I certainly agree. When President Obama was elected, Republicans worked across the aisle to confirm seven—of his nominees on inauguration day and five more by the end of his first week. These nominees were hardly centrist. We had reservations about ObamaCare, but Democrats had won the Presidency and the Senate, and we hadn’t. I ask our friends across the aisle to now demonstrate the same courtesy and seriousness for President-Elect Trump’s nominees, especially his national security team.

The Senate has a longstanding tradition of confirming the Cabinet nominees of a newly elected administration in a timely fashion, and the Senate and its committees are now following the same standard for President-Elect Trump and his nominees as we have for past Presidents.

I know some are urging Democrats to play partisan games and needless delay. I hope they will not. The American people will see through it, anyway.

Here is a perfect example. The Democratic leader has been quoting a letter I sent to then-Senator Harry Reid in 2009. He apparently missed the fact that the letter he has been quoting was not only sent after every one of President Obama’s eligible nominees had hearings but after all but one had been confirmed. So it is actually an important reminder of how Republicans fairly treated incoming President Obama’s Cabinet nominees and how Democrats should now do the same.

This is time for serious consideration and cooperation. Americans aren’t looking for partisan games. We are a nation at war. We are a nation grappling with a slow economy. Americans want the incoming President to have his national and economic security teams in place to get to work. They want us to work together across the aisle to get this done.

This is what Republicans did in 2009, it is what we are doing now, and it is what we invite our Democratic friends to join us in getting accomplished.

**OBAMACARE**

Mr. McCONNELL. Mr. President, families across the country have been hurt by ObamaCare’s rising costs and limited choices, and we continue to hear the stories from constituents back home.

My own home State of Kentucky was once championed as a success story by ObamaCare supporters. That is hardly the case today. Too many Kentuckians are watching their insurance premiums grow higher and higher. They are struggling to meet deductibles so high that their insurance is almost useless. They are watching their insurance premiums skyrocket, and they literally don’t know what to do. Here is what she said:

My family is being pushed out of the middle class by the ObamaCare law. How can we pay almost $1,200 a month on health insurance?

Listen to this veteran and father from Louisville. After his plan was discontinued, he tried to buy insurance through ObamaCare, only to find that his children’s pediatrician wouldn’t accept it. This dad worries that unless he has some insurance, he will be “one of thousands of Kentuckians that will find that they do not have insurance options.”

I have heard from many constituents expressing similar frustration, disappointment about the outcomes of ObamaCare. They expected the law to deliver on its promises, but, instead, they paid more and received less.

This year the cost of insurance premiums in Kentucky spiked up to 47 percent. These price increases are a direct result of instability injected into the market by ObamaCare. Families across Kentucky are scrambling to find ways to fit the extra expenses into their budgets.

To make matters worse, the choices that families once had for health insurance continue to disappear. Nearly half of the counties in Kentucky only have one option for a health insurance provider on the exchange, and, when there is only one choice, there is really no choice at all.

For the people of Kentucky and for people across the country, repeal means relief. The time to act is now.

Home stories on the other side of the aisle are doing everything they can to stop us from fulfilling our promise to help the American people. Instead of continuing to push their political agenda, I urge them to help us. I ask them to listen to the American people, who are demanding change. A recent Gallup poll showed that 8 out of 10 Americans wanted to see ObamaCare significantly changed—significantly changed—or completely replaced.

It is time to admit it. ObamaCare has failed. This experiment is hurting more than it is helping. It is time to finally move past it and replace it with something that works.

The repeal resolution is the first step to bring relief to hardworking Americans and to prevent health insurance markets from imploding. Next, we need to work together to replace ObamaCare with health care policies that actually work for families. Once we repeal ObamaCare, we can use the stable transition period to deliver on another promise.

I would encourage colleagues on both sides to offer their input as we work to lower costs, increase choices, and promote better care. Everyone agrees that ObamaCare has not delivered, and the people of Kentucky are demanding change. They have been loud and clear in their distaste for ObamaCare.

Like other Members here, I have received hundreds of calls. I have met with constituents directly who are feeling the pain of higher costs and fewer choices.

Consider this mom in Kentucky. She is facing a higher cost of health insurance, and she literally doesn’t know what to do. Here is what she said:

My family is being pushed out of the middle class by the ObamaCare law. How can we pay almost $1,200 a month on health insurance?

I appreciate the majority leader’s openness and efforts to accommodate our caucus in the last few days. Originally there were six hearings scheduled for this Wednesday, all especially important Cabinet posts—State, Attorney General, Education, Transportation, Homeland Security, CIA. That was largely unprecedented. We have looked back in history and can only find one instance where there were that many hearings for the same Cabinet members on one day like that.

After negotiations with the majority leader, we have moved things around so...
that there are now only three hearings scheduled for Wednesday: Secretary of State, Transportation, and the second day of the AG hearings. All of these nominees have their paperwork in. The nominee for Secretary of Education, who is currently waiting for a sign-off agreement and whose paperwork is not close to complete, was moved. That hearing will take place next week, pending her paperwork being submitted with time for Senators to review.

It is now a busy week. It is a little too busy for my personal taste, but it is a good first step. I hope we can continue to negotiate in good faith, to sort out the schedule in a way that is acceptable to both of our caucuses. I also want to make clear that this process does not mean our caucus is any less intent on having the President-elect’s nominees complete the standard ethics forms, questionnaires, and FBI background checks required of every nominee. To have all this information come in after the hearing is sort of like “Alice in Wonderland”—it makes no sense and has things upside down. I am still concerned, for example, that we don’t have a completed FBI background check for the nominee for Secretary of State. His hearing starts tomorrow. And today there are reports in the media that under Rex Tillerson’s leadership, Exxon conducted business with Iran, potentially in violation of U.S. sanctions law. There are serious questions that need to be answered.

In this particular case, Mr. Tillerson should release all his tax returns and promise to answer any questions on the Iran dealings that members ask. This is too serious a subject to have questions ducked. It demands a completely open airing of all relevant information. Did Mr. Tillerson go around our Iran sanctions simply to line Exxon’s pockets? That would be a very bad thing. The American people ought to know how we will ensure that Cabinet officials, who are imbued with an immense power, will act ethically and substantively qualified for these positions.

If there is any group of Cabinet nominees that cries out for this process, it is this group of nominees. This proposed Secretary of State has huge power. It has complex webs of corporate connections—so many of the nominees—that pose huge potential conflict of interest problems. Frankly, it is the most hard-right Cabinet in its ideology. It is quite different from the way President-Elect Trump campaigned. The potential conflicts of interest for multimillionaires such as Rex Tillerson or Betsy DeVos or Steve Mnuchin are enormous.

As I said, the nominees have views far to the right of what the President campaigned on. The most glaring example is Representative Price. His whole career has been focused on ending Medicare as we know it. My colleagues the majority leader said the American people want us to move forward and give President-Elect Trump his nominees. If they knew that one of the nominees had been dedicated to basically getting rid of Medicare, would they have voted for any other? It is neither. It is wealthier than any other. It has complex webs of corporate connections—so many of the nominees—that pose huge potential conflict of interest problems.

Yesterday Shaun Donovan, the Director of the Office of Management and Budget, released a letter explaining that this budget resolution would allow publicly held debt to increase by $9.5 trillion, from $14.2 trillion in 2016 to $23.7 trillion in 2026. Our colleagues have talked about being deficit hawks. Democrats bring up ideas. They say: Can’t do it; it increases the deficit. Well, is that going to apply to this, which increases the deficit by massive amounts? The deficit would exceed $1.3 trillion in 2026. That is almost as high as the $1.4 trillion at the depths of that recession and financial crisis President Obama had to meet. Are my colleagues now going to do a 180-degree reversal and say that now a debt increase of such dramatic numbers is OK? I hope not. It wouldn’t be right. It wouldn’t be fair. It wouldn’t be consistent.

Mr. President, last night the Senate Democrats held the floor late into the night to demonstrate our solidarity and commitment to defending ACA, to defending the tens of millions of Americans who have been afforded the opportunity to access care for the first time and the tens of millions more whose coverage is fairer, more generous, and more affordable because of the law.

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

Executive Office of the President, Office of Management and Budget.


Hon. John A. Yarmuth, Ranking Member, House Budget Committee, House of Representatives, Washington, DC.

Hon. Richard E. Neal, Ranking Member, House Ways and Means Committee, House of Representatives, Washington, DC.

Dear Congressman Yarmuth and Congresswoman Neal: I am writing in response to

AFFORDABLE CARE ACT

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your letter requesting OMB’s analysis of the Republican budget resolution and its impact on the budget outlook.

On January 3, 2017, Republicans in the Senate Budget Committee introduced an FY 2017 budget resolution. Based on the numbers provided in the resolution, the Republican budget would allow deficit reduction and would allow debt held by the public to increase by roughly $9.5 trillion, from $14.2 trillion in 2016 to $23.7 trillion in 2026. After a sustained period of historically fast deficit reduction under the President’s leadership, the Republican budget would allow for a relatively steady increase in annual deficits, with the annual on-budget deficit increasing to over $1 trillion by 2026.

Comparisons of debt and deficit totals over time are best viewed as a share of the economy. Based on the Congressional Budget Office’s most recent economic projections, it is clear that the Republican budget would fail the key fiscal test of stabilizing debt as a share of the economy.

Compared to the President’s Budget, which drives down deficits as a share of the economy and maintains our fiscal progress through smart savings from health care, immigration, and tax reforms while making critical investments in economic growth and opportunity, the Republican Budget would lead to significantly larger deficits in each year and add more than $2 trillion in debt over the next decade.

Notably, the budget resolution also contains exceptions to existing Congressional budget rules that seem targeted towards making it easier to pass legislation that would further increase deficits.

Sincerely,
SHAUN DONOVAN,
Director

Mr. SCHUMER. Mr. President, many of my Republican colleagues like to claim they care about the deficit. During President Obama’s administration, there was an obsession over deficit and debt reduction—and, by the way, no praise for the President for reducing the deficit and dramatic amount. Now many of those same Members who chastised President Obama for much smaller deficits than proposed in their budget are supporting this budget resolution.

I wish to say to my colleagues, you can’t claim to be a fiscal hawk and support a budget that piles on trillions in additional debt. That is not being fiscally conservative; it is being fiscally hypocritical in the extreme. So far, my friend Senator PAUL of Kentucky has made this point forcefully. My question is, Will other Republicans stand with him and stand up against this fiscal hypocrisy?

Mr. President, I yield the floor.

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RESERVATION OF LEADER TIME

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

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. Con. Res. 3, which the clerk will report.

The senior assistant legislative clerk reads as follows:

A concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

Pending:
Sanders amendment No. 19, relative to Social Security, Medicare, and Medicaid.

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

ORDER OF PROCEDURE

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate recess from 1 p.m. to 2 p.m. for the weekly conference meetings and the time in recess count equally against S. Con. Res. 3; further, that Senator SANDERS or his designee control the time from 2 p.m. to 2:30 p.m.; and finally, that there be 2 minutes equally divided in the usual form prior to the vote on the Flake amendment.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. THUNE. Mr. President, clarifying that recent request, I ask unanimous consent that the Senate recess from 1 p.m. to 2 p.m. for the weekly conference meetings but that that time not count against S. Con. Res. 3.

The ACTING PRESIDENT pro tempore. Without objection, the modified request is agreed to.

Mr. THUNE. Mr. President, last week the Senate began consideration of the ObamaCare repeal resolution, which is the first step in the process of repealing the law. It is time for repeal.

