The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. Hatch).

PRAYER
The Chaplain, Dr. Barry C. Black, offered the following prayer:
Let us pray.
Spirit of God, descend on our hearts. For apart from You, we live our lives in vain. May our Senators walk in Your ways, keeping Your precepts with such integrity that they will never be ashamed. Lord, incline their hearts to Your wisdom, providing them with the understanding they need to accomplish Your purposes in our world. Let Your mercy protect them from the dangers of this life, as they learn to find delight in Your guidance. Keep them ever mindful of the fewness of their days and the greatness of their work. Remove from them any bitterness or resentment that corrodes their peace. Deliver them from the tyranny of trifles, as they strive to accomplish Your work on Earth.
We pray in Your great Name. Amen.

pledge of allegiance
The President pro tempore led the Pledge of Allegiance, as follows:
I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

Recognition of the Majority Leader
The PRESIDING OFFICER (Mr. Strange). The majority leader is recognized.

Healthcare
Mr. McConnell. Mr. President, Americans have been hurting under ObamaCare. Senators took a big step toward moving beyond its failures with the motion-to-proceed vote earlier this week. It allowed the Senate to proceed with this important debate. It allowed the Senate to work through an open amendment process. Senators have considered proposals already, including some procedural motions from across the aisle. Senators will have the opportunity to consider many, many more amendments tonight. I know that colleagues in both parties are eager to do so.

I encourage Senators with healthcare ideas—whether Republicans, Democrats, or Independents—to bring their amendments to the floor. We have heard many different ideas on healthcare in recent months. Not every idea, of course, is a good one. One idea from the Democratic leader is simply to throw money at insurance companies—no reforms, no changes, just a multimillion-dollar bandaid.

Another idea from many other Democrats is to quadruple down on ObamaCare with a government-run single-payer system. It is called single payer because there is one payer, or insurer, the government. Nearly every healthcare decision would be directed by a Federal bureaucrat. Taxes could go up astronomically. The total cost could add up to $32 trillion, according to an estimate of a leading proposal. We will vote on single payer this afternoon, and we will find out what support it enjoys in the Senate—especially on the other side of the aisle. We all know this is likely to be a very long night. It is part of a long process that has taken a lot of hard work from a lot of dedicated colleagues already.

One phase of that process will end when the Senate concludes voting this week, but it will not signal the end of our work—not yet. Ultimately, the goal is to send legislation from Congress to the President—legislation that can finally move us beyond ObamaCare’s years of failures. The President is ready to sign legislation. Congress will keep working to pass it because we know the American people deserve better than ObamaCare. They deserve better than ObamaCare and its skyrocketing costs. They deserve better than ObamaCare and its plummeting choices. They deserve better than the job-killing regulations, crushing mandates, and collapsing markets ObamaCare has given them.

We all know this. We all know that the ObamaCare status quo hasn’t been working for the people we represent. We have known it for literally years. Many of us committed to voting for a better way on healthcare. That is what every Senator who supported the motion to proceed voted for on Tuesday.

Let’s finish our work. Let’s not allow this opportunity to slip by. We have made important progress already. We can build on it now.

The moment before us is one many of us have waited for and talked about for a very long time. It is a moment that can’t come soon enough for the people we represent. I urge everyone to keep working hard so we can get this over the finish line. It is what our constituents and our country deserve.

Reservation of Leader Time
The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

Conclusion of Morning Business
The PRESIDING OFFICER. Morning business is closed.

American Health Care Act of 2017
The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 1628, which the clerk will report.

The senior assistant legislative clerk read as follows:

This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.
A bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

Pending:
McConnell amendment No. 267, of a perfecting nature.
McConnell (for Daines) modified amendment No. 340 (to amendment No. 267), to provide for comprehensive health insurance coverage for State residents, improved healthcare delivery.

The PRESIDING OFFICER. Under the previous order, the time until 2:15 p.m. will be equally divided between the leaders or their designees.

Mr. CARPER. Mr. President, I spent many years of my life in Navy airplanes. I am a retired Navy captain. I was a former marine, former Governor of Rhode Island, U.S. Senator, and I served then and I serve now on the Finance Committee.

In 1993—I mentioned yesterday in my remarks on the floor—Hillary Clinton was a brandnew First Lady and worked on something called HillaryCare. In response, Republicans came up with something that really has its roots and origin from the Heritage Foundation. They had a market-based approach, which called for every State having their own exchange, where people without coverage could get healthcare coverage. There would be a sliding scale tax credit that would help buy down the cost of premiums for folks who got the coverage in their State's exchange. Low-income people got a bigger tax credit. Higher income people had a smaller tax credit that would eventually fade away.

The fourth piece of the Republican proposal in 1993 was that employers of a certain size with a certain number of employees would have to make sure they provided coverage for their employees. I don't remember a lot of specificity of what that coverage would include, but if they had quite a few employees, they would have to provide coverage for them, make it available.

The last piece was the idea that health insurance companies would say at that time: If you have a preexisting condition, sorry, we are just not going to cover you. The Republican proposal said: That is verboten. You can't do that, irresponsible.

So that was their idea that was introduced here. There were, I think, about 23 cosponsors, led by John Chafee, who was a former marine, former Governor of Rhode Island, U.S. Senator, and I think we're justified in saying that idea was introduced in 1993 had 20, 22 cosponsors, I think, including some people who are still here—Senator HATCH, Senator GRASSLEY, and a number of others. That idea became RomneyCare.

In 2006, Governor Romney sought to cover everybody in the State of Massachusetts before running for President. It was a pretty good idea. It was such a good idea that when we worked on the Affordable Care Act, that idea was one of the major principles, one of the major pillars of the Affordable Care Act.

Now—I said this yesterday—Barack Obama gets credit for coming up with that approach to provide healthcare. He is a smart guy, but that wasn't his idea. That was a Heritage Foundation idea. I didn't come up with that. Governor Romney didn't come up with that. I don't think Senator John Chafee, beloved Senator from Rhode Island—neither he nor Senator HATCH nor Senator Grassley think it was an idea from the Heritage Foundation. It is probably hereby, as a Democrat, to say this, but it was a good idea. It was a good idea in 1993. It was a good idea in 2006 in Massachusetts, and it was a good idea when we folded it into the Affordable Care Act as one of the major pillars.

I want to go back and revisit 2009 just for a little bit. There are those who believe that there was no bipartisan involvement in this at all. I think that is not true. I think that was an idea from the Heritage Foundation. It is probably hereby, as a Democrat, to say this, but it was a good idea. It was a good idea in 1993. It was a good idea in 2006 in Massachusetts, and it was a good idea when we folded it into the Affordable Care Act as one of the major pillars.

I said: That is verboten. You can't do that, irresponsible.

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But it was a process that we went through in order to address this concern.

In 2008, during that year's election, one of the things I learned was that we were spending in this country, as a percentage of GDP for healthcare, 18 percent, compared to what? 8 percent. Think about that. Well, maybe we got better results; maybe people live longer in this country or we have lower rates of infant mortality than the Japanese. No, it is not true. They got better results. They spent half as much, and they got better results.

Well, maybe a lot of people in that country didn't have coverage and we covered everyone. Actually, just the opposite is true. They covered everyone. We had 40 million people who went without any healthcare coverage, and for a lot of them, access to healthcare coverage was the emergency room of a hospital.

As you all know, as we know, when people get sick enough, they will get covered in this country. It may not be cost-effective care. It may be expensive care because it is not just an emergency room visit. In many instances, it is the admission to the hospital and a stay that could last for days or even weeks. We do have to pay a lot of money to get it because it is not just an emergency room visit. It costs to stay in the hospital. It is hugely expensive. Eventually, people would get healthcare coverage or healthcare attention, but a lot of times it costs an arm and a leg, literally and figuratively. So the question was, could we do better than that?

What we came up with is a multifaceted approach, which includes that Heritage Foundation idea of the exchanges where people didn't have accessible and affordable healthcare because it was not just on spending money on people when they were sick, but to save us—not to have so much a sick care system, but to have a healthcare delivery system that focuses more on helping people to stay healthy and well, actually saving money up front and the whole thing, which is what the Affordable Care Act was all about, was a way of being part of their health insurance coverage.

I have a friend whose mom died several years ago. My friend and I work out at the YMCA in Wilmington from time to time. She just turned 50, and I said: Well, how's your idea going? Did your parents? My friend is really fit, and I said: How old are your parents now?

She said: They are both deceased.

I said: Really? What happened?

She said: My mom died of colon cancer a number of years ago, and your parents?

I said: Didn't she get the colon screening—the colorectal screening and all?
She said: No, no, no. She didn’t like that, didn’t want to do that. It costs a lot of money, and so she just didn’t do it.

We have other people who, over the years, have not had prostate screenings for prostate cancer. We have this as a cost to people who didn’t have breast cancer screenings because, in some cases, it is unpleasant and, in some cases, just because it can cost a lot of money, and a lot of that was out of pocket, so people would forego that. We have changed that. We have people to get those screenings and to be able to get those screenings and find out and make sure that they are not going to get sick and cost a lot of money.

My friend’s mother was sick for many months. I can’t imagine how much it cost—and all that for maybe a $1,000 colorectal screening that was not taken.

We don’t do that stuff in this country much anymore. We actually offer the screenings. They are free. With our focus on wellness and prevention and things like annual physicals, we want to catch problems when they are small.

One of the reasons healthcare coverage in Japan was a Naval flight officer. I flew a lot of missions in and out of Japan during the Vietnam war, and one of the things I learned about Japan is that, one, the people are very slender. In this country, about one-third of our people are obese or on their way to being obese. Obesity is a great precursor, which says that this person is going to have healthcare problems and costly healthcare problems. There are a lot of people in this country who are going to have to spend a whole lot of money.

The other thing that caught my eye in Japan was the access to primary healthcare close to where people live. In almost any neighborhood of any consequence, people had access to a clinic where they could go for a check-up, for a physical to catch problems when they are small and to address them when they are small. As we looked around the world at things that were working, that would seem to be something that worked, we tried to make sure that was part of our approach in the Affordable Care Act.

Another thing we found that worked is, in some countries and literally here in this country—the Mayo Clinic, the Cleveland Clinic, and places like that—one of the secrets of their success, better results for less money, is the idea of coordinating the delivery of healthcare—coordinating the delivery of healthcare.

My mom, now deceased, lived until she was 82. She had dementia. She had arthritis. She had congestive heart failure. She had any number of ailments. My dad had passed away several years earlier. She lived near Clearwater, FL. We had people—my sister had people living with her to take care of her until later in her life. At one time, my mom was seeing five or six doctors. They were prescribing a total of 15 medicines for her. I remember we had in her home something that looked like a fishing tackle box—my dad’s fishing tackle box. You may have seen these. There were six doctors who never talked to each other. Nobody had any idea what was being prescribed for my mom. Nobody was coordinating that care. That is foolish. I know a lot of those medicines probably interacted badly with each other and hastened my mom’s decline and death.

The focus we had on the Affordable Care Act, with coordinated delivery of healthcare among different doctors and different specialties and with hospitals, nursing homes, federally qualified community health centers, and VA, we do a much better job at coordinating delivery of healthcare.

In Delaware, we just don’t have electronic health records for healthcare—there are none all over the country now. One thing that came out of the Affordable Care Act was we put the pedal to the metal and said we want a whole lot more electronic health records being used that talk to each other. Cooperate for coordinated delivery of healthcare—better care, Delaware took it a step further. In Delaware, we have something called the Delaware Information Network, which I signed into law, authorizing it in my last term as Governor. I had no idea really what the potential was of what we were doing, with some help from the Federal Government, we have now just a terrific utility, a terrific mechanism to help us take this idea of coordinating delivery of healthcare and put it on steroids to further improve the quality of healthcare.

I have been approaching this day with real concern. I am an optimistic guy. I am a glass half-full guy, but I have been troubled a lot more than not. I went home last night and my wife met me at the door and she said: You don’t seem yourself. I said: I am troubled, and she said she was too. She had been watching too much TV. There are a lot of concerning things going on in this city, at the White House, and even in this building.

We are at our best when we work together. We Democrats didn’t create Social Security by ourselves. The GI bill—I was a beneficiary of the GI bill at the end of the Vietnam war, and so was my father at the end of World War II. There have been good ideas like Medicare. Democrats didn’t create them by themselves, Republicans didn’t create them by themselves. We worked together to create this landmark piece of legislation and programs that all of us would agree are good for this Nation and good for our people.

When you are dealing with a subject that involves maybe everybody in the country and perhaps one-sixth of our population, this is one we ought to do together. We ought to do this together. JOHN MCCAIN and I served during the Vietnam war. We worked together, the House of Representatives together, and we worked on normalizing relations with Vietnam. He was a Senator with John Kerry, and I was a House Member with a bunch of my colleagues over there. JOHN MCCAIN stood right over here a couple days ago. We were all happy to see him back. We welcomed him back because we need him and his leadership. He said a number of times during his remarks that what we need is regular order.

I guess people who might have been watching on C-SPAN are wondering what is regular order.

We have a new crop of pages here. Let me just say to our pages who are rising juniors and coming from states all over America and actually do a great job of helping make sure this place doesn’t get too messed up in more ways than one, regular order is when people have a good idea, whether it is in healthcare, defense, or agriculture, and act on an idea and introduce legislation. I try to introduce legislation most times with bipartisan support. I have learned you get better results in the end if you do that.

The idea of regular order is introducing legislation that reflects and addresses a need or an issue. That bill is introduced here in this Chamber. It is assigned by the Parliamentarian to the committee of jurisdiction. The sponsor or sponsors of the bill go see the chair of the committee where the bill is assigned and ask for a hearing. If they convince the chair of the committee it is a good bill, with a good idea, then there is a good chance they will have a hearing. At that hearing will be witnesses—expert witnesses, stakeholders. Those witnesses will say: I like this about that bill or I see a problem with that bill, and there are changes that should be made to the bill. In some cases, we invite the Congressional Budget Office, sometimes Senators or House Members to come in and testify as well.

On an issue that is this important, we need regular order because what rising juniors and coming from states all over America and hopefully we will find out what their ideas are today—we need to check the tires, take the time to find out what is good about it and what is not and fix it in committee, where Democrats and Republicans can offer amendments, debate them. That will be done in the Finance Committee and also in the Health, Education, Labor, and Pension’s Committee.

That is what we ought to do. If we take that approach, we will end up with a better final result; rather than being a country that looks at other countries around the world, asking: Why does Japan get better results than...
we do, spending half as much money and they can cover everybody—why is that?

I am proud of much of what we do in this country with respect to healthcare; in many ways, we are on the move as fast as I said. I saw that kind of thing do, I know I can do better. We can sure do a better job on healthcare.

Last thought. I see we have been joined by the Democratic leader, and I will say a few words before yielding the floor. As I mentioned earlier, I was able to visit Tanzania with my wife. We met our sons over there two summers ago. After going to a seminar, we went out across the country, had a chance to just see an amazing—for those who have never been there, and I never spent much time in Africa, it was an incredible experience, all the life and animals and nature and it was beautiful and incredibly exciting. One of the many things I learned there was this proverb, and it goes something like this:

African proverb: If you want to go fast, go alone. If you want to go far, go together.

If you want to go fast, go alone. If you want to go far, go together.

We need to hit the pause button. We need to fix the exchanges in every State to stabilize the exchanges. There are three easy ways to do it: make clear that the individual mandate is going to be maintained or replaced by some statement that, at least as affective: a doctor reinsurance program that will help stabilize the program, much as reinsurance was used as a mechanism to stabilize and make successful the Medicare Part D Program; and, finally, we should make clear that the cost-sharing arrangements we have, the subsidies that help reduce the costs, the copays and deductibles for people getting their coverage in the exchanges, just make it clear they are not going to go away. The exchanges cannot—I hope to tell us, if we would do those three things—secure the individual mandate or something as good as the individual mandate, reinsurance, and address the cost-sharing arrangements, that they are not going away—if we do those three things, they tell us the cost of premiums across the country would drop by as much as 25 percent to 35 percent.

Think about that. What you would have is the insurance companies not fearing they are going to lose their shirts because of not having a pool of people they can insure. They are fearful of having a pool of people to insure in the exchanges that are sick, crippled, and there are not a lot of young, healthy people who create a mix that can actually, effectively and predictably be insured by insurance companies. The great thing about reducing premiums by 25 to 35 percent in the exchanges is this. People who get the coverage in the exchanges benefit. They save money.

Do you know who else saves money? Uncle Sam, because we are paying a significant amount of support to help make sure the exchanges envisioned all those years ago by the Heritage Foundation—to make sure they work.

