people off of the system—and focus on rebalancing people to the type of healthcare that will help us save costs, keep people in their homes, and give consumers the ability to compete cost effectively in the individual market.

These are the problems I still see with this proposal. To think, basically, that junk insurance will be the way for us to get a proposal and to see that Medicaid is still the target in a war on Medicaid, to me, is not the proposal to move forward on. I hope our colleagues will realize that both of these have severe faults and will sit down and talk about the proposals that will help us in establishing a more robust individual market.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The majority leader.

LEGISLATIVE SESSION

MORNING BUSINESS

MR. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

REMEMBERING R.J. CORMAN

MR. MCCONNELL. Mr. President, today I wish to remember the life of my dear friend, R.J. Corman, and to congratulate a business he started in Kentucky on its 30th anniversary. A man from humble beginnings, Rick started a company at the age of 18 with only a backhoe and a dump truck. With a keen business sense and a tireless work ethic, Rick built his company and earned a reputation for doing work better and faster than anyone else in the business. Today the R.J. Corman Railroad Group employs over 1,600 people and operates in 24 States.

Rick's life was tragically cut short when he passed away in August 2013 at the age of 58 after a long fight with multiple myeloma, a blood cancer. Although his company had to learn how to succeed without him, the signature red locomotives and white cross-rail fences still carry Rick's name and his legacy.

Those who knew Rick could agree that he worked hard, cherished honesty, and had an infectious laugh. In 2011, Fortune magazine published a profile on Rick and his business. It read, “In the way he operates—and faces the world—Rick Corman is truly larger than life.”

Rick started his company making track repairs for major railroads in 1973. With vision and determination, Rick convinced people to take a chance on him, and he began to expand his company.

This year, one of his businesses, the R.J. Corman Railroad Co., is celebrating its 30th year of operation. It opened in 1987, when Federal deregulation allowed railroads to sell unwanted lines of track. Rick, seeing both a profitable venture and a way to provide an economic boost to rural areas, began purchasing short line railroads. Today the business operates 11 railroad lines and more than 900 miles of track.

When Hurricane Katrina devastated the gulf coast in 2005, Rick's emergency response operation immediately offered to help. Rick personally oversaw the repairing of railways damaged by the storm. Despite the heavy damage, Rick answered the call to help those in need.

Rick's business acumen was impressive, but even more extraordinary was his unstoppable spirit. When he was diagnosed with cancer in 2001, he fought far beyond the doctors' expectations. Rick continued to work, to enjoy life, and even to finish the Boston Marathon. He deeply cared for his employees and his community. When one of his employees lost his home to a fire, Rick sent the family a temporary trailer the next day. Over the course of his life, Rick and his company made numerous contributions to St. Joseph Hospital in Jessamine County. The hospital remembered Rick as the largest philanthropic supporter in its history.

Rick's compassion and love of life inspired so many friends, family, and employees. He may be gone, but his legacy will remain, as we celebrate the 30th year of the R.J. Corman Railroad Co. Rick believed in his employees, and he said, “It's really the people that make this company so different. It's not me; it's the people.” Today I ask my colleagues to help me remember Rick for his kindness, his courage, and his undefeated spirit.

The Lexington Herald-Leader recently published an article about Rick's life and legacy. I ask unanimous consent that the full article be printed in the RECORD.

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