Seven years ago, ObamaCare was sold to the American people with a lot of promises. The law was going to reduce premiums for families. It was going to fix problems with our health care system without hurting anyone who was happy with their health coverage. If you like your health plan, you will be able to keep it, people all across this country were told over and over again. If you like your doctor, you will be able to keep your doctor—also a promise and claim that was made over and over again. As everyone knows, every one of these promises was broken. Premiums for families have continued to rise. Millions of Americans lost health care coverage that they liked. Americans regularly discovered that they couldn’t keep their doctors and that choice of replacement was often limited.

The broken promises were just the tip of the iceberg. The law hasn’t just failed to live up to its promises, it is actively collapsing, and the status quo is unsustainable. Premiums on the exchanges are soaring. Deductibles regularly run into the thousands of dollars. For 2017, the average deductible for a bronze-level ObamaCare plan is rising from $5,731 to $6,692. With deductibles like that, it is no wonder that some Americans can’t afford to actually use their ObamaCare insurance.

I receive a lot of mail from constituents in my State struggling to pay for their health care. One constituent contacted me to say: “My ObamaCare premium went up from $1,060 per month to $7,699 per month. That’s an increase, $21,300 a year for health insurance. Let me just repeat that, a 64-percent increase in premiums, $21,300 a year for health insurance. That is like paying another mortgage. That is a lot more than many people pay for their mortgage, and of course that is before any deductibles or other out-of-pocket costs are considered.

Another constituent wrote to tell me, “Today I received a new premium notice from my ObamaCare insurance. My policy rate for my self and my teenage son has increased by 357 percent.”

The problems on the exchanges aren’t limited to soaring costs, unfortunately. Insurers are pulling out of the exchanges right and left. Health care choices are rapidly dwindling. Narrow provider networks are the order of the day. One-third of America counties have just one choice of health insurer on their exchange.

This is not the health care reform the American people were looking for.
So it is no surprise that a recent Gallup poll found that 80 percent of Americans want major changes to ObamaCare or want the law entirely repealed and replaced or that 74 percent of American voters ranked health care as a very important voting issue for the 2016 elections. ObamaCare has not fixed our Nation’s health care problems. It has made them worse. The American people deserve better.

Last week the Senate started considering the ObamaCare repeal resolution, and we are continuing that process this week. This resolution will provide us with the tools we need to repeal the law, and then committees will get to work on the actual repeal bills. Then we will work step-by-step to replace ObamaCare with real health care reform that focuses on personalized, patient-centered care.

One massive problem with ObamaCare is the fact that it puts Washington in charge of health care decisions that should be made at a much lower level. The ObamaCare reform the Republicans pass will focus on fixing this. We are going to move control from Washington and give it back to States, the individual, which is where individual care issues don’t have one-size-fits-all solutions. It is time to stop acting like they do.

States should have the power to innovate and embrace health care solutions that work for the individuals and the employers of their States. Individuals should be able to make health care decisions in consultation with their doctors, not with Washington, DC. Another thing we are going to focus on is breaking down the ObamaCare barriers that have artificially restricted choice.

As I said earlier, ObamaCare has defaulted to a one-size-fits-all solution when it comes to health care, and that means that many Americans have found themselves paying for health care they don’t need or want. We need much more flexibility in insurance plans. A thriving health care system would offer a wide variety of choices that would allow Americans to pick a plan tailored to their needs, that would be a competitive system that gives people in this country more choices, and inevitably what happens in those circumstances, that pushes the cost down.

We also need to give Americans the tools to better manage their health care and control costs. Of course, any reform plan has to make sure small businesses have the tools they need to provide the employees with affordable health coverage. ObamaCare has placed huge burdens on small businesses that have made it difficult for them to thrive and even to survive. It is time to lift these burdens and free up these businesses to grow and create jobs.

Our health care system wasn’t perfect before ObamaCare. We all acknowledge that, but ObamaCare was not the answer. Instead of fixing the problems in our health care system, it just made things worse. Republicans are ready to implement the kind of health care reform the American people are looking for: more affordable, more personal, more flexible health care coverage that meets their needs and is less bureaucratic.

The American people are ready for health care reform that actually works, and that is exactly what Republicans are going to give them starting right now.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Acting President pro tempore. The clerk will call the roll.

The clerk proceeded to call the roll.
was add more people onto this broken program. One reason Medicaid is struggling is the same reason the rest of ObamaCare isn’t working—because Medicaid tries to impose too many rules and regulations from Washington. It tries to fit all.

There are different needs in every State. States know what those needs are, and they know much better than Washington about the people who live in those States. There are Republican Governors like Mike Pence of Indiana who understood this very important fact—and I am glad he is soon going to be Vice President. Governors like Mike Pence fought for waivers, waivers to make sure they could do what the people of their States needed. Every Governor should have that kind of freedom to look out for the best interests of the people in their home States. They shouldn’t have to ask permission from some unaccountable, unelected Washington bureaucrat before making improvements to their own Medicaid program. Giving States the freedom to come up with better solutions is just one of the things Republicans are going to do to replace ObamaCare with real health care reform. States need and deserve to have that freedom, and people should be free to buy the health insurance that meets their needs, not what meets the needs of the President of the United States.

People shouldn’t have to pay more for coverage that isn’t a good value for them. That is why so many people aren’t even signing up in the first place and would rather pay the penalty—a penalty that, in my mind, is still unconstitutional. Families should have more flexibility to save for their own medical care. That is a way to make sure they are not stuck with empty coverage they can’t afford to use. People shouldn’t be mandated to buy this overpriced, unusable insurance or face a penalty from the IRS. It is one of the most defects of the current health care law. To me, it is the first thing that has to go on the chopping block.

Republicans are going to repeal damaging and destructive ideas like ObamaCare’s many taxes, mandates, and penalties. Then we are going to walk through better solutions one-by-one, step-by-step. I hope some of the Democrats in Congress will join us.

The Democratic Senators must be hearing weekends and listening to people who have been impacted the way I described the people of Wyoming believe they have been impacted by the health care law. They have to realize there are things we must do better and more freedoms that must be given to the American people.

The American people have suffered long enough with the chaos created by ObamaCare. It took years for health insurance markets to get this bad, and it is going to take time to get things fixed.

This resolution we have submitted to repeal ObamaCare is the start.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore, The Senator from Wyoming.

Mr. ENZI. Mr. President, I thank my colleague from Wyoming, the doctor, the Senator who has been involved in health care all of his adult life and particularly since he got to the Senate. He has been looking at alternatives to what we have and will play an intricate part in any replacement that we do.

We know what the problems are, and we are right now in the middle of conversations with the Democrats making speeches about the fearmongering of what might be changed. This isn’t the point at which it gets changed. This is the point at which it gets set up so that it can be changed, and I look forward to actually doing the repeal and the replacement under the guidance of Senator BARASSO from Wyoming.

I yield the floor.

The ACTING PRESIDENT pro tempore, The Senator from Michigan.

Ms. STABENOW. Mr. President, let me first say to the distinguished chairman of the Budget Committee that we look forward to seeing the replacement as well because that is really the key here, and the right men in the country are saying: Wait a minute. You are going to unravel a system. You are going to repeal and take away the health care that I have and the patient protections that I have, and we don’t even know if that is going to happen.

Why in the world would that be done if the new system wasn’t going to be better than the old system?

Right now we don’t see anything. We see 6 years of repeals coming from the House and Senate and no plans. We still don’t see a plan, and we have no idea. More importantly, there are millions of people with insurance who are either getting patient protections or affordable care they couldn’t get before or have Medicare strengthened or Medicaid strengthened or family who is in the country are saying: What will happen next. Doctors, nurses, health care providers—no one knows what is going to happen next. I think it is the most irresponsible approach to addressing one of the basic needs for all of our families that we could ever have.

So we know that in the end, when you pull the thread, essentially, you unravel the whole system. That, minimally, creates instability in the entire economy. There is no plan being held up that will improve health care, which we are all for. I am all for making the health care system more affordable for families, strengthening health care. Let’s do it. Unravelling and creating chaos in the health care system—no. It makes absolutely no sense, and we know that it is just going to make America sick again.

I want to share a couple of stories. First, we hear from Mary of Dundee, who owns a small business and has a 20-year-old daughter with a preexisting condition. I did not need to worry that we would be denied coverage due to preexisting conditions.

As Congress proceeds to dismantle the ACA, I am concerned for my oldest daughter who is in her sophomore year at the University of Michigan-Dearborn. She is 20 years old. . . . Will she continue to have coverage through the marketplace for her family?

How many times have we heard that? I have heard that even in my own extended family—then I lost my full time status and as a part-time employee, the hours I worked barely covered my portion of my employer provided healthcare.

By enrolling for coverage through the marketplace, I was able to pick the coverage needed for my family at an affordable price . . . not knowing what the future held becoming self-employed. We have three daughters. Our oldest has life threatening allergies and asthma. I did not need to worry that we would be denied coverage due to preexisting conditions.

That is a really good question, Mary. It makes no sense to do that.

She goes on to say:

The ACA, we’re sure, has faults . . . and like everything, could be improved, but to scrap it and not use it at least as a “seed” to grow and improve is beyond my understanding. To suggest that there is nothing to improve and 20 million Americans enrolled . . . agree with us.

I agree with you as well. Mary. Thank you for sharing your story.

The coverage in the Affordable Care Act and the strengthening of Medicare are key to making sure that people with pre-existing conditions have the patient protections—the Patient Bill of Rights that affects people who buy insurance now, who finally got control
back from insurance companies that made every single decision. Being able to know that, if, in fact, you get sick or your child has a serious health condition, they won’t be denied care for the rest of their lives, and also being able to have that on your insurance as they start off in life—there are so many protections. The caps on treatments and the number of treatments and services provided have been eliminated. The Patients’ Bill of Rights is absolutely critical.

I want to take just a moment to speak about another piece of this, which relates to the Patients’ Bill of Rights as it relates to women. In the past, the majority of plans—about 70 percent of the insurance plans in the private sector that a woman might try to choose and purchase—wouldn’t cover basic maternity care. I couldn’t believe it when I first heard that. Wait a minute. Is this really happening? Is this really the care that women in Michigan and in the rest of the country need? This is really about the Patients’ Bill of Rights.

The question we have to ask is: Do you know how to get preventive care, a mammogram, cancer screenings, and other types of preventive care is done without a copay? So we want people to go and get that checkup, and if there is a problem, to be able to tackle it early. That is most important because it is better for the person, but it also means there will be less cost to the health care system if you can catch something early. So the Patients’ Bill of Rights is really critical to that.

There is something else that is also in here that is appalling to me and goes directly to the question of women’s health care, and that is the fact that this bill repeals Planned Parenthood funding, including for breast cancer screenings, basic services, OB-GYN visits—these are that are the Planned Parenthood clinics that provide screening services and, basically, gets health care for women across Michigan and women across the country. For 75 percent of the women who use a Planned Parenthood clinic in Michigan, their visit is the only health care they get all year.

We have rural counties in northern Michigan where the only health care clinics doing preventive care—cancer screenings, basic services, OB-GYN visits—are the Planned Parenthood clinics. So many women across Michigan will see their access to health care denied if this passes and Planned Parenthood loses its funding. There were 71,000 women in the majority of those women in Michigan in 2014, who received care—breast exams, Pap smears, prenatal visits. Again, tying this all together, we want to cover maternity care, but we also want healthy moms and healthy babies, and that means prenatal care. We have communities in these small towns, as well as in the big cities. But it affects small towns and rural communities around Michigan, where women are going to be denied services, and it is the only clinic that is there.

I want to share a story from Laurie in Jonesville about the Affordable Care Act and her particular situation. She said:

I have had type I diabetes for 54 years and when I needed to retire early at the age of 62 because of complications related to diabetes, I looked at the ACA for health insurance. . . . I couldn’t afford COBRA.