That sounds like a pretty good step: hit the pause button; stabilize the exchanges in every county and bring down the premiums by 25 percent to 35 percent; provide certainty and predictability for the insurance companies. With that predictability and certainty, we have more competition. The insurance companies get into the game, and they say we are going to offer policies as well.

After we have done that, let’s pivot and address, as Democrats and Republicans working together, fixing those parts of the Affordable Care Act that need to be fixed and preserve the parts that need to be preserved. Let’s do that together.

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

THANKING THE SENATOR FROM DELAWARE

Mr. SCHUMER. First, let me thank my colleague, the junior Senator from Delaware, not only for his remarks but for his constant, conscientious concern about this country in just about every area. Whenever he speaks, he has a great deal of thought behind it because he really cares about making this country better and is working together in a bipartisan way to do that whenever he can. I thank my colleague.

Mr. President, it is likely, at some point today, we will finally see the majority leader’s final healthcare bill, the bill he intends to either pass or fail. Without, that we have bullying going through a pretense, defeating Republican bills that never had enough support even within their own caucus to pass. Repeal and replace has failed. Repeal without replace has failed. Now we are waiting to see what the majority leader intends for the Republican plan on healthcare. If the reports in the media are true, the majority leader will offer a skinny repeal as his final proposal.

As I mentioned last night, Democrats will offer no further motions or amendments until we see this skinny bill, but make no mistake, once we do see the bill, we will begin preparing amendments. In the event the bill fails, we can move directly to the NDAA, and out of deference to my dear friend Senator McCain, we will work to move that piece of legislation quickly.

If the skinny bill passes, remember, Democrats have an unlimited right, after it passes, to offer an unlimited amount of amendments. Now, many of my colleagues have many amendments on healthcare. They have just been waiting to see the final bill Leader MCCONNELL will bring to the floor.

I want to put my colleagues on both sides of the aisle on notice, my Democratic and Republican colleagues, that they should prepare for numerous Democratic amendments if the skinny bill passes. With the skinny bill passing, the majority leader’s final healthcare bill, it will not be the last vote. There will be many more after that to change it and to modify it. I want everyone to understand that.

I also want everyone in this body to understand, if they support the skinny bill, if they support the skinny repeal, it is a pretense, defeating Republican bills and bills the majority leader’s final healthcare bill, the skinny bill, which they support, which they defend, which they vote for. Without replace has failed. Now we are waiting to see what the majority leader is considering: get rid of the individual mandate, get rid of the business mandate, get rid of the Cadillac tax, get rid of the tax on medical devices, and get rid of some of—I believe they considered getting rid of some of the essential healthcare provisions as well.

Mr. President, two months ago, the leadership was for Republicans to move directly to the NDAA, and they can cover everybody—why is that?

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Mr. President, two months ago, the leadership was for Republicans to move directly to the NDAA, and they can cover everybody—why is that?
promise the American people that you would raise premiums on everyone? I didn’t hear that in the promises. That is what a skinny repeal does. Did you promise the American people that you would take healthcare away from tens of millions? I did not hear that. That is what the skinny bill does.

No, the Republicans not only promised to repeal the Affordable Care Act, but they promised to replace it with something better. I do not know why, but, somehow, the first promise is more difficult than the second. The skinny plan manages to anger everyone—conservatives, who know it is a surrender and know it does not come close to the full repeal they promised, and moderates, who know that it will be terrible for their constituents.

Is this the one plan that finally unites the Republican Senate—a plan that angers everyone—conservatives, moderates, and, perhaps, most of all, the American people? I cannot believe that that would not.

If the Republicans pass such a devasting plan, either one of two things could happen. The House could simply take up the skinny bill repeal, making all of those terrible possibilities a reality and what could go up in January, and insurance markets would collapse. In fact, if the House passed this skinny bill, our entire healthcare system could well implode. Everyone who voted for it, regardless of motivation, will regret it.

Or they could take it to conference, which is a pathway to full repeal. In conference, the Freedom Caucus will demand a full repeal—or something close to it—with all of the associated cuts to Medicaid and tax breaks for the wealthy, which so many here in the Senate have labored months to undo.

So this thing is turning into a game of hot potato. The House passed a bill that they do not like. They had to hurry up and do it twice and pass the hot potato to the Senate. Senator MCCONNELL is juggling that hot potato. He cannot get the repeat, and he cannot get repeal and replace. So he comes up with this plan that no one likes, but they say: OK, we can send the hot potato back to the House.

How many more months is this going to go on, when we could be sitting down, in a bipartisan way, as my good friend from Arizona has recommended, and work together in the committee process?

In the gym this morning, I saw LAMAR ALEXANDER, the head of the HELP Committee. We see each other just about every morning in the gym. I was wearing, I think, my Syracuse T-shirt, and he was wearing his Tennessee Volunteers T-shirt.

I said to LAMAR: If this skinny bill goes down, as it should—and I spoke to PATTY MURRAY, our ranking member—we will sit down and work in a bipartisan way to improve Obamacare. We know that Obamacare needs some work. We do not deny that. Let’s do it in a bipartisan way instead of passing this hot potato back and forth, back and forth, and not getting anything done.

While our leaders are passing this hot potato, insurers will be setting their rates for 2018. That means that insurers will be reducing coverage for the next year, with this massive uncertainty hanging over their heads, leading to huge rate increases or decisions to pull out of markets. A skinny repeal as a way to get to conference is a recipe for disaster. Beyond that, it is a shameful way of legislating.

My Republican friends should listen to the wonderful speech that the man whom we admire gave—JOHN MCCAIN—when he came back. We should be working in a bipartisan way. My Republican friends, you should not be passing a bill that you do not support or believe in, that you pray will not become law. If you believe that this bill should become law, vote yes, but if you do not believe that the bill should become law, vote no.

Then we can resume in the Finance Committee and in the HELP Committee a bipartisan process of making the present healthcare system better, which needs to be done. You do not believe that it will advance terrible legislation and hope that it will magically get better in conference. Let’s not forget that, months ago, many House Republicans justified their voting for their nightmare bill because they knew that they would get it better in the Senate. It has not gotten any better. In fact, it has only gotten worse, and a conference will be no different. Voting yes on a bill that you do not support just to get it to conference is an unconscionable way of legislating, particularly on this issue, but that is, so far, what the Republican leader is doing.

There may be no better example than the amendment offered by Senator DAINES, which favors Medicare for all. I cannot believe that this is happening, because all of the Republicans are going to vote against it. It is just pure cynicism, pure politics, and is not a serious effort to legislate and make things better when people need help.

Senator DAINES does not support the bill. He just wants to get Democrats on the record. The majority leader has made pending an amendment that both he and the author of the amendment will oppose, and that is the very definition of a phony amendment. We Democrats are not going to go along, because this is not a game. This is not a joke. It is not hot potato. We are talking about people’s lives. We do not have time for phony amendments or phony bills. You do not play games with the healthcare of the American people.

As I said, anyone who listened to the eloquent words of my dear friend from Arizona should blush at this process. His was a clarion call that both sides of the aisle can do better. He criticized his side for being partisan, and he criticized our side for being partisan. He is right on both counts. We all can do better. Let’s start. The Daines amendment does not do that. That is for sure. The only answer is to start over together, to work together through regular order, and to get some legislation that we can all live with.

Mr. President, I have one other point. On Russia sanctions. It is apropos. I didn’t know, when we read all of this stuff, that my good friend from Arizona would be here. Even as we debate other items on the floor, we should not delay this legislation on the Russia sanctions any longer.

Last night, the chairman of the Foreign Relations Committee here in the Senate said that he was ready to move the package quickly. That is what Senator CORKER said, and I am glad he did. I will work with the majority leader to send this legislation to the President’s desk before the recess. We have already cleared this legislation on the Democratic side. We are prepared to move it by unanimous consent on this floor, so I hope the unanimous consent is in order. I hope the White House signs this. This morning, the White House Communications Director said that President Trump may veto the legislation so that he could make a tougher deal with Russia than could Congress. The idea that the President would veto this legislation in order to toughen it up is laughable. I am a New Yorker, too, and I know bull when I hear it. If the President vetoes this bill, the American people will know that he sided on Putin, that he is giving a free pass to a foreign adversary who violated the sanctity of our democracy by meddling in our election and who seeks to undermine democracy and American life in any way he can. I hope and expect, if the President decides to use the first veto of his Presidency on this bill, that Congress will swiftly override it.

I see my friend here, the majority leader. I appreciate his work on making this Russia sanctions bill happen and being available. I hope that we will get the House bill to the President’s desk, and I hope the President signs it.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER. Is there objection to vitiating the quorum call? Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, I will just clarify, the Republican leader and the chair of the Armed Services Committee want to discuss NDAA. They will not make any motion to move to it. I have no problem with them discussing it.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, while the Democratic leader is still on the floor, I just wanted to mention that I
Mr. MCCAIN. Yes.

Mr. SCHUMER. First, I wish to express our respect for the Senator from Arizona. My dear friendship—really love for the man is unbounded.

Mr. MCCAIN. I am repeating from Arizona as many of us here in the speech our friend from Arizona gave when he came back, and we were all so joyful that he did. He talked about going to regular order. He talked about working in a bipartisan way. This is the healthcare bill the right way—with hearings, with debate, with amendment. Even I accepted his chastisement that we passed a partisan bill. He knows the record shows I didn’t want to do that. But we did have debate and amendments. We had a process where six people—three from each party—spent 6 months trying to come to an agreement. They did not. But I must say the reason that we must ask unanimous consent to go to the bill is because we are in reconciliation—the very process that has prevented us from debating, from having hearings, from having some kind of bipartisan input. I would say to my colleague, we can’t sit down and get rid of this reconciliation, fine. Let’s recommit the bill to committee and start on a fair process, and we can go to NDAA immediately—in an hour—if we were to do that. The reason we can’t do that is our dear friend the majority leader is insisting on the reconciliation process. And you can’t say— we can’t, because we feel defense is important and we feel the healthcare of tens of millions of Americans is equally important. And we can’t say you can turn on and turn off the reconciliation process when you want to and when you don’t. What is good for the goose is good for the gander.

If reconciliation is poor and prevents NDAA from coming up immediately, it is equally poor—maybe more so—when it comes to healthcare.

So my plea and suggestion: Let’s not go forward with this bill. We don’t even know what it is yet. Let’s go back to committee.

I spoke to Senator ALEXANDER, I spoke to Senator MURRAY this morning. If this bill fails, they will go back and try to negotiate bipartisan improvements—just as my good friend from Arizona recommended when he came back and gave his moving speech. But my caucus—I have spoken to a few—feel very strongly that this process on healthcare has been awful, and it is because of reconciliation, and now reconciliation has put NDAA in a bind as well. Let’s get rid of reconciliation, and we can do what the Senator from Arizona wants and what I think the American people want—a fair process.

I yield the floor.

Mr. MCCAIN. Mr. President, reclaiming my time.

Mr. SCHUMER. Mr. President, I ask unanimous consent that my remarks count against leader time.

I yield the floor.

Mr. MCCAIN. Mr. President, reclaiming my time.

Mr. SCHUMER. Mr. President, I ask unanimous consent that my remarks count against leader time.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. SCHUMER. Mr. President, I would simply say once more to my colleague brief—Mr. MCCONNELL. 

Mr. SCHUMER. We can do both. We can do both. It is very simple. It is just what my dear friend from Arizona asked about 2 days ago: regular order on both. We can have both.

You can’t ask—it is unfair, in my judgment—and I have great respect—to ask for one and then continue to tie our hands on reconciliation on Healthcare.

I yield the floor.

Mr. MCCAIN. Mr. President, very quickly, that is equating these two issues at the same level of concern. I would argue that defending this Nation and the men and women who are serving it is our first priority. I don’t wish to debate the Senator from New York.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, this is becoming overly complicated. The chairman of the Armed Services Committee and I are talking about what comes next after we finish the healthcare debate. As we discussed in my office a few moments ago, the chairman would like to turn to NDAA next. Healthcare, whether our friends on the other side like it or not, will come to a conclusion here at some point. The issue is what comes next.

As the chairman of the Armed Services Committee has pointed out, this is a totally separate issue and, as he pointed out, a bill that came out of his committee 27 to 0. As we all know, he is available to manage that bill this week.

What I am saying to our colleagues on both sides of the aisle is when we
finish healthcare either the way I would like to finish it or the way our Democratic friends would like to finish it, we are going to try to turn to NDAA and accommodate the chairman's schedule and give him an opportunity to finish that bill while he is here. That is the plan.

So I hope we will be able to work our way toward that when we finish healthcare. I will ask unanimous consent—not now, but I will be asking for unanimous consent to turn to the National Defense Authorization Act. I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, last Wednesday at the White House, President Trump invited Republican Senators there, and he recommended to us that we repeal and replace Obamacare at the same time, simultaneously. He said that before in his interminable "60 Minutes" interview in January—we should repeal and replace Obamacare simultaneously, which means, to me, at the same time.

That is one reason I voted yes on Tuesday for us to proceed to the House of Representatives' bill, because it would repeal and replace Obamacare at the same time. That is one reason I voted on Tuesday for the Senate healthcare bill, which would have replaced and repealed Obamacare at the same time. I agree with the President—we should repeal and replace Obamacare at the same time. The House voted to do that, the President recommended we do it, and I agree we should repeal and replace at the same time.

Why would I say it needs to be done at the same time? There was a time in the past where we might have just repealed it and said: In 2 years, we may be able to do that now. Conditions have changed for the better. We have millions of Americans who are worrying they may not be able to buy insurance in 2018. That is a very serious worry for millions of Americans. They want us to address it now, not 2 years from now.

How do we do that? Well, later today we will have an opportunity to vote for a bill which will take us to the place called a conference committee with the House of Representatives, where we can get a solution to our goal of repealing and replacing Obamacare. It is being called a skinny bill because it won't have much in it. It is not a solution to the Affordable Care Act problems, but it is a solution to how we get to a place where we can write the solution to the major problems. And it is wide open. For those who want to watch late into the night or early into the morning, we are here. We will be offering amendments. People can see that. When we move to the conference committee, the House and the Senate agreed that we would work to do that, and I agree we should work to do that, and I agree we should replace and repeal at the same time.

That is the process. I want to make clear to the American people that insofar as I am concerned, I am not interested in telling you we are going to repeal something now, and trust us—trust the Congress—to come up with some answer in 2 years. I don't want to say that to the American people.

What I do want to say is, we have major problems with the Affordable Care Act. We can't repeal all of it in the budget process, but the House of Representatives showed we can make major changes and major improvements, and the Senate bill, which I voted for on Tuesday, to repeal and replace Obamacare, shows that we can make major changes and major improvements.

I am convinced that if we can move this process to a conference committee today, between the House of Representatives and the United States Senate—which is part of our regular procedure—we will be able to agree on a way to improve the Affordable Care Act. What that means is that we will repeal major parts of it, and we will replace those parts with parts that work better, parts that give Americans more choices and more flexibility. One of the most memorable choices of my career in public service was voting for the Affordable Care Act—a bill that, while imperfect, I knew would literally save thousands of lives and help millions of Americans afford the health insurance they need. In the months and years since, I have heard countless stories from Michiganders whose lives were changed for the better as a result of this law.

A few weeks ago, I shared the story of a fellow Michigander named Stefanie. Stefanie is from Livonia and worked her entire adult life in the retail and restaurant industry. Stefanie had never been offered health coverage by her previous employers but was able to purchase a plan because of the Affordable Care Act.

In December 2015, Stefanie's third-floor apartment caught fire, and an unthinkable choice was forced on her: Stay and die in the fire, or leap from a third-floor window in order to save her
life. Stefanie chose to jump. She sustained serious injuries, including a broken back and a shattered foot. Her total treatment costs came close to $700,000—an amount which would surely bankrupt nearly all Americans if they did not have health insurance. Because of the Affordable Care Act, Stefanie was able to receive treatment for her injuries and have a second shot at life.

Last week, Stefanie traveled to Washington, DC, and I had the honor of meeting with her in my office. Her family, friends, and others in the community had actually pulled together funds to send her here to Washington, DC, so she could share her story with me and with others in Congress firsthand. I can’t imagine how painful it is for Stefanie to relive this trauma, but she chooses to share because she wants others to have access to the same care she had.

Any mother, father, sister, son, or daughter could someday face an unexpected emergency, just like Stefanie. Nobody chooses to get sick, and nobody should be denied health insurance when they need it.