I was able to buy health insurance at what I consider an affordable price with a small copay for my medications, the most expensive one being insulin at a retail price of $20 a month. As you know, my preexisting conditions of type I diabetes, heart disease and a visual impairment, both complications of diabetes, would have been uninsurable without the ACA. I would have been unusurable.

That is without the Patients’ Bill of Rights, which says she has a right to be able to purchase health insurance.

In June of 2016 I was diagnosed with breast cancer, luckily diagnosed at Stage 1 in a routine mammogram. Without the ACA I wouldn’t have been able to afford the mammogram or the subsequent treatment without depleting our life savings. I quickly reached my maximum out of pocket cost and went without some people say, what having that, not me! My total bill so far is over $150,000. . . .

That is for her cancer treatment.

There is the combination here of repealing Planned Parenthood funding for health clinics that allow someone like Laurie to go in and get a mammogram rather than waiting until she has a level of breast cancer that cannot be effectively treated or might otherwise cause loss of life. She was able to catch this early because she was able to get a mammogram—the kind of treatment that women in small towns all over Michigan have the capacity to do now because of the reasonable copays for care and partly because there is no copay for that mammogram but also because they have a clinic available in their community where they can get the care. All of this fits together—the access to preventive care for women, the health care clinics that are available around Michigan and around the country, and the Patients’ Bill of Rights, which says you have a right to care. This is not just about the insurance company basing every decision on the fact that they want to make more money rather than cover you. You have a right to make sure that when you get sick, you don’t get dropped. And, if you have breast cancer or diabetes, you have a right to have access to affordable health care.

So I would hope that our colleagues would join together, stop this craziness of trying to repeal health reform and protections for every single American, and, instead, sit down together and look at how we can make it better.

Our Republican colleagues will find willing partners in making the system more affordable and better, but we will continue to be the strongest possible opponents of this proposal. We will continue to be the strongest possible opponents of this proposal because it is just not smart. Creating a deficit is not going to make us more competitive, and it is going to make us less competitive.

Mr. President, this is the point. We have to make sure that we continue to make our health care system more affordable and better. I am going to be going around the country in an effort to make sure that we continue to only have to make a couple of changes. We really need to make the long-term financial commitment to getting our health care system right.
are successful in doing what they want to do, which is repealing the Affordable Care Act—something which I, and I think virtually every Democrat, will do our best to oppose—and what it will mean to the American people if the Affordable Care Act is repealed without any alternative to replace it.

What that, in fact, will mean is throwing 30 million people off of their health insurance. Thirty million people will lose health insurance. I have not seen any Republican studies as to how many of those people will die, but certainly many thousands of them will die because if you are sick and you don’t have any money and you don’t have any health insurance, you cannot get to a doctor or you cannot get to a hospital. In fact, there have been some studies suggesting that thousands of people will die, and certainly many others will become much sicker than they otherwise would if, for example, when you simply throw 30 million people off of health insurance and you have no alternative plan.

Nobody in the Senate thinks the Affordable Care Act is perfect, least of all me. It needs significant changes. Let’s work together to change it. But you cannot just repeal it without any alternative.

Not only will a repeal throw 30 million people off of health insurance, it will devastate millions and millions of low- and moderate-income families by making major cuts to Medicaid, and that includes many middle-class families who use Medicaid to support pay- ments for their parents who are in nursing homes.

If you repeal the Affordable Care Act without a replacement, you are going to significantly increase the cost of prescription drugs for senior citizens, many of whom have a high drug bill right now paying for their medicine. And while you have thrown millions off of health insurance, while you make dev- astating cuts to Medicaid, while the repe- al of the Affordable Care Act will raise the cost of prescription drugs for many seniors, a repeal would do something else, which is not terribly surprising coming from Republicans. It would provide $346 billion in tax breaks to the top 2 percent. Millions lose their health care, the costs of prescription drugs go up, middle-class families will not be able to afford nursing home care for their parents, but, importantly, from the Republican perspective, $346 billion in tax breaks will go to the top 2 percent.

Now, this is a set of priorities which I, frankly, believe the American people do not support.

Also this afternoon I want to touch on another issue that is actually even more important than the previous two, and that is, to my mind, in a Demo-cratic society, a candidate for Presi- dent—in this case Mr. Trump—cannot simply say one thing over and over again, cannot go out to the American people and make campaign promises, but the day after the election, forget about what those promises were about.

Now, here is the purpose of the Re- publican amendment. This is what is in front of all of us right now:

Purpose: To strengthen Social Security and Medicare without raiding it to pay for new Government programs, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the dis- abled, and to return regulation of insurance to State governments.

That is the exact quote of the pur- pose of the Republican amendment that we will be voting on in a few mo- ments. It sounds pretty good. But let us translate it into English, and let us be very clear about what these words actually mean and why this amend- ment should be opposed by every Mem- ber of the U.S. Senate.

The Republicans say in their purpose that they want to “strengthen Social Security and Medicare.” Well, count me in. That is exactly what I want to do. But how will you go about doing that? They are going to strengthen Social Security and Medi- care by making devastating cuts to So- cial Security and Medicare. That is a strange way to strengthen a program. As we speak right now, the Repub- lican chairman of the House Ways and Means Subcommittee on Social Secu- rity—the committee that has jurisdic- tion over Social Security—has intro- duced legislation which will make dev- astating cuts to Social Security. That is a very unusual way to strengthen that program.

My Republican friends will tell us that the only way we can “strengthen Social Security” is, in fact, to cut So- cial Security. Now, talk about fake news; talk about Orwellian language. We are strengthening Social Security by cutting Social Security. To all those seniors and disabled veterans who are out there and who are trying to get by on $13,000, $14,000, $15,000 a year in Social Security benefits, my Republican colleagues are going to “strengthen” Social Security and they are going to cut your benefits. That is a very strange way to strengthen Social Security.

It seems to me that if we are serious about really strengthening Social Secu- rity, what that means in plain English—notation which will make dev- astating cuts to Social Security. To all those seniors and disabled veterans who are out there and who are trying to get by on $13,000, $14,000, $15,000 a year in Social Security benefits, my Republican colleagues are going to “strengthen” Social Security and they are going to cut your benefits. That is a very strange way to strengthen Social Security.

When we talk about strengthening Social Security, that means increasing benefits, not cutting benefits. The truth is that seniors in this country cannot make it on $13,000 or $14,000 a year in Social Security benefits; we need to increase and expand their bene- fits.

Thirdly, if we are serious about strengthening Social Security, we need to end the absurdity of seniors who this year got a COLA of three-tenths of 1 percent, and in recent years have gotten COLAs of zero percent because the formula that determines COLAs for people on Social Security is totally in- adequate and an incorrect formula, not only measuring really living expendi- tures of senior citizens.

That is what we have to do to strengthen Social Security.

How do we do that? I have legislation that will do just that. But do my col- leagues know what? Despite all of the talk of my Republican colleagues wanting to strengthen Social Security, we have zero Republican cosponsors on that idea.

The way we do it—a concept sup- ported by many of the major senior or- ganizations in this country—would eliminate the earnings cap on all taxable income above $250,000. Right now, if you make $1 million a year, $10 mil- lion a year, you contribute the same amount into the Social Security trust fund as somebody who makes about $118,000. That is wrong. That is unfair. Lifting that cap, starting at $250,000 and above, would impact only the top 1.5 percent. If we do that, we can ex- tend the life of Social Security for 50 years and we could expand bene- fits for people living on less than $16,000 a year by more than $1,300 a year. That is how we strengthen Social Security. But I have not heard one Re- publican in this body speak in support of that proposal.

Now, Republicans say they want to strengthen Medicare without raiding it to pay for new government programs like ObamaCare. That is what they state in their purpose. So let me be ab- solutely clear. That is a totally false statement. It is not true. The so-called raid was an effort to save some $700 billion over a 10-year period by making Medicare more efficient and more cost effective.

My Republican friends talk every day about the need to bring increased effi- ciencies into government programs. They are right. We need to do that. And that is precisely what the Obama administration did. My Republican friends will not get up here and tell us that there was one nickel of Medicare benefits cut as a result of the creation of the Affordable Care Act. There was not one nickel of benefits cut. They know it. I know it. They will not say otherwise.

So the $700 billion was in savings, doing the right thing—not cutting a nickel of benefits from Medicare. I hope my Republican colleagues will not continue to try to spread this mistruth.

The Republican amendment that we are going to be voting on talks about reforming Medicaid without prioritizing able-bodied adults over the disabled. It sounds good. What they are talking about in real English? What they want to do is “reform” Medicaid without prioritizing able-bodied adults over the disabled. What does that
mean? It means not only do they not want to see Medicaid expanded, as over 30 States have done, what they want to do, and what this language is really about, is to throw millions of people off of Medicaid. We are the only major country on Earth that does not guarantee health insurance to all people. 28 million Americans today have no health insurance. They want to throw millions more off health insurance.

So if you are an “able-bodied” adult making the minimum wage or less of $7.25 an hour—which, by the way, they don’t want to raise, Vermont has raised its minimum wage to $10 an hour. I don’t know what it is in Wyoming—$7.25. But if you are in a State where minimum wage is still $7.25 and you are able-bodied, do the arithmetic. If you have a couple of kids, health insurance will cost you $10,000, $15,000 a year. How do you afford that when you are making $8, $9, $10 an hour? You don’t afford it. That is able-bodied.

The Republican proposal, which sounds nice, is in fact a devastating amendment that would very negatively impact millions of people. I hope that many Senators in the Senate will reject that Republican amendment and in fact vote for an amendment I will be offering which addresses two very important issues:

No. 1, at a time of massive income and wealth inequality, at a time when a tiny sliver of our population—the people on top—are getting phenomenally wealthy, phenomenally richer, we have an explosion of billionaires in recent years while the middle class continues to shrink. At a time when we are the only major country on Earth not to guarantee health care as a right to all of our people, it would be absolutely unacceptable to take away health insurance from 30 million American citizens, unacceptable to privatize Medicare, unacceptable to increase the costs of prescription drugs for seniors, unacceptable to defund Planned Parenthood—a high-quality health care organization that will catch over 2 million Americans, many of whom are low income women. So a vote for the Sanders amendment rejects all of those very bad ideas.

If we throw 30 million people off health insurance and if we do not have a plan to replace it, I would hope my Republican colleagues would have the decency to tell us how many of those 30 million people will die. If we are going to be considering this legislation and throwing 30 million people off who can no longer get to a doctor, can no longer get to the hospital because they don’t have the money, how many of them will die? Tell us. Tell us so we can hold that in consideration as we look at this proposal.

For years, it is no secret Republican leaders like Paul Ryan and Congresswoman Tom Price have wanted to end Medicare as we know it. That is what they have told us. It is not what I am saying. It is not a great secret.

What does that mean? What does it mean if we end Medicare as we know it and if we turn it into a voucher program, handing a 65-year-old senior who has been diagnosed with cancer an $8,000 check and telling them to go out to a private insurance company and buy insurance on their own. That is what privatizing Medicare is about. It is a voucher program. Here is a check. You go out to the private insurance companies. You do your best.

If you are an 80-year-old suffering with cancer and you have a check for whatever it may be—$8,000, $9,000 a year—and you go to an insurance company and you say: What do I get for my $8,000 check, they will laugh at you. They will laugh because they understand the cost of your care—your hospital care, your prescription drugs—will go well beyond 8,000 in the first week, let alone year. You will get nothing. That is what the Republican idea is in terms of privatizing Medicare.

Let me get to the last point I want to make, and that gets well beyond the Affordable Care Act and well beyond Medicaid, Medicare, and Social Security. It gets to the essence of what our political system is supposed to be about, and that is, if we run for office—and every person in the Senate has run for office. If you run for President, you cannot say over and over again that you are going to do this, and the day after the election decide you are not going to do it. That is why so many people in this country are disgusted with the political process. They see people saying: Hey, vote for me. I am going to do A, B, and C, and the day after the election you do the very opposite, D, E, and F.

When he ran for President, Donald Trump ran very unconventional campaign. That is for sure. He said: I am not going to cut Social Security. I am not going to cut Medicare, and I am not going to cut Medicaid. He didn’t say that once. He wasn’t caught in an ambush interview. That was the heart and soul of his campaign. That is what he said to the elderly and to working-class Americans, and many voted for him precisely because he said he would not cut Social Security, Medicare, and Medicaid.

On May 7, 2015, Mr. Trump tweeted: “I was the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid.”

April 18, 2015, Trump said:

Every Republican wants to do a big number on Social Security. They want to do it on Medicare, they want to do it on Medicaid, and we can’t do it. And we cannot do it to the people that have been paying in for years. Now, all of a sudden they want to cut it.

August 10, 2015, Trump said:

I will save Medicare, Medicaid, and Social Security without cuts.

Without cuts. We have to do it. People have been paying in for years and now many of these candidates want to cut it.

March 29, 2016, Trump said:

You know, Paul [Ryan]—

Paul Ryan is, as we all know, the Speaker of the House—wants to knock out Social Security, knock it way down. . . . He wants to knock Medicare way down.

Two things. You will lose the election if you are going to do that. I am not going to cut it, and I am not going to raise ages, and I am not going to do all the things that they want to do. Welcome to “they.” That is what the Republicans are trying to do.

Back to the quote:

But they want to really cut it, and they want to cut it very substantially— the Republicans—and I am not going to do that.

That is where we are today. Republicans have a proposal which will make
devastating cuts to Social Security over in the House, and here by repealing the Affordable Care Act, they are going to cut Medicare and Medicaid.

In December of 2011, Trump wrote:

Now, I know there are some Republicans who would be just fine with allowing Social Security and Medicare to wither and die on the vine. The way they see it, Social Security and Medicare are wasteful entitlement programs. But people who think this way need to rethink their position. It’s not unreasonable for people who paid in to a system to expect to get their money’s worth. That’s not an entitlement. That’s honoring a deal. We as a society must also make an ironclad commitment to providing a safety net for those who can’t make one for themselves.

On May 21, 2015, Trump tweeted:

I am going to save Social Security without any cuts. I know where to get the money from. Nobody does.

On and on and on. These are just some of the quotes. This is not like a statement in the middle of the night. This is what he campaigned on.

What this amendment is about and says to my Democratic colleagues and says to the American people, is that we hold and support the process in which a candidate runs for office and over and over and over again tells working families and the elderly he will not cut Social Security, Medicare, or Medicaid—do we hold him to his word or do we just say: Hey, that is just campaign rhetoric. He lied. That is OK. That is politics in America. It doesn’t matter what he said. This is the reality. We are going to cut Social Security, Medicare, and Medicaid.

So this amendment tells us that if we go forward with what the Republicans want to do, it will be devastating to the American people, but perhaps, more importantly, what this amendment says is that in a democratic society, we must have faith with the American people. You cannot run a campaign, make promises, and the day after forget about everything you said.

I want to say to my Republican colleagues we will join all of us on this side in supporting what democracy is supposed to be about. We have differences of opinions Mr. Enzi and I disagree on a lot of things, but I have never suggested that Mr. Enzi—when he campaigns, I believe he says what he believes. People vote for him or they vote against him. It is called democracy. Now you have a situation where a candidate for President goes to the work every day: I will not cut Social Security, Medicare, and Medicaid. Let us tell Mr. Trump: Let us keep faith with the American people. We heard what you said, and we are going to hold you to your word. Let us support the Sanders amendment.

Mr. President, I yield the floor.

Mr. DURBIN, Mr. President, today, Senate Democrats will be voting to protect three programs—Medicare, Medicaid, and Social Security. These programs, the core commitments our Nation has made to seniors, low-income Americans, children, and those living with disabilities, Social Security, Medicare, and Medicaid reflect who we are as Americans. At one time or another throughout our lives, most of us have or will count on these programs for health care or for financial stability.

During last year’s Presidential debate, President-Elect Trump sought to distinguish himself from the field of Republican candidates by stating he was the first and only Republican candidate who would promise not cut Social Security, Medicare, or Medicaid. Yet, in the first few weeks of the new Congress, Republicans have taken the first step to dramatically alter and decimate core programs that comprise our safety net. Congressional Republicans want to gut funding, limit benefits, constrict eligibility, and turn guaranteed earned benefits into a voucher and a “good luck” wish. Their approach would violate the pledge we have made to millions of Americans and truly disrupt lives. This is unacceptable. That is why I am co-sponsoring Senator SANDERS amendment to prohibit the Senate from considering any legislation that would violate Donald Trump’s promise of not cutting Medicare, Medicaid, or Social Security.

I am committed to ensuring that we meet the promise we made to Americans. Sixty million Americans, including 2 million Illinoisans, depend on Social Security for their well-being, and we must make sure that this vital program is there for both current and future generations. By 2034, without any reform, Social Security will be unable to fulfill its promise to its beneficiaries. If Congress does not act, beneficiaries would immediately see their benefits reduced by one-fifth.

It remains Congress’s responsibility to look to the future and protect the long-term solvency of Social Security while ensuring we meet the needs of beneficiaries, especially the most vulnerable among us.

Waiting until tomorrow to do what we could do today—an approach that I have seen fail in Illinois—only makes the task more difficult and likely to cause disruption.

I was a member of the Simpson-Bowles Commission, where we tried to address our budget challenges and the long-term solvency of Social Security. This is why I also voted for the Senate’s reform because I believe we must face the difficult reality that doing nothing may harm the very people we are trying to protect—beneficiaries that rely on the promises we have made. I firmly believe that worse, as Members of Congress, have a duty to have these debates and make difficult decisions, not just wait for the inevitable.

While I did not support everything in the final Commission’s report, I believe the report included some commonsense options to improve the long-term solvency of Social Security: accelerating the alignment of payroll taxes to their intended level of 90 percent of wages and realigning benefits to reflect current poverty levels among seniors.

I believe there can and should be evenhanded, bipartisan agreement on a path forward. To do so, we need a collaborative and good-faith partnership to examine the universe of policy options.

Make no mistake—I oppose privatization of Social Security. And recent solvency changes have weighed heavily on beneficiaries. These conversations should be balanced and targeted. There must be a dual goal of ensuring the adequacy of benefits, especially for those who rely on Social Security the most, and the long-term solvency of this program.

I look forward to working across the aisle in the future to maintain and build upon our promise to Americans.

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CONGRESSIONAL RECORD — SENATE January 10, 2017

AMENDMENT NO. 52

The PRESIDING OFFICER. Under the rules, unless we fix these programs, in 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 52, offered by the Senator from Wyoming, Mr. Enzi, for Mr. Flake.

The Senator from Arizona.

Mr. FLAKE. Mr. President, I rise today to speak in favor of the Flake amendment. No. 52, to protect the elderly and vulnerable.

I think the Senator speaking on the other side of the aisle, talking about Republicans wanting to cut Medicare and Social Security has it a little backward. According to the non-partisan Congressional Budget Office, under current law Social Security’s disability insurance trust fund will be exhausted by 2022 and its retirement fund will be exhausted by 2030. Once exhausted, Social Security beneficiaries could be subject to a cut in their benefits as high as 31 percent if we do nothing.

The problem with the other side of the aisle right now is they don’t want to fix these programs. If we adopt the Sanders amendment, it will make it difficult to act, and reform these programs in a manner that will make sure they survive for future generations.

We all know we have to have entitlement reform. We want to do it in a way that protects future generations. Unless we reform these programs—and they go in 2022 and 2030—if these benefits are exhausted, people might be subjected to a 31-percent cut. That is not what we want. That is why we have to take action, and that is why we need to adopt my amendment.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, when my friend Senator Flake talks about reforming Social Security, what he is talking about is cutting Social Security. He is suggesting that is the only way we can save Social Security. Of course, that is nonsense. I would urge my friend from Arizona to get on board legislation that I will be offering. Do you know what it does? It extends the life of Social Security for 55
... poses of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

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

The yeas and nays resulted—yeas 49, nays 49, as follows:

(Rollcall Vote No. 6 Leg.)

YEAS—49

Alexander     Flake     Gardner     Nelson
Baldwin       Frakes     Gardner     Perkins
Barrasso      Grassley    Graham      Portman
Bennet        Harkin      Grassley    McConnell
Blumenthal    Kaine      Hatch       Rounds
Blunt         Kaine      Hatch       Rounds
Booher        King        Kaine      Shaheen
Boozeman      King        Kaineh      Schumer
Brown         King        Klobuchar   Tester
Cassidy       King        Klobuchar   Tester
Cochran       King        Klobuchar   Tester
Collins       Leahy       Udall
Corzine       Leahy       Udall
Cortez Masto  Markley     Van Hollen
Donnelly      McCain      Warner
Donnelly      McCain      Warner
Durbin        Merkley     Wyden
Feinstein     Murphy      Wyden
Franken       Murray

NAYS—49

Alexander     Flake     Gardner     Nelson
Baldwin       Frakes     Gardner     Perkins
Barrasso      Grassley    Graham      Portman
Bennet        Harkin      Grassley    McConnell
Blumenthal    Kaine      Hatch       Rounds
Blunt         Kaine      Hatch       Rounds
Booher        King        Kaine      Shaheen
Boozeman      King        Kaineh      Schumer
Brown         King        Klobuchar   Tester
Cassidy       King        Klobuchar   Tester
Cochran       King        Klobuchar   Tester
Collins       Leahy       Udall
Corzine       Leahy       Udall
Cortez Masto  Markley     Van Hollen
Donnelly      McCain      Warner
Donnelly      McCain      Warner
Durbin        Merkley     Wyden
Feinstein     Murphy      Wyden
Franken       Murray

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 49.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment fails.

The Senator from Vermont.

Mr. LEAHY. Mr. President, the 115th Congress convened just last week. I had hoped that with all the turmoil in the country that we would begin the year with a renewed sense of cooperation. But I am sorry to say, my friends in the Republican Party have chosen a different path.

The very first thing on the agenda is to press forward with a sham budget. If you ask why we have a sham budget, a fake budget, an unrealistic budget—we find out that its only purpose is to set up a process to repeal the Affordable Care Act with a simple majority vote. Why? Because they know the American people would never allow a repeal to pass otherwise.
So instead of working to finalize appropriations bills for this year—already more than 3 months in—or to invest in our Nation’s critical infrastructure, or to truly bolster our Nation’s cyber security, when we see countries such as Russia, China, or Iran, interfering with our cyber systems, or even to improve the Affordable Care Act so we can ensure that more people can receive affordable coverage, I am afraid the Republicans are recklessly rushing forward with an ill-considered campaign promise.

They are pushing American families over the cliff with the vague promise: Yeah, we will repeal it, but don’t worry because eventually we will come up with a plan to replace it.

Jump first, plan later is anything but a responsible formula for someone’s health, for sound decisions; and all the more so when the health insurance of tens of millions of Americans and American families all over the country—Republicans, Democrats, and Independents alike—is at stake.

The majority leader and others have said the repeal of the Affordable Care Act is the first step. They say that a full repeal is necessary to pave the way for a replacement. They say: Let’s leave ObamaCare in the past. Well, when you strip away the rhetoric and get rid of it, the only alternative they offer the American people is this: don’t get sick—because if you get sick, you are in trouble.

The American people have a right to know what a vote to repeal the Affordable Care Act means. A repeal of this law would not just take away the rights and care of millions of patients and their families; it would eliminate insurance coverage for millions more—especially the aging, the elderly, men and women with preexisting conditions, and the most vulnerable children.