Having health coverage afforded Stefanie a new lease on life. Instead of filing for bankruptcy due to her medical bills, Stefanie now plans to go back to school and become a paralegal. Stefanie and others just like her—like you and me—deserve to know that when we get sick or when we get hurt, we still have a shot at life.

My colleagues on the other side of the aisle face a very different choice of their own. They can choose to do what is politically expedient by passing legislation tonight to repeal parts of the Affordable Care Act. This would cause millions more Americans to go without insurance, create chaos in our insurance markets, and risk skyrocketing premiums. But my Republican colleagues can still do the right thing: Vote no on whatever flawed bill they finally put forward tonight, start over, work across the aisle in a bipartisan manner, keep what works, and let’s fix what doesn’t work.

I urge my Republican colleagues to think about people like Stefanie who will be hurt by repealing the Affordable Care Act. I urge them to choose to work with us on a bipartisan healthcare plan that helps people by lowering premiums while expanding access to care. I urge my colleagues to stop this partisan process that is sure to hurt people and choose a path that improves healthcare for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

Mr. President, I wish to withhold my suggestion of an absence of a quorum.

The PRESIDING OFFICER. If no one yields time, the time will be charged equally to both sides.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me begin by taking a moment to kind of summarize for the American people where we are in this enormous discussion which is causing a great deal of anxiety all over Vermont and all over America.

Several months ago, the Republican-led House passed by, I believe, three votes legislation that would throw 23 million Americans off of the health insurance they currently have—23 million Americans, men, women, and children, people who are struggling with cancer, heart disease, diabetes, and with other life-threatening illnesses. They would simply be thrown off of the health insurance they have.

That legislation also cut Medicaid by $800 billion over a 10-year period. That means children with disabilities in Alaska or Vermont who are now on Medicaid might no longer be able to get the help they need in order to survive or to live a dignified life. At a time when Medicaid provides two-thirds of the funding for nursing homes all over this country, it means that if the Republican legislation were to succeed, we would lose tens of thousands of people all over this country with Alzheimer’s, with terrible illnesses, who are now in nursing homes would be thrown out of their nursing homes.

Where would they go? Nobody really knows. When you cut Medicaid by $800 billion and Medicaid funds two-thirds of nursing home care, needless to say, people in nursing homes would be forced to leave, to go—nobody knows where.

Right now in my State of Vermont and across this country, we are dealing with a massive heroin and opioid crisis. Every day, people are dying from heroin, opioid overdoses. It turns out that I have a pharmacists’ group in Burlington, Vermont who said in a place of funding in terms of treating heroin and opioid addiction.

If you make massive cuts to Medicaid, the impact in States like Vermont, West Virginia, Kentucky—States that are struggling with opioid addiction.

If you make massive cuts to Medicaid, the impact in States like Vermont, Kentucky, West Virginia—States that are struggling with opioid addiction—would be horrendous. People would no longer be able to get the treatment they need.

I recall, during the campaign, Donald Trump said that he was a champion of working families; he was going to stand up for workers, take on the establishment. If the Republican House bill were to be passed, older workers—people who are 60, 62 years of age—would see in many cases, at least a doubling of the premiums they pay. In many cases, they would go from $4,000 a year today to over $8,000 a year. That is not being a champion or a friend of the working class.

My Republican friends, and you hear them even today, talk about freedom, choice. They love choice. They love freedom. People in America should have the right to get healthcare anywhere they want. It should be a right to have any insurance policy they want.

Two and a half million women have made a choice. The choice they have made is they want to get quality healthcare through Planned Parenthood. If the Republican bill in the House were to pass, those 2.5 million women would be denied their choice.

You have a Republican bill in the House that throws 23 million people off of health insurance. How many of those people will die? My Republican friends get very nervous when I raise that issue because they say—and I understand—it—nobody here wants to see anyone die unnecessarily. No Republican does, no Democrat, no American does.

According to study after study, including studies done at the Harvard School of Public Health, when you throw 23 million people off of health insurance—people with cancer, people with heart disease, people with diabetes, people with life-threatening illnesses—what do you think will happen? What these studies show is that thousands and thousands of Americans every year will die unnecessarily because they will not have the treatment they need to deal with their life-threatening illnesses. That is the reality. That is not Bernie Sanders talking. That is study after study. PolitiFact rates that up. Truth in all of the studies. They said: Yes, thousands of people will die. That is the result.

In the House bill, after you throw 23 million people off of health insurance, raise deductibles, defund Planned Parenthood, after you make people pay more for healthcare, $800 billion in cuts to Medicaid, what else is in the bill?

Oh, there are some people who will do well in the bill—not the children, not the elderly, not the sick, not the poor. But there are some people—and we have to acknowledge that—who would do well under the Republican bill; that is, if you are in the top 1 percent. Congratulations. Republican legislation, throwing disabled children off of Medicaid, congratulations—you are going to get a massive tax break.

Who in America believes that it makes sense to throw disabled children off of health insurance and tell people with cancer that they can’t continue to get the treatment they need in order to get $300 billion in tax breaks for the top 1 percent and hundreds of billions more in tax breaks for insurance companies and drug companies? Who do you know who thinks the Republican colleagues may think that is a good idea. That is not what the American people believe. The latest poll that I saw, the USA Today poll, had 12 percent of the American people thinking that was a good idea. I can only believe those 12 percent had not really looked at this issue. There is massive opposition from Republicans, Democrats, and Independents to this absurd Republican proposal.

This IS not just the American people who think that it is absurd to give tax breaks to the rich and throw 23 million Americans off their health insurance. It is not just the American people. It is...
those people who are most engaged in healthcare in America—the people who know the most.

It is important to understand that throughout this process, whether in the House or in the Senate, virtually every major healthcare organization in America—the people who treat us every single day are opposed to this Republican legislation.

One might think that maybe my Republican colleagues would say: Well, wait a second. What is going on when those in the American Medical Association—our doctors, the people who treat us—think this legislation is a mistake? Doctors say no. The American Hospital Association says no because they understand that when you make massive cuts to Medicaid, rural hospitals in Vermont and all over this country may go under. Then what happens to a rural community that no longer has its hospital?

The American Hospital Association is opposed to this legislation. The American Cancer Society is opposed to this legislation. They know what its impact will be for folks who are struggling with cancer. The American Heart Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychiatric Association, the Federation of American Hospitals, the Catholic Health Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National MS Society, and the American Nurses Association—one might think, when virtually every major national healthcare organization in this country is opposed to legislation, that maybe, just maybe, my Republican colleagues might think twice about going forward.

In this process, they have not had the opportunity, amazingly enough, to hear from doctors, to hear from hospital administrators, to hear from patient advocates. As you well know, despite the fact that we are dealing with an issue that impacts every single American—which is what healthcare does—an issue that impacts one-sixth of the American economy, over $3 trillion a year, there has not been one hearing, one public hearing on this bill. This bill has been written behind closed doors. Senator McCain the other day made that point.

How is it, with one-sixth of the economy and their desire to transform the American healthcare system without listening to one doctor, without listening to one hospital administration, writing a bill with a few Republican Senators behind closed doors? This is an unprecedented and disastrous process for healthcare. On those grounds alone, what every Member of this Senate should agree to—and Senator McCain made this point; this process has been awful. Kill it now. Go back to what is called regular process, regular order. Go back to the committee and start this discussion. Please do not throw 22, 23 million people off of health insurance without hearing from doctors, patient advocates, hospital administrators.

No, that is not where the Republicans are today. They want to rush this through behind closed doors and get a quick vote of the people. Interestingly enough, as I understand it, Senator Daines of Montana today is going to introduce legislation for a Medicare-for-all healthcare system. That is very interesting. I hope this is really what part of my Republican colleagues, I very much hope they finally recognize that maybe the United States of America should join every other major country on Earth in guaranteeing healthcare to all people as a right and not a privilege.

I hope that when Senator Daines comes down here, he will say: No, it does not make sense to throw 23 million more people off of healthcare, but, in fact, we have to move forward, do what Canada does, what Germany does, what Japan does, what every major country on Earth does, and guarantee healthcare to all people as a right. I hope very much that is what Senator Daines will be saying.

Do you know what? I kind of think that is not what he will be saying. I kind of think that in the midst of this discussion in which millions of Americans are wondering whether they are going to continue to have healthcare, what is going to happen to their kids, what is going to happen to their parents, I suspect what Senator Daines is doing is nothing more than an old political trick: trying to embarrass Democrats. Will they support the Medicare-for-all bill introduced by Congressman John Conyers?

At a time when we are engaged in a very serious debate about the future of healthcare, I think this is not a time for political games. If Senator Daines is serious about a Medicare-for-all proposal, let’s work together, but now is not the time for political games.

Senator Daines, as I understand it, is going to offer an amendment, but we don’t know what he is amending because we don’t even know what is in the legislation the Republicans will bring forward.

How do you amend something when we don’t even have a base bill to amend? This is, I suspect—I hope I am wrong. Senator Daines has seen the light, but I suspect not, and I suspect it is just a political game. I do hope, by the way, at some point within this debate, if we can—if not, certainly in the near future—to, in fact, be introducing a Medicare-for-all single-payer healthcare system. It will be somewhat different than my friend John Conyers’ bill in the House, but what it will do is say that in America, if you are rich or if you are poor, if you are a man, woman, and child, yes, you are entitled to healthcare as a human right and not a privilege.

As you may or may not know, our current healthcare system is the most expensive, bureaucratic, and wasteful system in the entire world. While the healthcare industry makes hundreds of billions of dollars a year in profits—and in many ways what our healthcare system is about is not providing quality healthcare to all of us but making money for the insurance companies and the drug companies can rip us off. The truth is, even today, we have some 28 million people who have no health insurance so our goal should be to say to those 28 million: We are going to provide health insurance to you, and not throw 22, 23 million more people off of health insurance.

All of us recognize that the Affordable Care Act is far from perfect. What the American people want us to do—and poll after poll suggests this—is they want us to improve the Affordable Care Act, not destroy it. The American people are paying deductibles that in many instances are far too high, keeping people from going to the doctor when they need to. Premiums are much too high; premiums, much too high. I do find it interesting that when Donald Trump campaigned for President, he talked about the high cost of prescription drugs. He is right. In this country—and we need to get into that in a moment—we pay, by far, the highest prices in the world for prescription drugs. That is what the American people want us to deal with in healthcare legislation, not throw 22, 23 million people off. Today, copayments are much too high; premiums, much too high. I do find it interesting that when Donald Trump campaigned for President, he talked about the high cost of prescription drugs. He is right.

It is important to understand that what we are spending is absolutely out of line with what other countries spend. The United States spends far more per capita on healthcare than any major country on Earth. We often have worse outcomes. If we go back to regular order, if we go back to committee process—which is what we should do—the very first question a Member of the Senate should ask is: How is it that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending $9,990 per person on healthcare, almost $10,000 per person on healthcare. What do they spend in Germany? Well, they spend $5,300, almost half of what we spend. What about Canada? I live 50 miles away from the Canadian border. It is a really friendly country. They say: How does it happen that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending $9,990 per person on healthcare, almost $10,000 per person on healthcare. What do they spend in Germany? Well, they spend $5,300, almost half of what we spend. What about Canada? I live 50 miles away from the Canadian border. It is a really friendly country. They say: How does it happen that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending $9,990 per person on healthcare, almost $10,000 per person on healthcare. What do they spend in Germany? Well, they spend $5,300, almost half of what we spend. What about Canada? I live 50 miles away from the Canadian border. It is a really friendly country. They say: How does it happen that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending $9,990 per person on healthcare, almost $10,000 per person on healthcare. What do they spend in Germany? Well, they spend $5,300, almost half of what we spend. What about Canada? I live 50 miles away from the Canadian border. It is a really friendly country. They say: How does it happen that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending $9,990 per person on healthcare, almost $10,000 per person on healthcare. What do they spend in Germany? Well, they spend $5,300, almost half of what we spend.
health outcomes in those countries, are better than our country. They live longer. The life expectancy is longer. Their infant mortality rate is lower. In some particular diseases, they do better in treating their people. Here is a simple fact about this issue: He is learning something, but, no, we have not had one hearing in order to discuss why we spend twice as much per capita on healthcare and why we pay the highest prices in the world for prescription drugs.

You know why we haven’t had any hearings on that, fellow Americans? Because it might get the insurance companies a little bit nervous. Insurance companies pour hundreds of millions of dollars in campaign contributions and lobbying efforts. The pharmaceutical industry spends a huge amount of money on campaign contributions and lobbying efforts.

I say to my colleagues in the Senate, maybe, just maybe we might want to stand up for working people and the middle class rather than for the owners of the insurance companies and the pharmaceutical industry.

It is interesting. One never knows what the President will do. Every given day there is another adventure out there, but a couple of months ago, the President met with me, I believe, the Australian Prime Minister. That was in May. President Trump said during that meeting: Australia has a “better healthcare” system than the United States. That is what Donald Trump said. To my Republican friends here who support President Trump, listen to what he said. On this one issue—he is not right very often—but I will tell you why. In Australia, everyone is guaranteed healthcare as a right. Australia has a universal healthcare program called, ironically, Medicare, that provides all Australians with affordable, accessible, and high-quality healthcare. While the United States has the most expensive, bureaucratic, wasteful, and ineffective healthcare system in the world, Australia, it turns out, has one of the most efficient.

President Trump was right. In 2014, Australia’s healthcare system ranked sixth out of 55 countries in efficiency. The United States ranked 44. Not only does Australia guarantee universal healthcare coverage, it spends less than half what we spend on healthcare per capita. In 2015, they spent $4,500 while we spent almost $10,000. While the Australian Government spent 9 percent of its GDP on healthcare, the United States spent nearly double that, 17 percent. Further, many healthcare services are far cheaper in Australia. An MRI costs about $350 in Australia versus $1,100 in the United States. One day in a hospital costs about $1,300 in Australia versus $4,300 in the United States. An appendectomy costs about $5,200 in Australia versus roughly $14,000 in the United States, et cetera.

Not only does Australia guarantee universal healthcare, spend less on hospital administrative costs than we do for many health services, they have better health outcomes. In 2014, the average life expectancy in Australia was 82.4 years compared to 78.8 years in the United States. They live longer in Australia. In context, according to a 2014 report from the World Health Organization, Australian men have the third longest life expectancy and Australian women have the seventh longest life expectancy in the world. The United States doesn’t even crack the top 10 for life expectancy, despite spending so much more than any other country on healthcare.

What all of this comes down to is the fact that America is the wealthiest country in the world, by far. The question we have to ask ourselves—and I hope Senator Daines will address that question as he introduces his Medicare-for-all bill—is how does it happen that in Canada, every man, woman, and child is guaranteed healthcare? The same is true in the UK, in Germany, France, Australia, Japan, and every other major country on Earth. How does it happen that every industrialized country under-seventy-five years old has health insurance for all of its people, because all of us get sick? All of us have accidents, not just the rich. How does every major country on Earth say healthcare is a right except the United States? How is it possible today we have 28 million without any health insurance—more who have high deductibles and high copayments, who are uninsured—and the response of our Republican friends is to say: Twenty-eight million uninsured? That is not enough. Let’s throw another 22 million people off of health insurance. Let’s throw another 22 million people off of health insurance. Our response should be to move forward and guarantee healthcare to all people, not throw another 22 million people off of health insurance. I don’t have the time to go into great detail as to why our wasteful and bureaucratic healthcare system ends up spending almost twice as much per capita as systems around the world. That is a subject for a lot of discussion, and I intend to play an active role in that discussion, let alone on some examples: because we have such a bureaucratic and complicated system; because hospitals in America have to deal with this person who has a $5,000 deductible, that person who has an $8,000 deductible; this person who has this, that person has that—they have to deal with dozens and dozens of different configurations for insurance. It requires an enormous amount of time, energy, and manpower to deal with those myriad of insurance companies. The result of this is that it sends far more on hospital administrative costs than most other countries. These costs accounted for one-quarter of total U.S. hospital spending from 2010 to 2011, more than $200 billion—over twice what was spent in Canada and in Scotland.

What I would hope—if we don’t sit down and just worry about the profits of the pharmaceutical industry—what I would hope is, all of us would agree that when we spend a dollar on healthcare, we want that dollar to go to doctors, to nurses, to medicine. We want that dollar to go to the provision of healthcare, not not pay this profit to the pharmaceutical industry, not to dividends, not to outlandish CEO insurance company salaries but to the actual provision of healthcare which keeps us well. Yet we do that worse than any other major country on Earth.