A repeal of the Affordable Care Act would turn back the clock to a bad time in this country where once again women would have to pay out of pocket for health insurance than men, where insurance companies could rescind a health insurance policy simply because someone gets sick, and coverage could forever be denied to someone born with a disease or ailment, and that includes children. So you could buy a health insurance policy so you were covered in case you got sick, but the insurance companies could then say: Oh, you are sick. Sorry, you really don’t have insurance.

Now, in my State of Vermont, the Affordable Care Act has reduced the number of Vermonters without insurance by 53 percent. Tens of thousands have gained coverage under the expansion of Medicaid that the Affordable Care Act provided. Because the Affordable Care Act closed the prescription drug “donut hole,” more than 10,000 Vermont seniors saved $12 million in prescription drugs in 2015 alone. And this is just in the second smallest State in the Union. Can you imagine what it is like in larger States?

I have heard stories from many Vermonters about how vital this law is to them and their families. I have heard from family doctors, like one in the southwest corner of our State in Bennington, who remembers when his patients couldn’t afford treatment because of lifetime and annual limits on health care costs, that was very common. Or a woman from Westminster, VT, whose family hit hard times—she moved from job to job. She couldn’t afford continuous health coverage until the Affordable Care Act offered her family health care. And they could keep. Now, we are talking about throwing her off.

Other young Vermonters are able to pursue careers in public service or the arts because early care stays on their health parents’ health insurance until age 26. Countless others have underscored that because of previous health issues, such as diabetes or cancer, health coverage would otherwise be unaffordable.

And as we debate the budget resolution, I would like to make a point about the political battle. They had a disease, but they couldn’t afford to do anything about it, and they would go into greater debt. Now, even though they have a preexisting condition, they have guarantees and subsidies provided by the Affordable Care Act so they can have health coverage, instead of health coverage being unaffordable.

Opponents of the Affordable Care Act have gone to new lengths to repeal and prolong this political battle. And that is all this. They have had 6 years to propose a better alternative. Instead, congressional Republicans and the President-elect have decided to put the cart before the horse. They want to dismantle the current law, and they don’t want to figure out how to fix it. They just want to figure out how to get rid of it. And, by the way, they say somebody is going to come up with a bright idea for something better.

We need to urgently ensure that more people can rely on each other, work together and make progress on the many challenges that we face today. Instead, we are engaging in dangerous political gamesmanship that will not affect Members of the Congress and the families we represent throughout this country because they will not have health insurance, and their children will not have health insurance. Just think what this is eventually going to cost Americans—a lot more than we pay now.

I will not support a return to less protection, less coverage, less fairness, and higher costs because that is what a repeal means. The Affordable Care Act extends health insurance to millions of families, not only in Vermont, but across the country. Those who represent the American people in Congress should stand ready to get to work for their constituents. Not to make their constituents suffer, but to give them a program that works.

I will not support an effort to reverse the many reforms and achievements we have made through the Affordable Care Act and instead cobble together a broken system that for too long burdened most American households with health care uncertainty and crippling costs.

I am not going to go and tell Vermonters: Too bad that you have cancer. Tough. We just fixed it so you can’t have insurance. Too bad that you have diabetes. We just fixed it so you can’t get insurance. Too bad that your child was born with a physical defect. Tough. We just made it more than your job can’t get insurance. Or to the person who just lost a job who doesn’t have insurance: Too bad that you are without health insurance. Better pray you don’t get sick because, if you do, you will lose a lot more than your job.

No, I can’t look Vermonters in the eye and say that is what I support.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

Mr. FLAKE. Madam President, I rise to speak on a subject that often goes overlooked in this body.

The subject of wasteful spending on parochial pet projects is often treated as a trivial matter—simply the cost of doing business around here. Imagine if every Member of Congress here was observed with searching government waste as the players of the mobile game Pokemon Go are obsessed with finding the elusive Pokemon, as the chart shows here.

Just like the monsters in the popular game, government pork projects come in all shapes and sizes. They pop up just about everywhere. As individual expenses, these pet projects can seem rather harmless—cute, even. But taken together, their cost adds up to one very menacing boondoggle debt monster that continues to grow and threaten every taxpayer. In fact, within days, the U.S. national debt will top $20 trillion.

As we debate the budget resolution, we need to get serious about controlling the debt like the true national security challenge it is. We start by eliminating unnecessary spending and catching government waste.

My friend and former colleague Senator Tom Coburn of Oklahoma created an annual report cataloging some of the most egregious ways Washington wastes our tax dollars. It is called the Wastebook. Today, I am releasing the latest installment, which profiles 50 new examples of questionable expenditures. This year’s edition is entitled “Wastebook: PORKemon Go.”

Like the Pokedex, which lists the various Pokemon for players to catch, Wastebook provides an index of questionable expenditures lurking throughout the Federal budget. These collectively cost taxpayers more than $5 billion, but instead of Pikachu, we are looking out for PORKachu.
The top entry in this year’s Wastebook is a spaceport—which is just a fancy word to say a rocket launch site—all the way over in Alaska. It has been derided as space park, not because it is launching an elite unit of porcine astronauts into the big trouble in the sky, it is because Congress used earmarks to force the Department of Defense to build the facility, over the objections of the military, as part of an illegal kickback scheme.

A midlevel DOD employee, who was sentenced to prison for masterminding the plot, eventually confessed that building the launch facility “doesn’t make sense.” He said the Pentagon “just paid for meaningless work.” Keep in mind, this was a contractor on that project. After sitting unused for several years, the Pentagon is now sinking another $80 million into the spaceport. This is despite the fact that it is not even equipped with the type of missiles that DOD plans to launch for the site.

Another DOD employee, at the National Center for Science Education in New York must be laughing all the way to the bank with $1.7 million from the Economic Development Administration, or EDA. This will be spent to bring Lucille Ball back to the stage and the screen. The three-dimensional illusion of Lucy is formed with light beams from a laser, which will replicate standup routines using existing audio recordings.

Holograms of other comedians who are no more will also take the stage in the center’s comedy club. Other features will include a boot camp on how to deliver jokes—maybe I need that one—as well as a heckle booth, which we can do without. This is likely to once again make Washington the punch line of jokes, but it is no laughing matter for taxpayers.

Next up, the U.S. Department of Agriculture, USDA, has a program that allows taxpayer-funded farm loans to literally grow back with interest. This program shelled out $74 million in the past year. In typical Washington fashion, the government pays more for the peanuts than the market price, which has turned the program into a cash cow, or pig—however you want to view it—and the pile of surplus peanuts the government has amassed is so large that government can’t even give it away.

Here we have a farm program where we are giving loans to farmers to grow peanuts. If they check at the end of the year and the market price for peanuts isn’t very good, they can unload those peanuts on the government and keep the cost of the loan. Then, government has to store these peanuts, which we do in warehouses all over the country.

Based on USDA’s own numbers, the Congressional Research Service is warning that the storage costs alone could pile up to $1 billion a year. That is not just peanuts; that is enough to make anyone sally about our debt and deficit.

Instead of filling potholes, $35,000 from the Department of Transportation literally went to pot. The money was paid for a giant glow-in-the-dark doobie displayed in Denver that was intended to remind motorists who smoke marijuana not to drive while they are stoned; $35,000 for a big poster or banner advertising a giant joint.

Even the National’s most prestigious science agencies are spending taxpayer funds investigating subjects that most of us would consider obvious or rather offbeat. Studies on the habits of college students funded with $5 million of our hard-earned dollars. NIH is also funding a $500 million study to look at different drinking games that are popular on college campuses.

According to researchers, “All of these games have the same goal—causing participants to become intoxicated.” I think that is rather obvious. They observed that fraternity brothers drink, smoke, and generally party more than other students, and they also sleep in later. This led the researchers to conclude that “one explanation is that Greeks in general provide students with drinking games to match their sleep needs.” A more likely reason is that they are sleeping off their partying lifestyle, but you are paying for it.

NIH is also drilling down to determine why we are afraid of the dentist as part of another $3.5 million research project. The researchers found that—surprise here—“fear of pain has been shown to be a critical component.”

The monkey business doesn’t end there. NIH spent nearly $1 million to study the evolution of monkey drool and another $230,000 to determine if the color red makes female monkeys feel more romantic. In case you are wondering, it does.

As part of an effort supported by both the National Science Foundation and DOD to teach computers how to understand computer behavior, the machines were programmed to watch television shows and reply to up to 10 hours of shows of “Desperate Housewives,” “The Office,” and other shows. The computer was still unable to predict how humans would behave in most situations. Anybody who has watched those shows realizes that is rather obvious.

A $1 million NASA project is preparing the world’s religions for the possible discovery of extraterrestrial life forms—$1 million to prepare the world’s religions for the possible discovery of extraterrestrial life forms. Does our nation need this? A $565,000 grant from the National Science Foundation. Everyone remembers the infamous shrimp on a treadmill funded by NSF. It turns out that last year’s competitor had a leg, or several, up on the competition. With five pairs of walking legs and five pairs of swimming legs, the shrimp could run for hours. The latest NSF-funded treadmill study participant was literally a fish out of water. The experiment forced mudskippers to “run” for as long as 15 minutes at a time on a treadmill. These fish possess the unique ability to survive out of water for extended periods of time, using their fins like legs, although they didn’t appear to enjoy running on the treadmill, as you can imagine.

Certainly, we have bigger fish to fry with our Federal research dollars and, I might add, better puns to find as well. I could go on and on with examples of completely unnecessary spending identified by this year’s Wastebook. There is waste in every department, every agency. All you have to do is look. Ferreting out every bit of wasteful spending, no matter how small, is the only way to reduce our deficit in the cost of our Federal Government. It can be a daunting task because, much like Pokemon, these programs are good at hiding. Our mission is simple: You have to catch them all.

Madam President, yield back.

Mr. KING. Madam President, I rise this afternoon to supplement some remarks I made on the floor last evening about the Affordable Care Act. Last night, I talked about my own experience as a young staff member in the U.S. Senate 43 years ago when, because I had an insurance policy provided by my employer—that policy had preventive care as part of the policy, just as Affordable Care Act policies do today— I had a routine physical checkup. It was the first I had in a number of years, which caught malignant melanoma, a particularly virulent form of cancer. Because it was caught early and because I was treated, here I am today.

As I mentioned last night, it has always haunted me the people who didn’t have insurance, a young man or a young woman somewhere in the country who was in exactly my situation, because they didn’t have insurance, they didn’t have preventive care, didn’t get the checkup, the disease wasn’t caught, and they are gone.

I find it very hard to justify that, to understand that. It doesn’t seem fair. It doesn’t seem ethical. It doesn’t seem moral. Today I wanted to also bring to the attention of the people the stories from today about the effect of the Affordable Care Act in Maine, where we have over 80,000 people enrolled, many of whom had never been able to have insurance before.

A young woman, Whitney, who graduated from college in 2013, said: I graduated . . . with a degree in wildlife ecology, (but it was very difficult to find a job.)

Thanks to the ACA, I was able to stay on my family health insurance plan through this period of unemployment. I did finally get employed in my field, but permanent, year-round jobs with benefits are the equivalent of winning the lottery.
Many young people are in that situation. It even has a name. It is called the gig economy, people who work gigs, who work short periods of time, several months here, several months there, but there are no benefits attached to those jobs. She says, "I have an incurable, generally non-lethal disease. Having this condition is naturally stressful, and that it is at an affordable price for those who are physically in the room when it happens."

Another person from Maine: "I am a Maine woman in my late 30s, who works 2 part-time jobs and also run my own business."