The large health insurance and drug companies are making hundreds of billions of dollars in profits every single year, and they are rewarding their executives with outrageous compensation packages. Once again, the function of healthcare, in my mind, is to provide quality care to all in a cost-effective way, not to make CEOs of insurance companies and drug companies even richer than they are today.

In 2015, the top two health insurance companies made $24 billion in profits. Should the function of healthcare in America be to allow insurance companies to make huge profits or should we make sure all of our people get quality healthcare? Now, do they only do the insurance companies make huge profits? Their CEOs make outlandish salaries, while 28 million Americans have no health insurance at all, and others have very high deductibles. In 2015, Aetna’s CEO made $17.2 million in compensation. Now, Aetna, like every other insurance company, spent half their life trying to tell people they are not covered for what they thought they were covered, but they do manage to find $17 million in salary compensation for their CEO. Cigna’s CEO made $17.3 million in compensation. UnitedHealth Group’s CEO made $14.5 million in compensation. Anthem/Wellpoint’s CEO made $13.6 million. Humana’s CEO made $10.3 million. Is the function of healthcare in America to make CEOs of insurance companies outlandishly wealthy, or is it to provide healthcare to all people?

It is not just the insurance companies. If you ask people in my State of Vermont what their major concern is—this is the most common response here in Iowa and probably any State in America—they would say: I am sick and tired of being ripped off by the drug companies. I go into my pharmacy, have a medicine I have been using for 10 years, and suddenly the price has doubled, tripled, for no particular reason other than the pharmaceutical industry could get away with it.

We are the only major country on Earth not to control the prices of the pharmaceutical industry. The result of this is that this is an outrage, and it speaks to everything that should be discussed but which is not being discussed in the Republican bill—is that
today, one out of five patients under the age of 65 who gets a prescription from their doctor is unable to afford that prescription. How crazy is that? What kind of dysfunctional healthcare system allows somebody to go to a doctor because they are sick, then when they write the check, one out of five Americans can’t even afford to fill that prescription. What happens to that person? Well, the likelihood is they get even sicker, and then they end up in the emergency room at outrageous costs, possibly even worse, they end up in the hospital. How crazy is that?

I have not heard one word—not one word—from our Republicans about addressing the absurdity of Americans paying by far the highest prices in the world for prescription drugs. I have a chart over here that just deals with half a dozen drugs, but we can list many, many more.

Lantus, a diabetes drug, costs $186 in the United States, and $186 in France. It is the same drug. This is a healthcare reform debate. I have yet to hear one Republican raise that issue, just think the people in Iowa and the people in Vermont want us to raise that issue.

Crestor, a popular drug for high cholesterol, costs $86 in the United States and $29 in Japan.

Advair, which is used to treat asthma—another very serious problem—costs $155 in our country and $38 in Germany.

The list goes on and on and on. That is why millions of people, by the way, are now buying their medicine in Canada and other countries, because they are sick and tired of being ripped off by the pharmaceutical industry—an industry that spends billions of dollars over a period of time on lobbyists here and deductions.

You might think—just might—that when we deal with healthcare reform, one Republican—just one—might stand up and say: Well, you know, maybe we might want to stand with the elderly and the sick in this country and not just with the pharmaceutical industry. I have not heard one Republican in this debate talk about that issue.

To give an example of the greed of the pharmaceutical industry—and I can say on and on. They are the greediest, maybe with the exception of Wall Street. It is hard to determine which one of these institutions is more greedy, but the pharmaceutical industry certainly can make a claim for being the greediest industry in this country. Out in California a few months ago, there was an effort to lower the cost of prescription drugs in their State. It is called proposition 61.

Several of the biggest drug companies in America made over $50 billion in profits—five companies, $50 billion in profits. Yet one-fifth of the American people cannot afford to buy the prescriptions they need. How outrageous is that? An epilepsy drug that costs $1 to manufacture and can be bought in India today for just $4. In this country, it sold for $1,000 a pill, and he became a billionaire as a result of it. That is a healthcare system out of control.

I know it is a radical idea here in the Senate, but maybe—just maybe—we might want to represent the American people and not the CEOs of the drug companies and the insurance companies.

Some of my Republican colleagues have been spending the last few days using words like “freedom,” “choice,” and “opportunity” to try to convince the American people about their abysmal healthcare legislation. This is the same language that rightwing ideologues, like the billionaire Koch brothers, use when they try to discredit government programs and move to privatize them. What the Koch brothers have are their “freedom” to keep their own freedom. And by the way, they are the second wealthiest family in America, worth some $80 billion. What they mean by “freedom” is their own freedom to profit off the misery of ordinary Americans who rely on a wide variety of government programs that make life bearable and, in some cases, even possible.

I want to say a word about freedom. This is a 203-foot yacht. This is a yacht owned by a billionaire that costs about $90 million to purchase. Like everybody else, I think, in this Chamber, I think the American people—every American should have the freedom to purchase this $90 million yacht and I would urge all Americans to go on the internet, find out where the yacht stores are—wherever they sell yachts—and go out there and say: Hey, I got the freedom to buy this $90 million yacht. We are not all billionaires. We own the money; you buy it.

Here is a picture of a home, and this home is worth tens and tens of millions of dollars. It looks to me like it has 30 or 40 or 50 rooms, probably 5, 10 bathrooms. It is a very nice house, and it is owned by a billionaire.

You know, I think every American who wants to own a home worth tens and tens of millions of dollars, go to your local Realtor. You go out and buy any big house you want or buy any big yacht you want. But where there is a serious disagreement is, we say that the children of this country who have serious illnesses have the freedom to stay alive even if their parents do not have a lot of money; that older people who are now in nursing homes should have the freedom to get dignified care in a nursing home even if they have Alzheimer’s and even if they have a lot of money. Healthcare is not another commodity. Healthcare is not a mansion. Healthcare is not a yacht. Healthcare is whether we stay alive or whether we don’t, whether we ease our suffering or whether we don’t.

And I believe—unlike, unfortunately, many of my Republicans—that right to get healthcare when you need it is something every American should be able to get.

Here in the Senate, we have good health insurance. Over the last 10 years, a number of Senators have had serious illnesses, and they have gotten some of the best care in the world. If it is good for the Senate, it is good for every American. Healthcare must be a right of all people, not a privilege. Quality care must be available to all, not just the wealthy.

Senator DAINES is going to come down here in a while to offer a Medicare-for-all proposal. Again, I hope this is a breakthrough. I hope our Republican colleagues understand that we have to join the rest of the industrialized world. And if Senator DAINES comes down here and is prepared to...
vote for that legislation, prepared to
get his other Republican Senators pre-
pared to vote for that legislation, my
God, we can win this vote overwhelm-
ingly and move this country in a very
different direction.

But I have a feeling that is not what Senator Daines has in mind. I think this is another joke, another game, an-
other sham as part of a horrendous
overall process. So I will not be sup-
porting that amendment, unless Sen-
ator Daines and Republicans vote for it as well. If I were in his shoes, I would do: when the time comes, I will of-
fer a Medicare-for-all, single-
payer program which finally has the
United States doing what every other
major country on Earth does—guar-
anantee healthcare to every man, woman,
and child in a cost-effective way. And
when we do that and when we elimi-
nate the need for families to spend $15
or $20,000 a year for health insurance,
we will ease middle-class family substantial sums of money.

I yield the floor.

The PRESIDING OFFICER (Mrs.
ERNST), The Senator from Kansas.

Mr. MORAN. Madam President, I
come to speak about healthcare, and I
begin by paying tribute to our col-
league from Arizona, Senator McCain,
on his return earlier this week. I wish
him the very best as he begins a proc-
tess of cure, treatment, and a bright
future in his life. I appreciate the re-
marks he indicated that were so heart-
felt to his colleagues here in the Sen-
ate. We welcome him back and thank
him for his service to the Senate, to
the people of Arizona, to the people of
America, but I also thank him most es-
specially for his service in the U.S. mil-
itary.

Another great hero in my life and in
our country's history is my predecessor
in the Senate, Senator Bob Dole, who
earlier this week celebrated his 94th
birthday. Service to Kansans and all
Americans exemplify Bob Dole's life.
While I admire him for his time in the
Senate, I respect him even more so for
his service to our country during World
War II and for his efforts ever since then
to care for those who have come into
harm's way as a result of their service.
I often see him at the World
War II Memorial when there is an
Honor Flight from Kansas or across the
country, and he is such a role model for
so many.

Again, I admire him for his commit-
ment to other veterans and to making
certain that veterans receive the care
and the gratitude that they deserve.

Madam President, one of the most
important ways we can demonstrate
that we honor those who served our
country is by making certain that we live up to our commitment—the com-
mitment that was made to them—to
provide the benefits that they deserve,
including timely and quality
healthcare. Unfortunately, today, we
find ourselves in another crisis mo-
ment in regard to veterans' healthcare

and, in particular, the Veterans Choice
Program, which was designated to pro-
vide access to veterans who were in
danger of an inability to access that
care because the VA did not provide
the service, could not provide it in a
timely manner, or the service was so
far from where the veteran lived that
he was unable to obtain that service
because of distance.

So, in 2014, this Congress passed and
the President signed what has been
labeled the Choice Act. It came about in the wake of a scandal,
particularly in Phoenix but across the
country, in which we saw fake waiting
lists and the belief that there were vet-
erns who died as a result of not ob-
taining the care that they were enti-
tled to in the VA system.

The Choice Program has helped thou-
sands of veterans across the country,
especially those in rural communities,
where distance remains a problem. I
have heard from many veterans in my
State as to how important the Choice
Program is to them. Instead of driving
for 4 hours to see a physician at the
VA, they can drive 4 minutes to see a
physician in their communities.

This Choice Program is set to expire
on August 7 of this year. Just a few
days from now, it is scheduled to come
to an end. At the start of 2017, the VA
estimated that there would be more than $1 billion remaining in the Choice
account that the VA told us would last
until January 2018. Rather than letting
those funds expire, I joined Senator
McCain, Senator Isakson, Senator
Testerman, and others in asking for an
extension bill to remove that August 7
deadline and sunset the program until the
funds expired, which, as I said, was be-
lieved to be in January of 2018.

The President signed that bill on
April 19, but less than 6 weeks later, we
learned from the VA that the VA had made unfortunate miscalculations. As
a result of poor budgeting and finance,
the dollars for the Choice Program are
not going to last until January and are
expected to expire in the next few
days. Demand for the Choice Program
is up 30 or 40 percent, and it is clear by
that increase in demand that veterans
need Choice, that they like Choice,
that it is working for them, and we need
money to keep veterans in need of care
to make certain that the Choice Program con-
tinues and that the funds are available to
accomplish that goal.

With Choice, the funds that they had
anticipated by early January now will run out sometime in August—
we think in the next couple of weeks.
Those depleted funds will mean that
Kansas veterans and veterans across
the country who have been using the
Choice Program will no longer be able to
access the care that is there for them
in their hometowns and in their neighborhoods—nearby opportunities
that no longer exist.

Dr. Shulkin of the VA recognized
that their projections and budgeting
got them into harm's way, and made
errors. I was surprised that a VA Secre-
tary then testified before our subcommit-
tee on Military Construction,
Veterans Affairs, and Related
Agencies, that new guidance had been
issued because of the fear of depleting those dollars. It again
limited the access of veterans to the
Choice Program.

We now hear of veterans who are
forced to drive hours to get appoint-
ments at VA facilities when, just 2
weeks ago, they had that care in their
hometowns and in their neighborhoods—nearby opportunities
that no longer exist.

One of the things that now happens
as a result of reduced use of Choice is
that the networks that were created to
support Choice—the third-party admin-
istrators of the Choice Program—be-
cause of a lack of volume, are no longer
financially viable to stay in the busi-
ness of being the network to connect
the VA, the private sector, and the vet-
ers. In a way that veterans get at the
VA, they can drive 4 minutes to see a
physician in their communities.

The system has to be fixed, and it has
to be fixed quickly. There is an
immediate crisis.

One of the things that now happens
in which the third-party administrators
can leave the business and return if we
get our work done here and the VA
Choice Program is defunded. Those net-
works will disappear, and we will not
be able to easily restart the Choice
Program, so if we do not make a fix shortly, this will be the case by the
weekend—and pass legislation in a
timely fashion, it is not as if we can
come back in September and say: OK.
Let's appropriate the money now, and
Choice can restart.

Shut it will not happen. Choice will be
gone.

There are big consequences at play
for the future of community care. The
funding crisis and the inability to sus-
tain Choice risk shutting down—shut-
ting down—the entire networks, and it will
diminish the faith that veterans and
our providers were slowly beginning
to have in the Choice Program.
Early in the Choice Program, many veterans were discouraged because of the bureaucracy and paperwork associated with Choice. Providers then were not often paid in a timely fashion, and they became discouraged by the program. In recent months, that confidence had returned as veterans were beginning to get their care at home, and providers were being paid for the services that they provided veterans. Now, if the third-party administrators—the network—go away, we will see many more veterans and to those who wish to serve them—the healthcare community—that the program is not a viable or a valuable one.

Fortunately, both the House and Senate have been working to fix this situation. Since June, my colleagues on the Senate Veterans’ Affairs Committee have joined me in working to find a solution that protects access to community care for veterans. The Choice Program, funded by mandatory spending, has been working with the House as they have tried to develop a solution that maintains Choice and that is fiscally responsible.

There has been a lot of back and forth on this issue, a lot of talk, and a lot of negotiations going on, and I support the efforts of our chairmen and ranking members of the Veterans’ Affairs Committees, both in the House and Senate, who are trying to work in concert to come together for our Nation’s veterans. I would hope and I expect that a bill will come from the House yet this week.

My point to my colleagues here today is that we do not have the luxury of them trying to figure out something different to do than what the House sends us. We need to have our plan in place, and we need to have something that can pass both the House and Senate in the next 2 days. I want to motivate our negotiators to come together for our Nation’s veterans. I would hope and I expect that a bill will come from the House yet this week.

I stood here in 2014 to implore my colleagues to support the passage of the Choice Act in the first place, and I stand here again today to implore my colleagues to come together and support the passage of this critical funding for so many of the challenges faced by veterans—both wounded in the line of duty as well as the veterans who served the country and to our Nation’s veterans. I am here to make certain that we end the delays and find a way to understand the differences and accept that we must act quickly on behalf of veterans. It has to happen immediately. We owe our veterans better than what we have been providing them.

I am, once again, partnering with the Senator whom I honored in my opening comments—Senator McCain—and other colleagues to introduce legislation that will put funds back into the Choice Program and make sure that our veterans do not experience a lapse of care at home or a termination of the program.

We are working hard with our colleagues across the aisle and in the House to determine the future of this program and what community care will look like. While we work to create that system that will serve future generations of veterans for years to come—how do we make Choice better that we cannot allow the program to expire at this critical point in time. Taking care of veterans must be a priority above any one specific “ask” or “must have” in the funding. Not acting is not an option.

Upon his return to the Senate, Senator McCain’s words remind us of the importance of this task and many others before us. I am honored to work with him on this effort to save Choice and to serve our veterans. I ask my colleagues to help us save this important program that benefits rural and urban veterans, that makes care more timely, that provides care in the circumstances in which the VA does not have the capability, either in a timely or a quality fashion, to provide the services to veterans.

This does not diminish the role or necessity of the Department of Veterans Affairs or their hospitals and clinics across the country. This does not diminish the need to use VA hospitals, and they continue to use our outpatient clinics, but we ought not allow for the elimination of the third opportunity for veterans’ care—the Choice Program—that serves so many veterans in so many communities.

Again, I thank Senator McCain for his leadership and his bipartisan work that originally created this program—this opportunity—with Senator Sanders.

We seek bipartisanship to put veterans first and to put their healthcare access above everything else. I am urging my colleagues today to know that this issue exists, not to walk away from it, to make certain that we accomplish our goal, and that this critical funding be provided before we depart for the weekend.

Preserving this important benefit honors our heroes—Senator Dole, Senator McCain, and the thousands of Americans who did not ask about whether it was Republicans who served the country or Democrats who served the country. They are those who believe that having served their country is what motivated them to see that their families were safe and secure and to see that America had a bright future. We ought not deny them that kind of service today.

Madam President, I thank you for the opportunity to address the Senate.

The PRESIDING OFFICER. The Senator from Arizona.

WOUNDED OFFICERS RECOVERY ACT OF 2017

Mr. FLAKE. Madam President, I come to the floor to pass the Wounded Officers Recovery Act. This legislation comes after last month’s terrible shooting at the Republican practice for the annual Congressional Baseball Game.

As many of you already know, U.S. Capitol Police DPD Special Agents Crystal Griner and David Bailey were both wounded in the line of duty as they successfully fought off and subdued the gunman. I witnessed firsthand the unbelievable bravery and heroism of the Capitol Police on that morning. It is not at all an exaggeration to say that, if not for their actions, I probably would not be here today.

And my colleagues certainly have a special place in our hearts for them and an appreciation for what they did on that fateful morning. It is a privilege to be able to help them out now. They had our backs, and now we need to have theirs.

This bill amends the policies of the United States Capitol Police Memorial Fund to expand eligibility to include U.S. Capitol Police service employees who have been injured in the line of duty. This will enable Special Agents Griner and Bailey to access funds raised for victims of the congressional baseball practice shooting.

Previously, the fund only allowed donated funds to be given to the families of officers killed in the line of duty. I am hopeful all of my colleagues will agree that this issue should rise above any partisan wrangling.

Special Agents Crystal Griner and David Bailey have our gratitude, and we ought to be able to help them. I am grateful for their sacrifice. I hope we can speak with one voice in support of the brave men and women of the Capitol Police and pass this bill without delay.

I wish to thank the cosponsors here in the Senate, including Senator Paul, Senator DONnelly, Senator Murphy, and all of those who played in the congressional baseball game, also in the House, the managers of the Republican and the Democratic teams respectively, Joe Martin and Mike Doyle.

The congressional baseball game is one of the best institutions in Congress, one of the most bipartisan institutions. We are able to raise a lot of money for needy causes as well as the Capitol Police. We want to make sure a lot of the money that was raised this year—a portion of that money—can go to these deserving individuals who helped us out in a very real way and saved our lives.

Madam President, I ask unanimous consent that the Committee on Rules be discharged from further consideration of H.R. 3298 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered

The clerk will report the bill by title. The senior assistant legislative clerk read as follows:

A bill (H.R. 3298) to authorize the Capitol Police Board to make payments from the United States Capitol Police Memorial Fund to the families of U.S. Capitol Police who have sustained serious line-of-duty injuries, and for other purposes.
There being no objection, the Senate proceeded to consider the bill.

Mr. FLAKE. Madam President, I ask unanimous consent that the Flake amendment at the desk be considered and agreed to; that the bill, as amended, be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment (No. 409) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SEC. 2. PAYMENTS FROM UNITED STATES CAPITOL POLICE MEMORIAL FUND FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.

(a) AUTHORIZING PAYMENTS FROM FUND.—
Section 2 of Public Law 105–223 (2 U.S.C. 1952) is amended—
(1) by striking the section heading, by inserting "AND CERTAIN OTHER UNITED STATES CAPITOL POLICE EMPLOYEES" before the period at the end;
(2) by striking "Subject to the regulations" and inserting "(a) IN GENERAL.—Except to the extent used or reserved for use subsection (b) and subject to the regulations" and
(3) by adding at the end the following new subsection:

"(b) PAYMENTS FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.—In addition to the amounts paid under subsection (a), and in accordance with the regulations issued under section 4(b), amounts in the Fund may be paid to—

(1) families of employees of the United States Capitol Police who were killed in the line of duty; or
(2) employees of the United States Capitol Police who have sustained serious line-of-duty injuries.

(b) REGULATIONS OF CAPITOL POLICE BOARD.—Section 4 of Public Law 105–223 (2 U.S.C. 1954) is amended—
(1) by striking "The Capitol Police Board" and inserting "(a) IN GENERAL.—The Capitol Police Board"; and
(2) by adding at the end the following new subsection:

"(b) REGULATIONS GOVERNING PAYMENTS FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.—In carrying out subsection (a), the Capitol Police Board shall issue specific regulations governing the use of the Fund for making payments to families of employees of the United States Capitol Police who were killed in the line of duty and employees of the United States Capitol Police who have sustained serious line-of-duty injuries (as authorized under section 4(b)), including regulations—

(1) establishing the conditions under which the family of an employee or an employee is eligible to receive such a payment; (2) establishing for the amount, timing, and manner of such payments; and

(3) ensuring that any such payment is in addition to, and does not otherwise affect, any other form of compensation payable to the family of an employee or the employee, including benefits for workers' compensation under chapter 81 of title 5, United States Code.;"

(c) TREATMENT OF AMOUNTS RECEIVED IN RESPONSE TO INCIDENT OF JUNE 14, 2017.—The second sentence of Public Law 105–223 (2 U.S.C. 1951) is amended by striking "deposit into the Fund" and inserting "deposit into the Fund, including amounts received in connection with the practice for the Congressional Baseball Game for Charity on June 14, 2017.".

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The bill (H.R. 3298), as amended, was passed.

AMERICAN HEALTH CARE ACT OF 2017—Continued

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, I want all my colleagues and everyone listening right now to be very clear about what Republican leadership is planning for today. Faced with defeat after defeat on their plans to rip apart our healthcare system—"no" on a bill that would spike premiums, gut Medicaid, and deny 22 million people healthcare; "no" on a bill that would cause chaos and healthcare costs to skyrocket and deny 32 million people healthcare—it appears the Republican leader has a last-ditch plan waiting in the wings.

As soon as they have an official score from the CBO—which could be hours from now—in the dead of night, Senator MCCONNELL will bring forward legislation that Democrats, patients, families, and even many Senate Republicans have not seen, and try to pass it before anyone can so much as blink.

Now, we have heard rumors about what could be in this bill, and based on what we know, Democrats took it upon ourselves to try to figure out what its impact will be. The CBO scored our best guess at what Republicans are talking about doing, and here is what they found: Sixteen million people will lose their healthcare coverage in the next 10 years under this bill; premiums will increase by 20 percent every single year in the next 10 years; your premiums will increase 20 percent every single year in the next 10 years, all while special interests in the healthcare industry are going to get a massive tax break.

Republicans could still play games with the language as they negotiate in secret somewhere to try to get a bit "better" than this, but no matter what they do here, if they jam it through, they will be held accountable for the millions of people who lose care and the millions and millions more who will see their premiums go up.

I hope, when my Senate Republican colleagues began their process, they were not planning to pass a bill in the dead of night to deny millions of people healthcare and hand special interests billions in tax breaks, but, right now, that is the path they are careening down—even as more and more people are speaking up about what the impact of this legislation would have.

In fact, just yesterday, a bipartisan group of 19 Governors wrote a letter urging Senate Republicans to reject this secret bill, saying "I am writing to 10 bipartisan Governors—accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage."

I hope every single Senate Republican read that letter.

I also hope they understand that if they pass this bill tonight, it will only get worse from here. If this secret bill—the lowest common denominator—goes through and a conference starts with the House, then every Senate Republican who voted for it has just bought TrumpCare a trip to the White House. The Senate Republicans who so loudly made clear they hated the TrumpCare bill when it passed the House would now be found themselves being held responsible for sending that same bill straight to President Trump's desk because, let's be honest, extreme conservatives aren't going to rest until they have a bill on the way to the White House. But before White House spikes premiums and out-of-pocket costs, gut protections for preexisting conditions, end Medicaid as we know it, defund Planned Parenthood, and kick tens of millions of people off their coverage—a bill that would, in other words, shatter the promises of more responsible Republicans who I know are deeply concerned about ways these outcomes would impact the people they serve.

So, to put it simply, a bill in conference is no excuse to kick people off coverage, spike premiums by 20 percent for everyone, and give a massive tax break to the wealthy, especially because it will simply be an opportunity to hand the keys over to the House Freedom Caucus.

I want to remind any Senate Republican who doesn't want to have TrumpCare on their hands—who truly does want to make our healthcare system work better for patients and families—there is a better path. As Senator MCCAIN said so powerfully earlier this week, we shouldn't let the "bombastic loudmouths" drive our work. We should get back to regular order, and we still can.

I am asking every Senate Republican every chance I get: Drop this partisan, sham floor process. Drop it. Start over with an open, transparent process in which both sides, patients, and families across the country have a voice.

I hope that as big as our differences are, many of my Republican colleagues would prefer that bipartisan voice and route. They have said as much. Their votes to reject the partisan TrumpCare and full repeal bills this week made it even clearer.

So let's have hearings like Chairman ALEXANDER has proposed to do in our HELP Committee. Let's have a public
debate. Let’s focus on policies that lower costs, that expand coverage, and improve quality.

Democrats are ready. We are at the table. I hope Senate Republicans who are ready to work on real solutions will join us. That should happen. Senate Republicans need to step away from this sham process we are on today. Say no. Vote no. Return to us a process we are all involved in.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

SEPARATION OF POWERS

Mr. SASSE, Madam President, in the fall of 2015, when I first spoke on the Senate floor, I gaved Nebraskans and every Member of this body my word that I would speak up when a Republican President exceeded his or her powers. At that moment, the Democratic President had taken to himself powers the Constitution had not given him. My opposition was not that President had any power. I doubted that our brilliant Constitution intentionally separates executive and legislative powers.

I gave my promise then because, despite the lazy, partisan rhetoric of this city, it is actually quite predictable that the feud between Republicans and Democrats. That is because American politics at its best is acutely aware of the difference between justice and strength. That is because when our body and the Democrats take seriously our history, our duties, and our unique place in the Constitution’s architecture of separate powers, both vertically and horizontally.

In 2014, the U.S. Supreme Court ruled that the Obama administration had made unconstitutional appointments when it declared this body to be in recess when the U.S. Senate was not, in fact, in recess, and it functionally claimed power—that is, the administration functionally claimed power—that belonged to the Senate under our Constitution.

So today I have come to the floor to keep my promise to offer a word of humble advice to the President. If you are thinking of making a recess appointment to push out the Attorney General, forget about it. The Presidency isn’t a bull and this country isn’t a china shop. Mr. President, you are a public servant, in a system of limited government, in a duty to uphold and to defend and to teach to our kids the Constitution’s system of checks and balances. This—this is the world’s greatest experiment in self-government. It works only if all of us—Presidents, Senators, Republicans, Democrats, Independents, and judges—if we all keep our faith to the American institutions and to the rule of law.

Our oath is not to popularity, it is not to polls, and it is not to political parties. Our oath is to the Constitution and to the rule of law. Our duty is to the American people—the men and women who elected us, the men and women who came before us, and especially the men and women who will come after us in this greatest of experiments in self-government.

Madam President, with respect to the healthcare debate that we are having in this body, while I obviously look for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-for-f
farming families in counties where there is only one insurer, where premiums are now north of $20,000 a year for the insurance market.

Stop pretending this is in any way affordable.

What we have is a system where the assumption is that because the system is so broken, the only way anybody could ever get health financing—and supposedly, health financing is the means to getting access to the health delivery system—is that everybody needs to be on welfare. That doesn’t work.

We should have a robust social welfare safety net for the poorest and sickest among us, and we all in this body should be accountable for passing a piece of legislation that delivers a system where lower middle-class and middle-class and upper middle-class Americans can afford their own health insurance. Not everybody in America needs to be on welfare, and not everybody in America wants to be on welfare.

So our system is not affordable, it is not portable, and fundamentally it is not really insurance.

We have a system that is mostly about how they won’t allow prepayment of all medical expenses. We don’t do this in any other sector of the economy. Think how absurd it would be for us to pass a law in this body mandating that Allstate and State Farm have to buy all your groceries and schedule all your Jiffy Lube appointments. That is what we are trying to do in healthcare. Guess what. We can guess what it would look like. Jiffy Lube would be open at the wrong hours; it would be at the wrong locations; we wouldn’t know what services they deliver; there wouldn’t be quality metrics on any of it; and it would probably grow at 2 to 2½ times inflationary or GDP growth—just like healthcare.

We are trying to hyper-regulate and micromanage all of the largest sector of the U.S. economy from here by pretending we are talking about insurance, when we are not. What this body and what the Congress and what Washington, DC, have wanted to do for years is run every decision in healthcare but not tell the American people the truth—that it turns out it is really expensive.

Nobody comes to the floor and advocates—maybe Bennie does. Maybe Senator Sanders comes to the floor and actually honestly advocates for raising taxes to the level of all the micro-management of the health sector that people in this body want to do. But what most people want to do—and it isn’t just your side of the aisle; it turns out it might be a lot of people on my side of the aisle as well—they would like to have so much control over the healthcare sector but not admit how expensive it is, that we will do it by regulations on the financing model so you can’t hide it under the word “insurance.” Most of what is happening in American healthcare isn’t insurance. Insurance is insulating people from catastrophic loss from non-behaviorally-driven, unpredictable events.

Everybody in this body wants every American to have health insurance, and everybody in this body should also want a health delivery system where the average American family living in a middle-class home couldn’t afford to buy their healthcare without potentially going broke or needing to become a ward of the State in the form of welfare. We should be having that debate. We should have a debate about portable insurance, about insurance, versus socialized medicine. I am against socialized medicine, but people who want to advocate for it have an intellectually coherent position. That is the debate we should be having. Instead, we are going to kick the can down the road and have another small-ball debate. This is a lost opportunity for the American people, and it kind of makes a sham of the joke that this is the greatest deliberative body on the face of the Earth.

I live in a little farm town in Nebraska. There are 10 not-for-profit boards in my town that deliberate a heck of a lot better than we deliberate in this body. We can and should do better.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Madam President, the first three words of our Constitution are “We the People.” Indeed, our entire system is a government which produces results of, by, and for the people, but certainly right now, that is not what we are getting.

We are getting a secret plan which has not yet been put on this floor, with a promise that there will be a debate in the middle of the night—no chance for committee hearings on it, no chance to consult with experts, no chance for us to go home and talk to our constituents. This is about as far away from a deliberative democratic republic as you can possibly get.

It makes us think of 1787, when Ben Franklin came out of the Constitutional Convention and was stopped by someone in the crowd and asked: What do we have—a monarchy or a republic? He answered: A republic, if you can keep it.

Well, we are not keeping it right now through this secret, middle-of-the-night, non-consultative process. We are disregarding the notion that our Founders fought for the “we the people” Republic.

This is something which touches so many Americans. We are not talking about the weight limit on a highway. We are not talking about what kinds of signs to post. We are talking about fundamental access to healthcare.

If the rumors are right, my colleagues plan to bring forward a bill that will blow up insurance on the exchange for millions of Americans.

An insurance pool is a little bit like a swimming pool. You tear a hole in the side of a swimming pool, the water drains out and there are only a few inches left, and the only people who would bother to go into that depleted swimming pool would be those who really, really want to swim. It is the same with the healthcare pool. The bill coming out tonight, we are told, will have a secret insurance pool, and it will do so in a fashion that only those who have preexisting conditions, only those who are sick, only those who are old, will truly try to get that insurance. This means the sure will be driven out of business. Some of them can’t afford it, so they will drop out. So it means the pool will have even more people who are sick and older. This is the death spiral.

My colleagues today are planning to put forward a bill tonight, we are told, that creates a death spiral insurance. Who pays the price? Who pays the price? Our Nation pays the price with an estimated 16 million people who would lose insurance. We are talking about those who have to have the peace of mind that if their loved one gets sick, they will get the care they need. We are talking about Americans who have every desire to know that if their loved one gets in just one accident they can get uninsured. But all of that is at risk tonight.

A few moments ago, my colleague from Nebraska came to the floor, and he started out by saying we need to ensure that the President doesn’t overstep his powers. Let’s talk, too, about this Senate not destroying its procedures designed to ensure a “we the people” republic, which means we should all vote to send whatever bill out tonight before it is even considered, where it can be duly considered in a bipartisan fashion, with experts, with consultation. In fact, my colleague from Arizona, who came back and gave a dramatic and beautiful speech just 2 days ago, said it should be considered by committee.

Let’s work together to take whatever plan comes out tonight and put it where it needs to be—in committee for due deliberation. This is too valuable for too many lives. It is too core to the quality of life of our fellow Americans. Let’s not allow any bill to pass out of this Chamber that would do so much destruction.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. SÁENZ). The Senator from New Mexico.

Mr. UDALL. Mr. President, the Senate is now in its third day of voting on major healthcare legislation, and we still have no idea exactly what the Republican leadership wants or what bill they are going to put on the floor. The Republican leadership tosses out options, bills that would affect the lives of millions of Americans and one-sixth of our economy. Not even Republicans know what proposal is coming next, and the American public certainly doesn’t know what is coming, and they are very interested because they have healthcare and they want to know if it is going to be taken away from them.

It is as if the Republicans are playing healthcare roulette. The leader spins
the roulette wheel, the ball lands arbitrarily on some version of the ACA repeal, and the leader quickly calls a quick vote on that random version of ACA repeal.