Another one—one more. This is a letter I received just the other day. It is a little before Christmas: "I have an incurable, generally non-lethal form of bone cancer and have been under treatment for over 12 years. The multiple surgeries [and costs] . . . I cannot afford to pay for ongoing treatment without insurance. I am very pleased the current ACA does not allow for “preexisting disqualifications” and I would hate to see that removed. Having this condition is naturally stressful, debilitating and undesired. I do not want or need the added stress of having to worry about the details of coverage."

Additionally I have two boys, aged 23 and 26, both of whom have benefited from remaining on our family insurance policy. That is a great policy and my boys are healthier as a result.

Finally, access to quality health care is something that has to be right for all citizens, both the individual and society. Health is key to happiness and success and happy successful people pay taxes, support the government, and give back to the community."

I understand the emotion. I understand the pressure that people feel in order to maintain a campaign promise or to meet promises..."
made over the last several years. But we are not talking about maybe what will happen; we are talking about real cases, real people. I am talking about real people in Maine, in small towns and cities. I am talking about rural hospitals that are on the verge of being rendered functionally incapacitated because if this law is repealed, it will take away a significant part of their support. I am talking about seniors having to pay more for drugs. But mostly, I am talking about people’s lives.

These cases are people who can give specific examples. There are thousands, tens of thousands, and millions that we can’t articulate—people who are saved who don’t even know it because they went in to get that checkup, who are saved the stress of wondering how they are going to pay for some kind of treatment.

As a parent, I remember having to stress about whether to take my child to a doctor. I didn’t know whether I could afford to pay that bill. Yet we all know that is the proper course. We shouldn’t have to make those kinds of choices. We have a vehicle, imperfect as it is. Imperfect as it is, we have a vehicle for providing that care.

Let’s slow down. Let’s take a breath and say: OK. We talked about repeal, but it isn’t really practical. We can’t harm that many people. Let’s talk about what we are going to replace it with. The idea that we are going to repeal it today and replace it 3 years from now is just cruel. That is what I am hearing from people: Don’t put us through that. People who finally get insurance after preexisting conditions, who have insurance and have a condition now—they depend upon that insurance. Let’s not make them go through that pressure, the financial anxiety added to the health anxiety. We have an opportunity to rise above politics. This can’t be political or a policy or something that divides us.

There is nobody in this body who wants to see people suffer, who wants to unecessarily put people through the pressure of both health problems and financial problems. We ought to be able to find a solution. Every other industrialized country in the world has found a solution. It is not like this is some impenetrable box.

I realize that part of the solution has to involve controlling costs and facing the fact that we pay twice as much for health care per capita as anyone else in the world. That is an issue the Affordable Care Act does not sufficiently address, in my view, and we have to talk about what we need to do.

In the meantime, let us remember those people who are counting on us for their very lives. That is a commitment I believe we can respect and should meet.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, we are engaged in the first step to debate what is important to virtually every American. What we want to do is to find good ways to reform and replace ObamaCare and then reveal the provisions of it that have damaged so many Americans.

Before we start talking about a big subject, sometimes it helps to ask the question: Exactly what are we talking about? So, very quickly, where do Americans get our health care insurance? To note that 91 percent of us have some sort of health insurance—290 million. We get it from four places, basically. One is Medicare—16 percent of us with insurance. This is not a bill to change Medicare. That is a discussion for another day. So we are talking about these three areas.

One is employers, on the job. Sixty-one percent of us with insurance get it on the job—178 million people. Medicaid, managed by States, paid for by the Federal and State governments—22 percent of covered Americans there get their insurance through Medicaid.

Then there is the individual market, people who buy it on their own. That includes the exchanges we hear so much about. Here is where all the news is; here is where the turmoil is. That is just 6 percent of everyone who is insured, although that is 18 million Americans. This is information from the U.S. Census.

Who is not insured? That is interesting too. According to the Kaiser Family Foundation, there are 27 million people who aren’t insured, but 17 million of those are eligible for some help to get insurance and just haven’t taken it. Of the 11 million who are not eligible for any help, nearly half of them—5 million—are illegally here. Of the rest, some make too much money to be eligible and some have dropped through the Medicaid coverage gap. So it is fair to say that 91 percent of us are insured one way or the other. Then, of the 27 million—the 9 percent who are not insured—17 million of those are eligible for some sort of assistance.

How should we approach this? Following the Presidential election, President-Elect Donald Trump said on “60 Minutes” that replacement and repeal of ObamaCare would be done “simultaneously.” To me, that means at the same time.

Just today, Speaker of the House PAUL RYAN said that repeal and replacement of ObamaCare would be done concurrently. To me, simultaneously and concurrently mean ObamaCare should finally be repealed only when there are concrete practical reforms in place—that give Americans access to truly affordable health care. Let me say that again, ObamaCare should be repealed concurrently. To me, there are concrete, practical reforms in place that give Americans access to truly affordable health care.

The American people deserve health care reform that is done in the right way for the right reasons and in the right amount of time. It is not about developing a quick fix. It is about working toward a long-term recovery that works for everyone.

If one wants to think about what simultaneously or concurrently might mean. I would ask you to think about ObamaCare as if it were a local bridge in, say, South Dakota that is collapsing—because that is just what is happening with ObamaCare. According to the Tennessee Insurance Commission, the ObamaCare insurance market in our State is “very near collapse.” Across the country, premiums and copays are up. Employers have cut jobs to afford ObamaCare costs. Medicaid mandates are consuming State budgets. In one-third of America’s counties, citizens with Federal subsidies have only a single choice of a company to buy insurance from on an ObamaCare exchange.

Without quick action, and I mean action this year, next year, these Americans may have zero choices. Their subsidies may be worth about as much as a bus ticket in a town where no buses run.

If your local bridge in South Dakota or Wyoming or Tennessee were very near collapse, what would you do? I think the first thing you do is to send in a rescue crew to repair it temporarily so no one else is hurt. Then you start building a better bridge—or more accurately, many bridges—as States develop their own plans for providing truly affordable health care to replace the old bridge.

Finally, when the new bridges are finished, you close the old bridge. That is how we propose to proceed: to rescue those trapped in a failing system that is ObamaCare, to replace that system with a functional market or markets, and then repeal ObamaCare for good.

First, we will offer a rescue plan so that the 11 million who are struggling and then repeal ObamaCare as if it were a local bridge in South Dakota that is collapsing.

Here is one way to think about what we will do. Before we start talking about a big system, sometimes it helps to ask the question: Specifically what are we talking about? So, very quickly, where do Americans get their health care insurance?

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Here is what we will not do. This is not a bill for Medicare reform. That will be handled separately.

Second, you won’t be disqualified from getting insurance if you have a preexisting health condition. If you are under the age of 26, you will still be able to be covered under your parent’s plan.

That is what, in my opinion, we mean by repeal and replace—"simultaneously," as the President-elect said, or "concurrent," as Speaker Ryan said.

Here are three steps we will take beginning immediately. No. 1 is the rescue plan. Six percent of Americans with insurance buy their insurance in this individual market, about two-thirds of those on the ObamaCare exchanges. This is where today’s turmoil is. This is where the copays are up, the premiums are up, where insurance companies are pulling out of the markets.

While we build replacements, we want the 11 million Americans who now buy insurance on the exchanges to be able to continue to buy private insurance. This will require Congress and the President to take action before March 2018 when the insurance companies begin to decide whether they will offer insurance in these markets during 2018.

In general, the goal is to get as close as possible to any State-approved plan to count as health insurance under ObamaCare rules while we are transitioning to new systems. Among the actions that will help are to allow individuals to use their ObamaCare subsidies to purchase State-approved insurance outside the ObamaCare exchanges; to adjust ObamaCare’s special enrollment periods; to approve the temporary continuation of cost-sharing subsidies for deductibles and copays; to allow States more flexibility to determine so-called essential health benefits, age rating rules, and small group restrictions; to expand health savings accounts; eventually, to provide tax credits to help lower-income Americans buy insurance; and to repeal the individual mandate when new insurance market rules are in place.

When the new administration rewrites the guidance on ObamaCare section 1332 State innovation waivers to allow for more State flexibility, States will have the authority to further innovate to build more modern health systems.

Now, second is employer insurance. Remember, that is where 61 percent of us get our insurance—on the job. We will repair the damage ObamaCare has done so that employers can offer employees more personalized patient-centered care. We will do that by repealing ObamaCare’s employer mandate penalty. We will allow States to determine the essential health benefits and thereby lower costs for small businesses. We will repeal ObamaCare’s restrictions on grandfathered health plans, on wellness benefits, on small group plans, and provide more flexibility for small businesses so they can work together to buy insurance—a proposal for which the Senator from Wyoming has championed for years.

This will mean more State authority, more choices for the 178 million Americans who obtain insurance on the job.

Third is Medicaid. Twenty-two percent of all insured Americans are covered by Medicaid. We will give States more flexibility to offer those 62 million citizens more options by making Federal Medicaid waivers more flexible.

So in summary, we will first send in a rescue crew to repair temporarily a collapsing health care market so no one else is hurt. Second, step-by-step, we will build better systems—that allow Americans to access truly affordable health care. We will do this by moving health care decisions out of Washington, DC, and back to States and patients.

Finally, when our reforms become concrete practical alternatives, we will repeal the remaining parts of ObamaCare in order to repair the damages caused by Americans. This is what I believe we mean when we say ObamaCare should be repealed and replaced simultaneously and concurrently.

I yield the floor.

The PRESIDING OFFICER (Mr. Rounds). The Senator from Wyoming.

Mr. Enzi. Mr. President, I want to thank the Senator from Tennessee, Mr. Alexander, who is also the chairman of the Health Committee—that is, the Health, Education, Labor, and Pensions Committee—for the succinct speech that he gave. I will be encouraging everybody on both sides of the aisle to read that speech. I know that many were not here to listen. But it is a fine speech. Senator, and I thank you. We often speak to an empty Chamber. But it is all recorded thanks to the people who do that for a job. You placed that so well that there should not be much doubt about what we are going to try to do. You heard it from the chairmain of the Health Committee. He is the one that will be in charge of the health aspects of this.

The Finance Committee is a part of the bill too. But they are in charge of the monetary part of this. But without the health care part, that does not work. I love the way you expressed that in the way of taking care of a collapsed bridge, because I think people across America do realize that the bridge on health care has collapsed and they want to know what we are going to do about it.

You stated that very well. That should relax a lot of people. It probably won’t because of the process that we are in. But certainly it gives hope that it will go. So I thank you for your words and your effort and know that it is in good hands as we lead it through this process.

All that this resolution we are doing right now does is set it up so that this can be done. This really does not change any health care at this point. It sets it up so that we can do reconciliation, so that we can repeal what we can, so we can replace what we can, and you can see the system of bridges that will get us to the point where all Americans who want insurance can have insurance, but more importantly, so that all Americans can get the health care they need and deserve.

I thank the Senator for his comments.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. Alexander. Mr. President, I thank the distinguished chairman of the Budget Committee, who has spent a great deal of time on this. I like the way he put that because I think what we want to assure people of—at least, I think that is what almost all of us feel—that this involves reforms, replacing, and repealing—as the President-elect has said, “simultaneously,” and as the Speaker has said, “concurrently.” It involves not just one big system replaced by another big system. In our view, the one big system needs to be replaced step-by-step by many different systems as we move more decisions to the States.

For example, on employer insurance, on people who get their insurance on the job, most know now that we can take to repeal ObamaCare, which damaged the employer system and which increased costs for employers. I remember sitting around with a group of restaurant company chief executive officers 6 years ago when ObamaCare passed. They pointed out that they were going have to hire fewer people to afford the cost of ObamaCare.