Soon we are going to vote on a cynical ploy by the Republican Party to take Medicare for all. My understanding is the Senator offering this isn’t even going to support his own amendment. If you were in a State legislature, you would be prohibited from offering an amendment like that. They oppose the employer mandate for all amendment. They oppose Medicare for all. So why are they seeking a vote? To distract from their own dangerous bills and reckless process. It is a desperate ploy, and everyone sees through it. I support healthcare for all. It should be a right in this Nation. But this is a phony and insincere amendment.

All the while, the President stands to the side, not caring one whit what the bill looks like or how many people will be hurt in the rush to get a bill out the Senate door.

On Tuesday, we voted on the leadership’s Better Care Reconciliation Act 2.0. That would cut 22 million Americans off healthcare. It also has been rejected by Medicare and by America.

Yesterday, we voted on straight ACA repeal, not replacement. That bill would throw 32 million Americans off of healthcare. That idea is no more popular than the other bills.

Today, we will vote on a last-ditch version which would repeal parts of ObamaCare, the so-called skinny repeal option. That bill is no better. It would mean 16 million Americans get thrown off healthcare, and the other very important part of this is that it would raise premiums 20 percent. We have heard our friend from Nebraska come down here on the floor and talk about their concern about healthcare and concern about the cost of premiums. They ought to know that this proposal is going to raise premiums 20 percent.

This bill is the Republicans’ last hope. It takes away the individual mandate to get health insurance and the employer mandate to provide health insurance to employees. Like the other schemes the Republicans have tried, it would hike premiums for the elderly and for the sick.

Blue Cross Blue Shield is opposed to this bill. They say “steep premium increases and diminished choices that would make coverage unaffordable and inaccessible.”

Like the other schemes, this won’t ensure that more Americans will have healthcare; it means many fewer will. It doesn’t decrease healthcare costs; it increases healthcare costs. Even worse, there have been no committee hearings, no public input on this or any of the other versions of ACA repeal the Republican roulette ball has landed on.

To give you a sample of the public feeling on this issue—I am seeing it across New Mexico—my office has received 14,500 calls, emails, and letters rejecting the Republican plans. It is an unprecedented number from the small State of New Mexico.

I agree with Senator McCaskill. We must go back to regular order. We must stop this gamesmanship. We need to work together on a solution to improve the Affordable Care Act by bringing down costs, making it easier for small businesses to provide healthcare, and especially making prescription drugs more affordable—but not by denying New Mexico families and millions more access to quality health.

The Republicans are playing with people’s lives. Making sure severely disabled children have healthcare through Medicaid is not a game; neither is kicking elderly grandparents out of their nursing homes or enabling women to get breast and cervical cancer screenings from Planned Parenthood.

It is hard to keep up with the Republican versions 2.0, 3.0, 4.5, 5.0 of the Affordable Care Act repeal. Every bill is consistent in cutting care for millions of Americans.

The Republicans keep proposing so-called healthcare bills that are not actual healthcare bills. The real healthcare bill would protect gains made, cover more people, and make health insurance more affordable. The Republican bills do none of these things. Their bills reverse the gains, cover millions fewer people, and make health insurance less affordable, especially for those most vulnerable.

The American people want everyone to have affordable healthcare. That must be our goal. Republicans and Democrats should be working hard right now to get us to that national goal.

I have shared the stories of New Mexicans who have lives that have been changed, and even saved, because of the Affordable Care Act—New Mexicans like Mike, from Placitas. Mike had an aggressive cancer but was diagnosed early, thanks to the Affordable Care Act, and doctors saved his life.

Alexis, from Albuquerque, had stroke and brain surgeries when she was 28. She had affordable health insurance under the ACA, and those subsidies helped her keep health insurance and get healthcare coverage. Elena was able to get a hysterectomy because of Medicaid expansion. These are real people who are now jeopardized by the Republican bills and Republican proposals.

There are thousands more across New Mexico and millions across the country who are crying out for the Republican majority to change this reckless and dangerous scheme.

I yield the floor.

My colleague from New Mexico, Senator HEINRICH, is here. He has been a real champion in terms of fighting for working families and for their healthcare.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. HEINRICH. Mr. President, I ask unanimous consent to speak for up to 5 minutes.

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

Mr. HEINRICH. Mr. President, for over 7 years, Republicans in Washington have cheered shortcomings in our healthcare system and blamed the Affordable Care Act for every problem under the premise that they would do so much better if just put in charge. Repealing the law made for great bumper stickers and great campaign promises, but the trouble is that their opposition to the ACA has always been more about politics than ever it was about actual policy or, for that matter, plans to do better for the American people.

The shockingly rushed and secretive effort on display this week in the Senate and then further conducted behind closed doors, when Senate Republicans released their secret TrumpCare bill, its contents proved too harmful for passage, even among themselves. Stuck without a path forward, their latest idea is to pass a small backroom deal before sundown today—which no one has seen yet—and then go to conference with the tea party and the Freedom Caucus in the House of Representatives.

While we still don’t know what we will be voting on, we know that the so-called skinny repeal bill would mean higher premiums and millions of Americans losing their healthcare coverage, not to mention deep cuts that would dismantle the Medicaid Program as it currently exists and throw millions of Americans off their healthcare coverage and put our entire healthcare system into chaos—all to give a massive tax break to the wealthiest among us. That is awful policy any way you look at it.

Since January, I have heard from literally thousands of New Mexicans who have told me how important their healthcare coverage is to them and their families. What answers do President Trump and Republicans in Congress have for the grandmother in Santa Fe who wonders where she will go when her nursing home closes because of Medicaid cuts or the woman in Albuquerque who wrote to me about how scared she is about losing access to mental healthcare for her depression and anxiety? What are they going to tell the single mother in Rio Rancho who relies on Medicaid to cover her children’s medical costs or the young man in Espanola who needs treatment...
to get clean from opioid addiction? These New Mexicans and millions of other Americans will be harmed if this bill becomes law.

I am not outraged about all of this because I am a Democrat or because of what I think President Trump is outraged about this bill because of what it will do to my constituents in New Mexico. I will do everything I can to oppose this appalling legislation and this appalling process and fight to keep quality, affordable and accessible healthcare for New Mexicans.

If we can halt this mad rush, we can all work—Republicans and Democrats—to get to the things that we agree need fixing in our system. There is much work to be done there, no doubt about it.

As Senator MCCAIN told us all Tuesday: "We have been spinning our wheels on too many important issues because we keep trying to find a way to win without help from across the aisle."

There is a better way forward. We can come together and work on the things that we know need to be fixed in the ACA. People’s lives hang in the balance. There are real bipartisan solutions if we can get back to regular order.

I want to thank my colleague from New Mexico for his incredible leadership in this debate and say how hard we are going to work to make sure that we keep fighting for our constituents in New Mexico on this healthcare legislation.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I am aware that the time is at an end. I ask unanimous consent for 7 additional minutes.

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

Mr. BENNET. Mr. President, I thank my colleagues from New Mexico, my neighbors, for being here. I thank the Presiding Officer for his statement. As usual, he is pointing the Senate in a direction that we should be headed.

Whether people in my State support the Affordable Care Act or whether they don’t, they are dissatisfied with the way our healthcare system works. The Affordable Care Act—or ObamaCare or whatever you want to call it—is just part of our healthcare system. We have Medicare. We have Medicaid. We have hospitals. We have doctors. We have nurses. It all adds up, in America in the 21st century, to a system that is really hard on people and makes it very hard for them to predict their future. It creates situations where we have to make choices that no other people in the industrialized world have to make, about raising their family, about staying in a job—as the Presiding Officer was talking about—that they might not want to stay in for fear they would lose their health insurance.

I thought the Presiding Officer made an excellent point when he said that you don’t lose your car insurance when you leave your place of business for another job. Why should you lose your health insurance? Why should you? Why should you have to put up with things in this country that nobody else in the industrialized world has to put up with?

It may be that the debate we are going to have is as binary as the Presiding Officer was saying. Maybe it is a debate about single payer versus what he described as more consumer based. Maybe it’s a debate about whether America has a way of trying to figure those kinds of things out—or at least we have historically.

My colleague from Oregon earlier quoted the famous line, which somebody yelled out to Ben Franklin: What kind of government are you creating, a monarchy or republic? That was the question.

His answer was, as the Senator of Oregon said: "A republic, if you can keep it."—if you can keep it.

The Founders had extraordinary vision, and they were creating something that had never existed before in the history of humankind—never existed. You could make an argument about a couple of small places in Switzerland, and there would be some argument about ancient Rome, but, really, this exercise in self-government had sprung from their imagination and their desire as human beings to govern themselves, to slough off the monarchy that ruled them and ruled others in Europe.

What Ben Franklin said was so important and so wise because he didn’t say: "A republic." He said: "A republic, if you can keep it."

When they wrote the Constitution, they were creating a mechanism for the American people to resolve their disputes. They were not creating a republic where they believed that everyone would work together. They had vast disagreements. They had disagreements far greater than the ones we have. They had geographic disagreements. They had disagreements about big States and little States. They had disagreements about slavery.

They were able to come together and create a mechanism to resolve our differences. They didn’t believe, as some people seem to on talk radio every day, that if you don’t agree with the other side, you must be a Communist or you must be some right winger. That is not what they believed.

They believed there was a public purpose, that there was public virtue that underlay the work they were trying to do and that we would be able to persist in this Republic only if we kept it—if we kept it.

That is how self-government works. It is not a king telling you what to do. It is not the generation of the Founders telling you what to do. It is doing what you need to do, as the Presiding Officer said, for the sake of people who did their jobs before us but, more importantly, as he said, for the people who are coming after us. Seeing from this perspective, this process is a disgrace. This is why we have a 9-percent approval rating in the U.S. Senate—what has been referred to in past generations as the greatest deliberative body in the world. Those words are spoken mocking today.

The people I represent, and the people the Presiding Officer represents, are paying a price for this. It has been a long time since I have been in the majority—I am sad to say, but it is true—but there was a time when I would preside, as the Presiding Officer is doing today. A reporter asked me once: What do you think about when you are up there? As John McCain said the other day: We aren’t doing anything here. He is right. We are for the people I represent. Again, my starting point is that there are people who like the Affordable Care Act and there are people who don’t like the Affordable Care Act, but everybody is deeply dissatisfied, as they should be, with the way our healthcare system works. What we should do is abandon this process and, instead, go to committee. Chairman Alexander—he is a Republican—is perfectly capable of running a bipartisan process that could lead us to a place where we actually are making things better for people who live on the Eastern Plains of Colorado, on the Front Range of Colorado, or on the Western Slope of Colorado, who may be Republicans and Democrats, but for whom healthcare is political. It is about their family and about their future. That is what we should be keeping in mind, instead of just the next election around here. Everybody has lamented that.

I am running out of time, but I remember when the majority leader was not the majority leader. He is a smart person. He came here and said: "Major legislation is now routinely drafted, not in committee, but in the Majority Leader’s conference room and then dropped on the floor with little or no opportunity for members to participate in the amendment process, virtually guaranteeing a fight."
That is what he said. I am telling those of you with whom I was in townhall meetings 7 years ago, when people were saying: Read the bill, read the bill. The tea party was at the height, bringing pocket Constitutions to my meetings, telling me to be faithful to that. I knew that that would be saying that right now: Be faithful to that constitutional process.

He knew the process wasn’t working as it should. What he said was this:

When Democrats couldn’t convince any of us...

That is, Republicans—

that [the Affordable Care Act] was worth supporting as written, they decided to do it on their own and pass it on a party line vote.

He continued:

It may very well have been the case that on Obamacare, the will of the country was not to pass the bill at all. That’s what I would have concluded if Republicans couldn’t get a single Democrat vote for legislation of this magnitude. I’d have thought, maybe this isn’t a great idea.

So I say to the Republicans and Democrats who are here today, maybe it isn’t a great idea because they can’t even get the Republican votes. They haven’t even gotten the Republican votes to repeal and replace, even though they have run on this for 8 years.

They had to bring the Vice President here to cast the deciding vote because we were tied. What a shame for the Senate not to do its work and to rely on the executive branch to come here and supply that vote.

Every single person in this body knows the President of the United States has no idea or interest in what is in this legislation. Every single person here knows that. So why are we doing it? We are doing it, I guess, to fulfill a campaign promise to repeal ObamaCare. I can understand why there is pressure on people to do that, because they said that over and over, even though I disagree with their characterizations of the bill.

I disagree with the facts they presented. I understand that impulse of writing a bill in secret—listen to this folks—not having a single committee hearing—not one committee hearing in the Senate. Talk about ‘read the bill.’ How about having a bill that is written down somewhere we can read it? Where are my brethren in the tea party who wanted to read the other bill? There was a bill then. There had been a bill for a year and a half.

There is no bill. There is no bill because what they are trying to do is to figure out what they can eke out across the line here. They are calling it a skinny repeal. I don’t even know how that satisfies the laugh test, when it comes to the campaign promises that were made around here, but that is what my lips are going to stop. We are at 9 percent. This bill, I think, the last time I checked, had a 15-percent approval rating or a 20-percent approval rating. Don’t pass that. We have wasted 6 months—not of our time but of the American people’s time. I have people all over the State of Colorado who would love to come here and testify at a committee hearing about how healthcare is intersecting with their lives. It would be difficult to hear how they are benefiting from certain things. I would love for them to have a chance to come here and testify, but we haven’t set up that process. We should. We should stop this.

The American people would be relieved if we would stop this partisanship to get together and work on the committee as we should do and pass something on the floor. What we have forgotten about the Affordable Care Act—even though it didn’t have Republican votes, and it should have—is that it had almost 200 Republican amendments adopted as part of the process. I agree with what the majority leader said then. If the process is lousy, the outcome is lousy. The process is lousy. An important point he made is that it is unlikely to reflect the will of the American people, and when it doesn’t, what it is going to mean is that we are just going to continue to see saw from one election to the next election and we are not going to get a result.

I am willing to settle for 80 percent of what I want, or 70 percent of what I want—I am. I don’t think that is an unattainable position to have. All these people here have, all the time about the principle they are standing on. When you scratch at that and look for the content of the idea underneath that principle, there is very seldom anything there. They are often repeating something they heard last night on FOX or MSNBC, but it wouldn’t be recognizable to the Founders as a principle. For them, a fundamental principle was that you had to unleash the imagination of people with different sets of preferences, different sets of opinions and from different geographic places in order to do the right thing for this country. That is what we should do today.

I realize the indulgence of the President—officer. I thank him for his kindness.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. SULLIVAN. Mr. President, I wanted to weigh in on a debate that took place on the floor a couple of hours ago—actually, when I was presiding in the chair—between the majority leader and the minority leader on what we are going to be doing here in the next couple of days on the Senate floor.

So right now we are having a healthcare debate. We are finally having a healthcare debate. Many Members on both sides of the aisle—I say to the President of the Senate—your speech a few hours ago—are talking about the importance of healthcare for our country, the importance of, from our perspective, repealing, replacing, repairing a healthcare system that is not working. It is certainly not working the way in which it was promised to Americans. I will not repeat all the promises made by the former President and many Senators, but we know those haven’t come to pass.

As a matter of fact, a number of us—

I certainly believe in my State, the State of Alaska, the so-called Affordable Care Act has done more damage than good. Here are just a few statistics in Alaska: Premiums in the individual market went up over 200 percent since the enactment of the Affordable Care Act—200 percent. Alaskans in that market—individual Alaskans, for one health insurance plan for one individual, pay almost $1,100 a month in premiums for healthcare. That is not affordable.

So we are debating it. It is important. There is an open amendment process. We are probably going to be debating all night, and that is what we should be doing—the world’s greatest deliberative body debating a very important topic, but how we do it the only issue the Senate is focused on.

NDAA

As a matter of fact, a number of us on the Armed Services Committee, over the last several weeks, have been working on and debating and bringing amendments to the National Defense Authorization Act, the yearly act that authorizes funding and training and equipment and policy for our military and young men and women who serve in that military. It is one of the most important things we do in the Senate, by far. So we have been doing that as well as healthcare, which is also extremely important.

Three weeks ago, after a lot of debate in committee, after a lot of hard work, debate between Republicans and Democrats, the draft NDAA of 2017, the National Defense Authorization Act—focused on our national security, focused on our troops—passed out of the Armed Services Committee to the Senate debating and bringing a bipartisan bill, a very important bill, and a very important bill for the country to move on after the healthcare debate.

So the majority leader and the chairman of the Armed Services Committee had a very simple request of the minority leader this morning when I was in the chair presiding, and the request was: Once we are done for now—because it is going to continue with the healthcare debate, the Senate debate has been done for a long time—once we complete the business we are undertaking for the next several hours on the healthcare debate, that we move forward to debate and pass the NDAA of 2017. It is a pretty simple request, a very reasonable request.

This bill, like healthcare, is extremely important for the Nation, for our troops, for national security. On a personal note, it is particularly important to many of our Members, the chairman of the Senate Armed Services Committee, Senator McCaIN of Arizona. We all know him.
Mr. President, I yield the floor.

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

AMENDMENT NO. 126, AS MODIFIED

Mr. DAINES. Mr. President, I have listened to some of the testimonies from across the aisle decry our desire to repeal and replace Obamacare. Yes, I do want to repeal and replace Obamacare. Why? Why are we doing this?

Repealing and replacing Obamacare is a means to an end. This is what I have heard from so many Montanans. Here is the end, and I will sum it up into three items: No. 1, to lower costs; No. 2, to ensure that we save Medicaid—protect Medicaid—for the most vulnerable Americans; and, No. 3, to ensure that we protect those with pre-existing conditions.

Some of my friends across the aisle want to see more government control of families’ healthcare decisions—in other words, centralized government control. I believe that we need less government control, not more government control. Their gold standard for healthcare reform is really socialized medicine. It is called various things. Some call it government-run healthcare. Some call it single-payer healthcare. Some call it Medicare for all. But, in essence, it is socialized medicine.

The amendment that I am putting forward today is cut-and-pasted text. It is the exact, precise language. It is a carbon copy—down to every last comma and period—of Representative JOHN CONYERS’ bill, who is the Representative from Michigan, which has 115 Democratic cosponsors as I speak. It is supported by 60 percent of the Democratic caucus in the U.S. House that supports and, in fact, has cosponsored this very bill—this very amendment—that I am putting on the floor today.

In addition to the 115 House Members, who on the Senate side supports this bill? Well, moveon.org has circulated a petition in support of the Conyers’ bill, and the bill has been endorsed by hundreds and hundreds of labor groups, medical groups, political groups, and civic organizations.

Let me be clear. I believe that socialized medicine would be a disaster for the American people. Last November, the American people voted to make America great again, not to make America like England again. Yet I believe that Montanans and the American people deserve to see us debate different ideas right here on the Senate floor. This is referred to as the greatest deliberative body in the world. Well, I believe that the idea coming from the other side of the aisle, which is why I have offered this amendment.
Mr. ROBERTS. Will the Senator yield for a question?
Mr. DAINES. Yes, Mr. Chairman.
Mr. ROBERTS. Mr. President, I am sorry that I did not catch all of the Senator’s remarks, but I think he said that he was voting against a bill that was introduced in the House.
How many cosponsors are on this bill? Is this a legitimate effort here?
Mr. DAINES. For those who are watching and observing, it is H.R. 676. There are 115 Democratic cosponsors on that bill as we speak.
Mr. ROBERTS. So this is a legitimate bill that is up. Well, it is not up for consideration now in the House.
Is this the Conyers’ bill?
Mr. DAINES. It is the Conyers’ bill. I did not write this amendment—this bill—that I am offering. We cut and pasted the precise text and are bringing it over here and offering it today.
Mr. ROBERTS. Is there at least a preamble to this bill or just an opening of a paragraph or something? Would the Senator describe it?
Mr. DAINES. Mr. Chairman, in preparing this and in reading this bill, for those who want to see the heart and soul—the vision—of the Democrats, they can be found in this first paragraph of the bill. In fact, I will read it.
“The bill establishes the Medicare-for-all program to provide all individuals residing in the United States free healthcare.”
If you want to say a couple of paragraphs later: “Health insurers may not sell health insurance that duplicates the benefits provided under this bill.”
If that is not a complete takeover of the healthcare system from the government, then you tell me what it is.
Mr. ROBERTS. And that is in the bill?
Mr. DAINES. It is in the opening paragraphs of the bill, the preamble part.
Mr. ROBERTS. Well, I think we have a very honest choice. There has been a lot of talk about single payer. There was a lot of talk about it early on in the debate about ObamaCare. I recall in observations made by President Obama that this was the first step toward single payer. I understand that well, I know that the former Secretary of Health and Human Services, Kathleen Sebelius, had the same plan, that ObamaCare was the first step toward single payer. All you are doing is just saying, OK, if that is the goal, bring it to a vote.
Mr. DAINES. Thank you, Mr. Chairman. I agree with you. That is what I am planning to do today. I ask unanimous consent for an additional 6 minutes of debate equally divided between the managers or their designees.
The PRESIDING OFFICER. Is there objection?
Without objection, it is so ordered.
Mr. DAINES. As the chairman, the Senator from Kansas, just mentioned, I believe that Montanans and the American people deserve to see us debate different ideas. That is why I brought this amendment to the floor today.
Earlier today, a couple of hours ago, my colleague from Vermont, Senator Bernie Sanders, was on the Senate floor suggesting that my amendment is intended to embarrass Democrats.
Senator Sanders, my amendment shouldn’t embarrass anyone. I am trying to show the American people—bring it out here in full light—who is supportive of socialized medicine and who is not. If you are supportive of that, why be embarrassed?
The Senator from Vermont announced that he wouldn’t support the amendment unless I voted for the amendment myself. But let me be clear. I don’t support socialized medicine. Senator Sanders does. It is time to fish or to cut bait. Why are Senators on the other side of the aisle running for the hills when they now have the chance to vote on the gold standard bill their party supports?
Senator Sanders and the Democrats who support Representative Conyers’ bill shouldn’t be dependent on my support. Senator Sanders said he would vote for it if I voted for it. Guess what. Tell the American people what you think, think we should vote no on this. What say you?
The PRESIDING OFFICER. Who yields time?
If no one yields time, the time will be yielded for a question.
Mr. SANDERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.
Mr. SANDERS. Mr. President, this is an exciting day. After years and years, some of my Republican colleagues have begun to understand that we cannot continue a dysfunctional healthcare system which allows 28 million Americans to have no health insurance, forces us to pay the highest prices in the world, by far, for healthcare and even higher prices—outrageously high prices—for prescription drugs.
I understand that Senator Daines has offered a Medicare-for-all, single-payer system, and I congratulate him. It sounds to me as though the Republicans are beginning to catch on about the need to transform our healthcare system and join the rest of the industrialized world.
So I say to Senator Daines, if he is prepared to vote for this legislation and if he can get maybe five, six more Republicans to vote for this legislation, I think we can win it, and I think the United States can join the rest of the industrialized world and finally guarantee healthcare to all people.
So if Senator Daines and five or six other Republicans vote for this, count me in. And we are going to work together, finally, to provide healthcare to all people. But if Senator Daines is just playing a political trick—I ask unanimous consent for 30 more seconds.
Mr. ROBERTS. Mr. President, is there objection?
Without objection, it is so ordered.
Mr. SANDERS. Mr. President, if Senator Daines is just playing a political trick and does not intend to vote for this legislation or have any other Republican vote for it, I would suggest that every Member in the Senate vote present on this bill.
The PRESIDING OFFICER. The question is on agreeing to amendment No. 346, as modified.
Mr. THUNE. Mr. President, I ask for the yeas and nays.
The PRESIDING OFFICER. There is a sufficient second? There appears to be a sufficient second.
The clerk will call the roll.
The senior assistant legislative clerk called the roll.
Ms. BALDWIN (when her name was called). Present.
Mr. BENNET (when his name was called). Present.
Mr. BLUMENTHAL (when his name was called). Present.
Mr. BOOKER (when his name was called). Present.
Mr. BROWN (when his name was called). Present.
Ms. CANTWELL (when her name was called). Present.
Mr. CARPER (when his name was called). Present.
Mr. CASEY (when his name was called). Present.
Ms. COONS (when his name was called). Present.
Ms. CORTEZ MASTO (when her name was called). Present.
Ms. DUCKWORTH (when her name was called). Present.
Mr. DURBIN (when his name was called). Present.
Mrs. FEINSTEIN (when her name was called). Present.
Mr. FRANKEN (when his name was called). Present.
Mrs. GILLIBRAND (when her name was called). Present.
Ms. HARRIS (when her name was called). Present.
Ms. HASSAN (when her name was called). Present.
Mr. HEINRICH (when his name was called). Present.
Ms. HIRONO (when her name was called). Present.
Mr. Kaine (when his name was called). Present.
Ms. KLOBUCHAR (when her name was called). Present.
Mr. LEAHY (when his name was called). Present.
Mr. MARKEY (when his name was called). Present.
Mrs. McCaskill (when her name was called). Present.
Mr. MENENDEZ (when his name was called). Present.
Mr. MERKLEY (when his name was called). Present.
Mr. MURPHY (when his name was called). Present.
Mrs. MURRAY (when her name was called). Present.
Mr. NELSON (when his name was called). Present.
Mr. PETERS (when his name was called). Present.
Mr. REED (when his name was called). Present.
Mr. SANDERS (when his name was called). Present.
Mr. SCHATZ (when his name was called). Present.
Mr. SCHUMER (when his name was called). Present.
Mrs. SHAHEEN (when her name was called). Present.
Mr. WARNER (when his name was called). Present.
Mr. UDALL (when his name was called). Present.
Mr. VAN HOLLEN (when his name was called). Present.
Mrs. BARRASSO (when her name was called). Present.
Mr. CORNYN. Mr. President, this week we are about the business of keeping our promises. For 7 years, we have promised to help the millions of Americans who have been let down, not to mention deceived, by the promises of ObamaCare. It is absolutely critical that we fulfill our commitments.

This is not just about moving past the failures of ObamaCare but laying the groundwork for providing Americans access to better care. We said all along that we have four principles:

One is to help stabilize the insurance markets so people living in Iowa, for example, would make sure they have a place where they can actually buy health insurance.

It is about getting premiums lower by eliminating the mandates and making it possible for people to choose alternatives that happen to suit their needs at a price they can afford.

Third, we said we are going to continue to do everything in our power to protect people with preexisting conditions so they are not afraid about changing jobs and being excluded from their new employer’s insurance coverage because of something we have done here. We protect people against the preexisting conditions exclusion.

Fourth, what we said we want to do is to take Medicaid, an essential safety net healthcare program, and make sure we put it on a sustainable path. I know there are many in Washington, DC, who think we can just continue to spend borrowed money endlessly. Well, we can’t. It really jeopardizes the very viability of some of our most essential safety net programs like Social Security, Medicare, and, yes, Medicaid in this instance.

What we have done, and what we intend to do, working with our colleagues in the House, is to put Medicaid on a sustainable path while we grow the expenditures to Medicaid each year, over a 10-year period, by $71 billion.

So those who say we are somehow gutting Medicaid or we are cutting Medicaid, I think, they simply have to deal with those facts. I haven’t heard a satisfactory explanation for how you can conclude that somehow we are gutting Medicaid or cutting it when we are actually making it sustainable in the long run.

Throughout this process, what I have learned is, Senators have a lot of different ideas. Everybody has come to the table to try to make this better. I would say, unfortunately, our Democratic colleagues have chosen not to participate in the process. This would be a lot easier—and the product we come up with would be a lot more durable over the long haul—if, in fact, Democrats would work with us.

The fact is, in this amendment process we are engaged in, and will be engaged in this evening, any Senator, Democrat or Republican, majority, minority party Member, can offer an amendment and get a vote on it. So I don’t really understand why our Democratic colleagues are sitting on their hands and will not participate in the process.

I fear what they want is to change nothing about the structure of ObamaCare, notwithstanding the failed experiment of the last 7 years. Then what they want to do is come back and throw money at the insurance companies under these cost-sharing risk pools. We are willing to do what we need to do to stabilize the insurance market, but I am not going to vote for an insurance company bailout without reform.

Leader MCCONNELL reiterated yesterday that our constituents are counting on us. I can tell you, the 28 million Texans I have the great privilege of representing are counting on me and Senator Cruz to do our part to come up with a solution. The Texan whose premiums have tripled and lost his doctor is counting on us. The ER employee who witnessed the emergency room busting at the seams with Medicaid patients—people who ostensibly have coverage under Medicaid but who can’t find a doctor who will accept a new Medicaid patient so they end up going to the emergency room—is counting on us.

The small business owner who was forced to fire employees to avoid a $100,000 fine, that person is counting on us too. The young woman coming out of nursing school who was forced to change her plan three times, only to end up with a plan with coverage options she didn’t want, at a price she could barely afford, she is counting on us too.

My constituents in Texas and Americans across the country are counting on us. They are sick and tired of the bickering and the lack of productivity here in Washington, DC, and I don’t blame them one bit. They are counting on us to free them from some of ObamaCare’s mandates that force them to make very tough economic decisions, like the 28 million people under ObamaCare who either pay a fine—about 6.5 million of them—or the rest,
who claim hardship exemptions so they don’t have to buy insurance. But in Texas alone, there are more than 400,000 Texans who earn less than $25,000 a year who can’t afford to buy the insurance. So they pay the fine to the government. So their government fines them for not buying a product they can’t afford.

So now is the time to deliver some relief to our constituents. They are counting on us to keep the deeply per- sonal choice of healthcare plans and doctors in their hands and not the Fed- eral Government’s. So it is time to de- liver, and my goal is to make sure we find a solution and get it to the Presi- dent’s desk.

One of the most offensive parts of the Affordable Care Act—or we should have called it the un-Affordable Care Act, since premiums have gone up 105 percent since 2013 alone—is that people who were told a family of four would see a reduction of $2,500 a year in their premiums are actually seeing their premiums go up by more than $3,000. There are a lot of stories—I am sure even here in this room, in this Chamber—where people simply have seen their premiums go up, up, and up along with their deductibles. And they are being denied the benefit of their insurance. But the individual mandate is a prime example of government getting in the way of indi- vidual freedom and the right to choose.

The so-called individual mandate—we really should call this the penalty that government imposes on its citi- zens for failing to purchase a product they don’t want and, in some cases, don’t even need—forces them to do so at a cost that was crippling and con- tinues to be crippling for many individ- uals and families.

Here is a shocking statistic. An esti- mated 8 million Americans pay the fine associated with this mandate each year. Eight million Americans penalized by their own government, forced to pay a fine that could be used on coverage that might actually suit their needs. If ObamaCare would make it possible that the market could pros- per and insurance companies offered a variety of products at different prices that people could choose from, maybe some of these folks could take the money they are paying their own gov- ernment as a penalty and actually buy insurance coverage. And, yes, we are going to push more power out of Washington, DC, and back to the States. I know, based on the public opinion polling I have seen, that Americans care a lot more than they trust Washington, DC, when it comes to healthcare. So we are going to provide the flexibility and tools that the States, the Governors, and the legislators need, as well as the insurance commissioners, to come up with a viable market using resources we are going to provide to them. It would be better if we could all come together to find a solution to en- gage in debate—Republicans and Demo- crats alike—and pass a final product and get it to the President’s desk. That is, actually, how the legislature is sup- posed to function. But unfortunately we are in unusual times, when almost half of the Senate refuses to partici- pate. Actually, they will be actively trying to undermine our efforts to come to the rescue of the people that are hurting as a result of the deception and the failures of ObamaCare. I don’t know how you explain that. You cer- tainly can’t explain it to constituents like I have a dollar that every single one of the Senators here who is trying to blow up this process and undermine the progress we are making has constituents back home who are suffering the same way my constituents are, but they are turning a deaf ear to them and saying: You know what, it’s politics and party and ide- ology are more important to me than actually addressing the needs of my constituents. Their actions are effectively saying, and it is a shame.

I yield the floor.

The PRESIDING OFFICER. The Sen- ator from Louisiana.

Mr. KENNEDY. Mr. President, I wish I could stand here today and tell you that the Affordable Care Act, so-called ObamaCare, had worked. I wish I could sit here and tell you today that the American people were better off as a result of the Affordable Care Act, but I can’t do that, and it gives me no joy in having to make that statement.

Now, as you know, Mr. President, not a single Republican voted for the Af- fordable Care Act. The Affordable Care Act was passed at President Obama’s suggestion by the Democratic Members of the House and the Senate. They had a majority, and in this body the major- ity rules. I don’t want to ascribe to the President or to our Democratic friends any ill motives whatsoever. They want- ed what was best for the American peo- ple. It wasn’t a question of bad moti- ves. It was just a bad idea. It didn’t work.

Let me say this another way. I be- lieve that President Obama and our colleagues on the Democratic side of the aisle in the Senate and in the House of Representatives passed ObamaCare with the best of intentions. But, you know what, Mr. President—I know you also happen to be a physi- cian—150 years ago, doctors used to bleed their patients with the best of in- tentions, and they stopped doing that. They didn’t have any bad motives in doing it. They did it because they thought it would help the patient. It killed many of them. So they stopped doing it.