We don’t want that to happen. We would like for them to be able to hire more people and to offer more people insurance. How would we do that? Well, if we repeal the Washington rules in an orderly way and transfer back to the States responsibility for regulating most insurance, the insurance commissioners have told me that they believe they can do that very well—and do it one way in South Dakota, another way in Tennessee, another way in Wyoming, and fit the needs of that community, reduce costs, increase choices, and have truly affordable health care.

We can repealing those provisions that intervene with employer insurance and make sure that that repeal does not go into effect until South Dakota, Wyoming, Tennessee, and other parts of the market have in place concrete practical alternatives so that go together. But we have to get started. This is step 1.

Now, we can do the same with Medicaid. We have a former Governor of South Dakota in the Chair. Governors and States have given up the right to figure out how to afford Medicaid. They almost feel that, if Washington would just allow the States to have more
flexibility in terms of how the available money is spent, we could cover more people better, offer more options.

Well, we can do that. But we are not going to do that tomorrow. We will have to sit down with the Governors and the House to see how we do this? Then, as we do that, we can repeal the extensive Federal regulation that creates a jungle of red tape for Medicaid. But it only would take effect as the States tell us that there are concrete practical alternatives in effect. So they are taking a very slow and step-by-step way to do about making those kind of changes.

Finally, as the Senator said, we have to have a rescue team here. I mean, the ObamaCare market is in turmoil. It is only 6 percent of all of those who have insurance, but that is millions of people. If we don't act before March 1 to make sure insurance companies are selling into those markets, we will have many millions of people who will not be able to buy insurance. This will be, as I said, like having a bus ticket in a hometown with no buses running.

So that is really one of the first things we have to do—get that rescue team going. I like the analogy of the collapsing bridge. ObamaCare is collapsing in Tennessee, and I would say it is around the country, if you have one-third of the counties where you can only choose insurance from one company.

So, if a bridge is collapsing, you send in a crew to deal with that emergency so no one else is hurt. Then you start building these new bridges. After a while, in a prudent way, as you build each of those systems, as States build their systems, then you close that old broken-down bridge that was damaging so many people.

So that is an orderly way to go about things. I hope that, over time, we will have bipartisan support for these. We need a consensus. We don't, in the end, want a partisan thing. Right now, we have been acting like the Hatfields and McCoys in West Virginia for 6 years, arguing with each other about their systems, then you close that old做得-on systems, as States build their systems, then you close that old broken-down bridge that was damaging so many people.

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

The PRESIDING OFFICER. The Clerk will call the roll.

Mr. PETERS. Mr. President, today I rise to express my strong opposition to partisan attempts to engage in a fast-track process to take health insurance away from hundreds of thousands of individuals in my State and millions across our country. In Michigan alone, 887,000 people are in jeopardy of losing their health coverage if Republicans have their way and repeal the Affordable Care Act without a replacement. Important protections for people with preexisting conditions will disappear. Not only will they lose them but so will their spouses and children.

We will be repealing reforms that have benefitted seniors and saved more than 5 million beneficiaries an average of over $1,000 in drug costs in 2015. Repealing the Affordable Care Act will significantly increase drug costs for those seniors and threaten long-term solvency for Medicare. Republicans are rushing a process that increases Medicare costs for seniors and weakens the program for future generations. Our Nation's seniors have worked hard their entire lives, and they deserve our best efforts to ensure they can depend on Medicare to help them enjoy a dignified and secure retirement.

Over 1 million seniors are enrolled in Medicare in Michigan, and they deserve a health care program that will cover the costs of prescription drugs and other health care services they need. Since 1965, Medicare has done a tremendous job of giving seniors the care they need, and we should be working to strengthen this successful program, not putting it at risk.

Let's be clear. Reforming the ACA extends the life of Medicare by over a decade. Let me say that again. It extends the solvency of Medicare for over a decade.

Given these challenges, we have to ask: Why are we rushing to dismantle these reforms?

We are rushing a process that will ultimately hurt the Medicare Program, our Nation's seniors, and so many others.

Many of my colleagues on the other side of the aisle suggest that we can simply keep or quickly reinstate the popular parts of this law, such as preventing discrimination based on pre-existing conditions, allowing children to stay on their parents' coverage until they are 26, and helping seniors afford their prescriptions. I would pose this simple question to any of my colleagues advocating for repeal: What comes next? Show us your plan. Just show us your plan.

Former Governor Cuomo of New York famously said: "You can campaign in poetry, but govern in prose." We are now facing a majority that campaigned on a bumper sticker and is trying to govern with an IOU. Enacting a repeal of the ACA that takes effect at some undetermined point in the future will create chaos in our insurance markets. Health care reform is not a stand-alone program that can be removed overnight without widespread ramifications for our economy.

Yesterday, I attended the North American International Auto Show in Detroit. As a Michigander, I am always thinking about cars. Let me suggest an analogy. Many Republicans in Congress talk about the ACA like it is some sort of after-market addition on a car—a flashy rear spoiler, perhaps, or new rims that can just be unbolted and removed. Well, the ACA is actually like the antilock brakes that keep a driver from getting into an accident in the first place and the airbags that deploy to protect everyone inside when the worst happens.

I agree that our health care system needs reform, but we cannot start ripping out safety features without a plan to help keep us safe on the road. We need to fix the Affordable Care Act. We need to do more for small business owners who want to do right by their employees and provide them with quality, affordable health care coverage.

I have offered and supported several proposals to fix the Affordable Care Act, including measures to help our Nation's small businesses. I am ready to work with my colleagues across the aisle to improve this law. However, repealing the ACA without showing the American people their plan for replacement is quite simply irresponsible.

I understand Americans want to see positive changes to the Affordable Care Act, and I agree with them. We should be working together to enact bipartisan improvements through regular order, not fast-tracking repeal. The fact is that most Americans do not want or have this, allowing it entirely. Let the New York Times, a woman named Patricia Meadows from Macomb County, MI, who voted for President-Elect Trump, stated that she...
hoped that President-Elect Trump would not repeal the Affordable Care Act. Ms. Meadows revealed that, because of the Affordable Care Act, her daughter was able to obtain insurance coverage for just $50 a month.

Another constituent from my State, Ben Irwin, revealed to CNN that the Affordable Care Act allowed him to take his dream job at a large firm that didn’t provide health insurance. Because of the ACA, Ben was able to get private insurance at an affordable cost. Without it, he would have been forced to work at a larger company just to have access to affordable health care.

Ben’s story is not unique. I heard from countless entrepreneurs that the Affordable Care Act ended job lock and has enabled them to start their own businesses and pursue careers and dreams they otherwise would not be able to pursue.

I heard from a constituent in Saline, MI, who contacted my office to say that the ACA provided her with the coverage she needed to fight her son’s aggressive cancer. This same woman later discovered during her first appointment, after gaining her own ACA coverage, that she too had cancer. The ACA gave her and her son the coverage they needed to fight their cancer without fear of being kicked off of their insurance plan.

I have also heard from a father in Traverse City, MI, who contacted my office to say that the ACA provided his daughter with the coverage she needed to get care for her daughter’s life-threatening asthma. His father often wondered: Why is it that I had to wait until my son tried to kill himself before I could get help? Now, due to the ACA, this father and his son have the health coverage they need to appropriately treat his son’s mental illness.

These stories are just a fraction of the thousands upon thousands of stories my staff and I have heard about how the ACA has positively impacted people’s lives.

I am asking my colleagues to just take a moment and think about the individuals they will be hurting. We are talking about mothers and fathers, children, seniors, and even our Nation’s veterans.

As a former lieutenant commander in the U.S. Navy Reserve, I understand the tremendous sacrifice our men and women in uniform undertake to defend our freedom. I believe we have a duty to honor their service to the best of our ability, both during and after service.

Since the passage of the Affordable Care Act, hundreds of thousands of uninsured veterans have gained insurance coverage. Between 2013 and 2015, when key provisions of the Affordable Care Act were implemented, such as the Medicaid expansion and the private exchange marketplace, the number of uninsured veterans decreased by 42 percent. Uninsured rates for spouses of veterans and their dependents have decreased as well. These veterans represent a small fraction of the individuals this fast-track process will hurt.

I have proposed an amendment that would simply require Republicans to show us their plan for providing these veterans with the coverage they deserve before they vote to repeal the ACA and take it away. Every American deserves to know what will happen to their health benefits before Republicans vote to take them away. Please, just show us your plan.

But our Nation’s veterans, who have risked their lives and health to keep us safe, should have the right of knowing how Republicans will ensure that veterans who gained health care coverage following enactment of the ACA do not lose their coverage.

The damage of repealing the ACA stretches beyond affected individuals and families. It will disrupt hospitals and businesses and create tremendous economic uncertainty.

Hospitals, State, especially rural facilities, are absolutely terrified about what the ACA repeal means for them and their ability to stay open and to serve patients in their community. Executives from two hospitals in the rural Upper Peninsula of Michigan have told my office about how coverage expansions under ACA have allowed many critical access hospitals in Michigan’s rural communities to afford their operations for the first time ever. If the ACA is repealed, they tell me that these critical access hospitals will be forced to close—forcing residents in rural communities to drive over 2 hours to seek hospital care.

A recent report by the Urban Institute predicts that if the ACA is repealed without replacement, uncompensated care costs sought from hospitals and doctors will reach $1.7 trillion over the next 10 years. This will bankrupt many of our Nation’s hospitals, killing access and severely limiting access for the patients. We can and must do better.

We owe the American people a better health care system and not a bigger deficit. Unfortunately, that is exactly what we are going to be getting under repeal. This budget resolution before us would increase annual deficits by upwards of $1 trillion. It will add more than $9 trillion to the Federal debt over 10 years, leaving our entire economy on shaky ground, while ripping health care from millions of Americans.

In their rush to repeal the ACA and fulfill years of campaign promises, I am concerned my colleagues on the other side of the aisle have not fully considered the ramifications their actions might have. They have refused to slow this process down and fully think through the actions they are about to take.

A University of Michigan study published in the New England Journal of Medicine just last week found that Medicaid expansion in my State alone generates at least 30,000 jobs every year. In addition, a recent study by the nonpartisan and independent Commonwealth Fund found that the ACA repeal could lead to significant economic disruption and substantial job losses in every State, including over 100,000 private sector jobs in my State alone, and 2.6 million jobs around our Nation.

By any and all means, the level of uncertainty repealing the ACA will create is bad business practice, and I assure my colleagues that it is very bad business. We owe it to our constituent to do our homework, to govern with facts, and to be informed.

Republicans have refused to listen to health care experts who tell them that enacting a repeal of the ACA will cause millions of Americans to lose their health coverage.

And Republicans have refused to listen when actual numbers tell us that the ACA repeal will weaken Medicare and increase drug costs for seniors.

Republicans have refused to listen when Democrats have simply asked them to slow down, come to the table, and work in a bipartisan way to find solutions to make the health care system work even better. Instead, Republicans have opted to move full steam ahead with this process that will certainly make America sick again.

Why move forward with this fast-track process to repeal the Affordable Care Act? Why repeal all of the great things that Americans appreciate about the Affordable Care Act instead of just making it better?

Republicans are trying to take us backwards. They are moving ahead with a dangerous process that will hurt working-class Americans, hurt seniors, and hurt our Nation’s most vulnerable, while providing a huge payout for wealthy Americans and special interests.

Republicans are voting to give billions in tax breaks to corporations and the wealthy and raising taxes on the rest of us.

The nonpartisan Tax Policy Center estimates that the top 1 percent of earners would get an average tax cut of about $33,000 and individuals in the top 1 percent of earners would get an average tax cut of about $197,000. If you are not in this group of American earners, then tough luck. This legislation will not help you.

We need to get serious, put politics aside, and do what is best for the American people. This fast track repeal of the Affordable Care Act is not the answer.

I stand ready and willing to work with my colleagues on all sides of the aisle to make our Nation’s health care system better. We cannot simply repeal this law and leave the American people with another empty IOU.
I yield the floor.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. ENZI. 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.

BEARS EARS NATIONAL MONUMENT

Mr. DURBIN. Mr. President, on December 28, 2016, President Obama designated the Bears Ears National Monument in Southern Utah, and I wish to commend him on protecting these important lands. This designation is an important step forward in the conservation of some of southern Utah's important national treasures.

The 1.35-million acre monument, which spans from forested mesas to redrock canyons and plateaus, will protect the region's abundant cultural resources, including well-preserved cliff dwellings, rock and art panels, artifacts, and Native American burials.

The Bears Ears National Monument, which derives its name from twin buttes that lie at the heart of the majestic Cedar Mesa, was requested by a coalition of five Native American tribes that united to protect a landscape revered in their shared histories.

Senator Dianne Feinstein became ranking member of the Senate Judiciary Committee during the first session of the 115th Congress, and we mark an historic moment with the great central task of investigating climate science to the public. The current building, which derives its name from twin buttes that lie at the heart of the majestic Cedar Mesa, was requested by a coalition of five Native American tribes that united to protect a landscape revered in their shared histories.

The Bears Ears region is a living natural and cultural landscape, where the people of these tribes still use the land to collect herbs and medicines and pass their stories to the next generation.

I have fought to protect this area's resources through the America's Red Rock Wilderness Act, a bill I have introduced every Congress since 1997. My bill would safeguard 9.2 million acres of wilderness in Utah—some of the last great wild places in the lower 48 States.

Historically, national monuments have been the first step in protecting some of our most beloved public lands—the Grand Canyon, the Grand Tetons, and indeed, four of Utah's five national parks. Not only do these monuments help preserve precious habitat, landscapes, and history, they create jobs and invigorate nearby communities.

President Obama's decision to protect the Bears Ears came after significant public input in Utah, with the administration holding multiple listening sessions. Those sessions made clear that even diverse stakeholders agreed the Bears Ears is special and needs to be protected. It is the right decision for the present, and it is the right decision for the future.

Republican President Theodore Roosevelt signed the Antiquities Act into law in 1906, and a review of its history and its current state today, and again, the temporary anger over designated lands was overshadowed by the long-term benefits to our Nation. Teddy Roosevelt said it best. "Of all the questions which can come before this nation, short of the actual preservation of its existence in a great war, there is none which compares in importance with the great central task of leaving this land even a better land for our descendants than it is for us."

I urge my colleagues to join me in celebrating the Bears Ears National Monument and protecting it and the Antiquities Act that made it possible.

SENATOR DIANNE FEINSTEIN BECOMING RANKING MEMBER OF THE SENATE JUDICIARY COMMITTEE

Mr. LEAHY. Mr. President, today, the Senate Judiciary Committee convened for the first time in the 115th Congress, and we mark an historic moment in the committee's 200-year history.

Last week, Senator DIANNE FEINSTEIN was named the committee's ranking member, the first time in American history that a woman has served in this capacity. It is striking that 352 Members have served on the committee, and only six of those—all Democrats—have been women. Three of those six women are proudly serving on this important committee today: Senator FEINSTEIN, Senator KLOBUCHAR, and Senator HIRONO, whom we welcome back to the committee.

Senator FEINSTEIN has long been a leading voice on this committee. I have enjoyed working with her on countless issues ranging from national security to immigration reform to Supreme Court nominations. Senator FEINSTEIN has broken down barriers throughout her career, and her new role as ranking member of the Judiciary Committee is only the latest example. As the committee grapples with some of the most pressing issues facing our country, we will all be counting on Ranking Member FEINSTEIN's leadership. We should all congratulate her on this historic moment.

REMEMBERING DR. PIERS SELLERS

Mr. NELSON. Mr. President, on December 23, 2016, the world lost a true hero.

Dr. Piers Sellers was a scientist and an astronaut, having flown three times on the space shuttle. On his first mission, he flew aboard the Space Shuttle Atlantis to the International Space Station, where he completed nearly 20 hours of space walks outfitting and assembling the orbiting outpost.

Despite years later acknowledging the tragic loss of the Space Shuttle Columbia, Piers returned to space and to the International Space Station aboard Discovery, carrying out the second of two test flights NASA needed to test critical on-orbit inspection and repair procedures resulting from the Columbia accident investigation.

On his third and final mission, he once more flew aboard Atlantis to the ISS. On this mission, he served as the robotics officer, again playing a key role in assembling and outfitting the space station.

His career as an astronaut exploring the frontier of space is by itself sufficient to justify Piers' status as a national hero; yet his role as astronaut and explorer is a small subset of the contributions Piers made to our country and to our entire civilization.

Piers was a renowned climate scientist, specializing in using computer graphics and space-based observations to understand and predict the dynamics of our changing planet. He was also a brilliant communicator, whether testifying at a Commerce Committee field hearing in Miami about the impending dangers of sea level rise or standing in front of NASA's "DVR room" system narrating stunning and informative visualizations of the massive data sets that embody the "vital signs" of our planet Earth. Countless policymakers, industry leaders, and even other scientists owe much of their understanding of the complex interactions of Earth's systems and of the alarming and undeniable signs that our civilization's carbon emissions are warming the planet to Piers.

Yet Piers' most heroic deed may be the decision he made shortly after being diagnosed with stage IV pancreatic cancer. He simply decided to keep going to work. To those that knew Piers, this was no surprise. A three-time shuttle astronaut and very capable manager, scientist, and engineer, Piers no doubt had many lucrative offers for employment following his final shuttle flight in 2010. Instead he chose to remain a civil servant scientist to NASA's Goddard Space Flight Center because he felt that was where he could contribute most to the future of our home planet. A few years later, when Piers received the devastating news that he had not long to live, he chose to spend his remaining time continuing his work at NASA and communicating climate science to the public in the calm and charming manner that was uniquely his.

In a short video Piers recorded shortly before his death, despite his body having been ravaged by cancer and surely knowing that he had very little time left, he appeared as cheerful and hopeful as ever. In the video, he said...
amendment between the House, or con-
ference report that the Director of the Con-
gressional Budget Office determines would
eliminate or reduce, relative to the Congress-
sional Budget Office's March 2016 updated
baseline, Federal payments received by an
Indian health program or by an urban Indian
organization under title XIX of the Social
Security Act (42 U.S.C. 1396 et seq.) for ser-
vices provided to Indians and Alaskan Natives
who are eligible for benefits under such title.
(a) WAIVER AND APPEAL.—Subsection (a)
may be waived or suspended in the Senate
only by an affirmative vote of three-fifths of
the Members, duly chosen and sworn. An af-
firmative vote of three-fifths of the Members
of the Senate, duly chosen and sworn, shall
be required to sustain an appeal of the ruling
of the Chair on a point of order raised under
subsection (a).

ON THE TABLE; AS FOLLOWS:

through 2026; which was ordered to lie
and setting forth the appropriate budg-
States Government for fiscal year 2017
olution S. Con. Res. 3, setting forth the
proposed by him to the concurrent res-

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS
Mr. President, I ask unanimous con-
sent that the Permanent Sub-
committee on Investigations of the
Committee on Homeland Security and
Governmental Affairs be authorized to
meet during the session of the Senate on
January 10, 2017, at 10 a.m., to con-
duct a hearing entitled "Backpage.com's
Knowing Facilitation of Online Sex Trafficking."

MR. HEINRICH. Mr. President, I ask
unanimous consent that Elizabeth
Blackwell, a congressional fellow in Senator
Continued...
January 10, 2017

CONGRESSIONAL RECORD—SENATE

S221

Americans of all political parties and Americans who don’t even bother voting are all facing skyrocketing pharmacy bills. There are concrete actions we can take right now to lower the cost of prescription drugs.

Senator FRANKEN and I led 18 of our colleagues in outlining 5 of them in a letter to the President-elect in December, including putting an end to abusive price gouging, requiring more transparency from drug companies, boosting competition and innovation in the market, and allowing the Secretary of Health and Human Services to negotiate better prices for seniors. That is what we do with the Veterans’ Administration. The VA, on behalf of 7 million veterans, negotiates directly with the drug companies to get a significantly better price for the cost of drugs—saves taxpayers, saves veterans. Medicare should do the same thing.

Senator KLOBUCHAR and I worked with several colleagues to reintroduce the Medicare Prescription Drug Price Negotiation Act. Negotiating better prices for seniors will save significant taxpayer dollars.

Instead of focusing on the priorities that the vast majority of Americans agree on, Congress and President-Elect Trump are working to throw 30 million Americans and some 900,000 Ohioans off their health insurance with no plans to replace it. It is reckless and dangerous. It will cause premiums to skyrocket. It will cause costs to go up for everyone. Do you know what it does? It gives a $30 billion tax break to drugs companies and tens of billions of dollars in tax cuts to the richest Americans.

On the one hand, Congress will not do anything about drug prices because the pharmaceutical industry, frankly, gave too much money to far too many of my colleagues. On the other hand, this same Congress is going to strip away health care and consumer protections to seniors on Medicare and people of all ages and at the same time give a tax break to the drug companies. We must fight against these attempts to decrease coverage and increase costs for working families.

Whether you support the Affordable Care Act or not, we all agree you can’t ask people to change horses midstream without giving them a second horse.

Last week, I spoke with one of my constituents, Kathy, who wrote to my office last November with the heartbreaking story of her husband Lee. He is fighting stage IV cancer. Before 2010, insurance companies denied Kathy and her family the family coverage she needed because her husband’s cancer was a preexisting condition. Thankfully, the Affordable Care Act stopped insurance companies from abusive practices like this. It allowed Kathy’s family to buy health insurance through the marketplace, helping them afford the care he needs to fight this devastating disease. Still, like so many Ohio families, Kathy continues to struggle to afford the prescription medicines she and her husband need. She fears what will happen when a family like hers is simply kicked off their insurance.

Imagine 900,000 Ohioans with insurance and, like that—because of partisan politics here, because so many of my colleagues ran for President, in some cases, or ran for the Senate or ran for the House by saying they are going to get rid of the Affordable Care Act, and they are going to get rid of it and not replace it for a couple of years maybe.

Governor Kasich, Republican Governor in my State—also in the Presidential race with my friend in the Presiding Officer’s chair—has said to the Senate and House, to Ohio’s Republican Members: Don’t cancel the Affordable Care Act. Don’t throw people off insurance unless you are going to replace it with something right now that will take care of those people; 700,000 people on Medicaid expansion, another 200,000 people, 26-year-olds, on their parents’ plan, people on the exchanges, people getting insurance in other ways.

When I was talking to Kathy the other day, she was choked up talking about the stress and heartache dealing with a loved one with cancer, how she can’t even bear the thought of adding more insurance worries on top of that. I was speaking to a hospital administrator today at one of Ohio’s great hospitals. He said he thinks what this Republican Congress is going to do in the Affordable Care Act is morally reprehensible. He said: How do I explain to people right in the middle of their treatment that we can’t do it anymore? Because we will not have the resources if the Affordable Care Act is repealed and the insurance is canceled and the Medicaid expansion is gone and hospitals can’t take care of everybody like they are pretty much now. How do I explain to somebody right in the middle of cancer treatment, right in the middle of another kind of long-term or short-term illness that their insurance has been cut off?

Instead of kicking people off their insurance with no plan to replace it and handing billions of dollars in tax breaks to the drug companies, let us make our first priority lowering drug costs for the people whom we say we are serving.

I yield the floor.

ADJOURNMENT UNTIL TOMORROW

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

Thereupon, the Senate, at 6:30 p.m., adjourned until Wednesday, January 11, 2017, at 12 noon.