You know we were told when the Af- fordable Care Act, so-called ObamaCare—I don’t mean any dis- respect in calling it ObamaCare, Presi- dent Obama himself refers to it as ObamaCare. When the Democrats in the Congress passed ObamaCare, I re- member well what we were told because I wanted to believe it. The Presi- dent said: If you like your insurance plan, you can keep it. I wish I could sit here and tell you today that the American people were better off as a result of the Affordable Care Act, but I can’t do that, and it gives me no joy in having to make that statement.

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to the deficit.’’ None of that was true, I think the President meant it at the time. I think he wanted it at the time. I know I did. I know you did, Mr. President. But it just turned out not to be true.

Now, the simple fact of the matter is—and I think every reasonable person has to conclude—that the Affordable Care Act has not worked for the American people.

Let’s talk about the exchanges. As you know, Mr. President, there are two parts of the Affordable Care Act. There are the exchanges through which people go and buy insurance directly from an insurance company, and then there is the Medicaid expansion. I want to talk about the exchanges for a moment.

In 2016, under ObamaCare, we started out with 281 insurance companies offering insurance to the American people. That is a good start. The problem is that 131, and they are dropping like flies. In my State of Louisiana we are down to three. A third of all the counties in America have only one choice—one insurance company that will still write insurance—and many of our counties have zero, none. They can’t cover it. They can’t get insurance at all. They have been given a bus ticket, but there is no bus.

As for Louisiana, let me talk just for a moment about my State—our State—Mr. President. In Louisiana, premiums have gone up 123 percent on the exchanges since 2013. That is an average of a $3,600 increase per plan. Nationwide, the average ObamaCare plan now costs 105 percent more than when it started. That is $3,000 per person. What is particularly incredible to me, Mr. President—you know these statistics better than I do—in Louisiana we have 136,000 people who, rather than buying insurance off the exchanges, have chosen to pay the fine. Let me say that again: We have 136,000 Malians in my State who looked at the insurance offered to them, with the subsidies, and have said: We would rather pay the fine. Of that 136,000 who said they would pick the fine instead of the insurance, 4 percent of them make $50,000 or less, 47 percent of them, or half, make $25,000 or less. Now, do you know what that tells me? That tells me that 136,000 people in my State, most of whom are too poor to be sick, looked at the Affordable Care Act, and there were dozens of hearings in the Finance Committee about the Affordable Care Act, and there were dozens of reports about the skinny health package. That is not health insurance. That is giving somebody a bus ticket without a bus.

All right. Let’s suppose that I am a 50-year-old female. I don’t smoke. I am living in Lafayette, LA, which is to the west of Baton Rouge. I am making $50,000 over in Lafayette. The most basic plan in Lafayette—once again, I am 50 years old. So I am not 60 now; I am 50 years old, a female, and I don’t smoke. The most basic plan, the cheapest plan I could get would cost me $450 a month in premiums, with a $4,800 deductible, for a grand total of $6,550. So I have to go into my pocket for $6,550 before I get any health insurance. That is not health insurance.

I would remind the President, as he is a physician who has been on the frontlines in caring for people in our charity hospital system in Louisiana—and God bless him for that—what the options I describe are the cheap ones. They are the most affordable ones. That is the best-case scenario.

Nobody wanted this. I know President Obama did not want it to turn out this way. I know our friends on the Democratic side did not. They wanted what was best for America. It was not a bad motive; it was just a bad idea.

What do we need? Everybody has his own opinion of that. That is what we are going to try to convince each other of over the next few days as we vote. I will tell you what I think we need. I think that in the healthcare delivery system, we do not need more government.

I know that some of my friends on the Democratic side think they have the solution, and I respect them for all the time and care they have put into this. Some of my friends on the Democratic side say they have the solution. Government has failed, they will admit. They do not say it very loudly, but they will privately say: We realize the government has failed with ObamaCare. Our prescription to fix it is to give government to a single-payer system. Let’s have the Federal Government be in charge of everybody’s healthcare, and let’s set the Federal Government regulate our doctors and our nurses and our hospitals and our health insurance companies and our patients and our lab techs like they were utilities.

I have lived under a system like that. England has a system like that. You can not name me a single G20 country—not one—that has a single-payer system that is working. It is not the answer.

Quickly, because I am running out of time, here is what we need:

The PRESIDING OFFICER. The Senator from Oregon.

Mr. KENNEDY. I will conclude then, Mr. President. I thank him for his time and attention.

America needs a healthcare delivery system and deserves it like somebody deserves the American dream. That is what we propose.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, there has been a lot of talk here on the Senate floor about this so-called skinny health package, and if you look at what the reports, the skinny health package was going to be written today at the Senate Republican lunch. On the day that the Senate is supposed to vote, the future of American healthcare may have gotten an overhaul between the salad course and the entree.

I would like to talk a little about where things are and really contrast these reports about the skinny health package with the process that brought today to the Affordable Care Act.

Our colleague, the Presiding Officer, now serves on the Finance Committee. There were dozens of hearings in the Finance Committee about the Affordable Care Act, and there were dozens of hearings in the HELP Committee. Both committees had markups that lasted longer than a week and incorporated ideas from both sides. I was a pretty junior member of the Finance Committee at that time, and I remember a flock of Republican amendments being added, in the Finance Committee, to the Affordable Care Act. When the bill came to the floor, the Senate debated it for 25 legislative days. It was the second-longest consecutive debate in history.

We are not seeing anything that resembles that today. You have a rush job. So I am going to try to spend a few minutes talking about what comes out when you have a rush job and about some of the red flags that I think my colleagues might want to think about, particularly some on the other side of the aisle who are thinking about voting for this skinny package.
Any Senator who believes that Medicaid makes it out of the skinny package without taking a hit ought to take a look again. Senator MURRAY and I spent a long time in working with the Congressional Budget Office to, in effect, get them to do some analysis of some of that and an analysis of a CBO package. What the Congressional Budget Office said—and it is the impartial, nonpartisan umpire—is that under this skinny package that is not supposed to do any harm to Medicaid—and it is not supposed to do any harm to the House could just take up the skinny repeal and then they could pass it. My guess is that when people around here think about what that means and what those CBO numbers mean, the premium hikes and the implications for Medicaid, they will look at those CBO numbers and probably get a little heartburn—my Republican colleagues in this Chamber who are thinking about being for this.

The other possibility is that passing the skinny bill will lead to a conference. I am telling you that if it heads to conference, a skinny repeal is sort of a gateway drug to TrumpCare. The fact that a conference is going to fix every problem and solve every dispute just is not reality. If this gets to conference and if suddenly there is a new Republican replacement plan that everybody likes—that is about as likely to happen as my joining the NBA for the upcoming season. Let’s take an honest look at how the debate has unfolded.

Republicans have had 7 years to come up with a replacement to the Affordable Care Act that they can all agree to. Obviously, they have failed. In the Senate, the process flatlined until the majority leader began the shell game that has culminated in today’s vote. There were not 50 votes for TrumpCare here in the Senate. There were not 50 votes for repeal. That is why we have a sort of a gateway drug to TrumpCare that is to reject the process. It seems to me the surest way to prevent a bill you don’t like from becoming law is to vote against it. Quaint idea: Just vote against it.

I want to turn, as well, to another bit of breaking news, which comes from our Parliamentarians who do so much good work, and they have an extraordinarily stressful job. Another key part of the Republican plan has been deemed ineligible in the last few hours to move forward via the partisan reconciliation process. The decision pertains to a proposal that lets States undo the consumer protections built into insurance marketplaces under the Affordable Care Act. That proposal will not get fast-track privileges or a 50-vote threshold under reconciliation here on the Senate floor.

Here is what that section of the bill was all about. I wrote a provision—and, again, our group of 14 bipartisan Senators, seven Democrats and seven Republicans, can take credit for this as well—about an issue that the President and I have talked about a number of times: letting the States be the laboratories of democracy, taking the lead on creative health solutions. So out of our bipartisan bill—14 Senators—we said that we are going to give the States the freedom to do better. The States would have the chance to do better. When we did it, we got some flak from all over the political spectrum. But we pushed very hard, and we got it in to the final legislation. It was about providing flexibility to States because so many on both sides of the aisle—my guess is our friend from Pennsylvania, and anyone who is on the Finance Committee, has heard again and again that State officials, business leaders, and others have said: If you just give us the freedom, we can do better. They don’t say: Give us the freedom to let us do worse. They say: Give us the freedom to let us do better.

That is what section 1332 was all about. It said that States could chart their own course on healthcare as long as they were going to do better—better for coverage, better for affordability. They made it clear that if you feel you can do better—if the Louisiana Legislature says: We have ideas for what works for Louisiana, which may not work for Missouri. Give us the freedom to do our thing—that is in the Affordable Care Act, the freedom to do better.
I would be the last person to tell my friend from Louisiana, a skilled physician who has a great interest in health policy—I would be the last person to say: Hey, I am going to dictate to Louisiana what an approach involving a waiver should be all about. It is quite the opposite. I am part of the Senate Caucus from Louisiana to Pennsylvania, to all of our colleagues, if you have ideas that are going to do better by people—better coverage, more affordable—God bless you and your constituents. That is what I want to do.

We said that all we are going to say is we have to have some basic consumer protection here. You can’t just get a waiver and go off and do nothing or just spend the money on some pork kind of project; you have to do better by people—better coverage, more affordable coverage, having basic consumer protections. The Senate TrumpCare bill tried to basically throw those consumer protections out the window. States would be able to get waivers to opt out of basic consumer protections—basic, plain, vanilla consumer protection for coverage and affordability. My view was that kind of stuff is a backdoor way to set up junk insurance—junk insurance that wouldn’t cover much more than gauze bandages and aromatherapy.

Some people may wonder why this is important today, since the Senate resoundingly voted down the Better Care Reconciliation Act earlier this week.

The answer is that my colleagues on the other side still seem to be trying to shoehorn this scheme for worse coverage—not better coverage—under a waiver into the skinny repeal proposal the Senate is going to vote on in a matter of hours. But the decision has come down. The decision has come down from the Parliamentarian that regulatory changes that gut consumer protection, that was right at the heart of the Affordable Care Act, isn’t going to fly. And, frankly, I think it calls into question what the Parliamentarian said—it calls into question whether any of these big anti-consumer schemes are going to get 50 votes.

So this is yet more uncertainty ahead if Senate Republicans pass this skinny repeal bill and the debate drags on.

Now, at the risk of boring our wonderful pages and the staff who have heard me on the floor saying this before, there is a bipartisan approach. I think I have shown my bona fides over those days with the Oregon Gray Panthers, that is what I always thought was the most important thing because if Senator TOOMY, the Presiding Officer, all of our colleagues—all the people here—if you don’t have your health, then pretty much everything else is up in the air. So health is always the most important issue—an important issue we have to deal with in a bipartisan way.

I have said—which is why I wanted to alert the journalistic writers on staff about the prospect of true bordom and just nodding off through the afternoon—that there is an alternative. If Republicans drop the reconciliation, the our-way-or-the-highway approach, colleagues on this side have said that they want to work on a bipartisan basis. It doesn’t take rocket science to figure out what that needs to be.

The first thing that Democrats and Republicans would do is stabilize the private insurance market—the first thing that every economist has said that the Affordable Care Act is far from perfect. We have colleagues here, including Senator KAINES with his reinsurance proposal. Senator SHOR puts cost-sharing with the Presiding Officer about the fact that literally out of nowhere over the last few years we saw a whole industry develop around prescription drugs, where a bunch of middlemen are supposed to be getting the consumer a good deal on medicine, but nobody knows what they put in their pocket and what they put in the consumers’ pockets. I should say that pharmaceutical benefit managers. So I said: How about a little sunshine on that? How about a little sunshine, the best disinfectant?

I sure think people ought to be able to work together on those kinds of things. That, colleagues, is not what is on offer right now.

I urge my colleagues to say: We are getting out of this shell game. Nobody has to accept the skinny repeal option or the Better Care Reconciliation Act. If you are unhappy with the option on the table—and I hope more people will be unhappy now that I have outlined what some of the key considerations are in this Budget Office report Senator MURRAYS and I worked hard to get—I hope some people are going to think again, especially on the other side of the aisle, about voting it down. Twenty percent premium hikes those go into effect on January 1 of 2018. And I expect we will have more information on that premium. And I hope it will be 20 percent hikes after that. That is real. That is not what some interest group made up or some liberal partisan or anybody else who has an ax to grind. That is what our impartial umpire found.

So if you are unhappy with a proposal with those kinds of options, you ought to vote it down.

So to close the way of echoing a point that so many colleagues on this side have said. This is not about saying: Look, we are just against what you want to do. Quite the opposite. For all my time in public service, I have said that I want to do is try to find common ground with people with common sense.

Let us defeat this skinny, sham, shell game kind of process that looks like what we are going to be voting on tonight and then get serious about doing what legislators do, which is not take each other's crummy ideas, but take good ideas and work on them in a bipartisan way.

Mr. President, I yield the floor.
The collapse of these ideas should have resulted in a renewed spirit of bipartisanship, where we could work together to stabilize and improve the health insurance markets. Instead, the Republican majority is so intent on moving quickly that it is willing to forego voting to repeal two or three policies from the Affordable Care Act solely in order to get something through the Senate and into conference with the House. This is nothing more than legislative malpractice. We are presumably considering a bill that will devastate our health insurance markets, and the best reason the Republicans can come up with for supporting final passage is “because we said we would.”

The notion that this majority would reduce themselves—and the Senate—to finding the lowest common denominator in order to move ahead with a policy of this magnitude is not only absurd. While the versions of the Republican plans we have seen differ slightly, they all have the same, basic structure. Let’s call these plans what they are: a massive tax cut for the wealthy on the backs of pregnant women, children, and the disabled. If the Republican majority can come up with a bill that will ruin their health coverage. It is a tax plan in the guise of a health plan. We are considering massive entitlement reform bills that the Republican majority is trying to sell as fixes to the Affordable Care Act. But what we know is that these bills would fix nothing and would instead create tremendous new challenges.

According to the nonpartisan Congressional Budget Office, COBO, each of the various Republican proposals would cause at least 22 million people to lose their health insurance. For instance, the CBO projected that the Senate Republican’s first proposal would result in marketplace enrollees paying on average $600 more toward the premiums for a plan in 2020 than under current law. Another proposal offered by the majority would result in higher deductibles, rising from $3,600 under current law to $6,000. Under this one proposal, Americans would be expected to pay more money for less care. And as if the Medicaid cuts in the House bill were not deep enough—which caused the President to call the bill “mean”—another Senate Republican proposal would allow for the deepest Medicaid cuts beginning in 2022. The Senate’s proposals have certainly not been less “mean” than the House bill. If anything, the Senate’s bills are meaner.

In Vermont, the effects of any of these bills would be disastrous. Since the passage of the Affordable Care Act, Vermont has made exceptional progress to cut the rate of uninsured Vermonters by half. The number of uninsured Vermonters has now fallen to 4 percent. Because of the Medicaid Program and the Children’s Health Insurance Program, known as Dr. Dynasaur in Vermont, 99 percent of children have health insurance in our State. TrumpCare, in any version, places Vermont’s progress at risk. Vermont has also worked on new and innovative ways of delivering healthcare, which has brought down costs and increased rates of care. One of the most significant ways Vermont has done this is through existing flexibility in Medicaid. It is through the Medicaid Program that Vermont has offered comprehensive medication-assisted treatment services for those suffering with opioid addiction. In Vermont, 68 percent of those receiving medication-assisted treatment for opioid addiction are Medicaid recipients. If hundreds of billions of dollars are cut from the Medicaid Program, States will be forced to limit coverage, jeopardizing Vermont’s ability to overcome this crisis. Provisions that cap Medicaid spending do not create “flexibility” in Medicaid. This policy would instead force States to ration care.

This spring I met a Vermont mother who has two young daughters. Both of her daughters suffer from cystic fibrosis. Luckily, they have the disease mutation that allows them to benefit from new drug therapies, but it is because of Medicaid that they have the resources necessary to afford the $20,000 per month that it costs to provide medication for each of her children. How can we tell this mother that her daughters might no longer be able to take this medication if Medicaid constraints were imposed? How can we tell future children who should have access to Medicaid that it was more important to give the wealthiest Americans a tax cut?

I heard from another woman in Norwich who shared this story with me: “Five years ago, both on the same day, my husband and I were diagnosed with cancer. The fact that we are both alive today is entirely thanks to President Obama. When they discovered a large tumor involved two hospital admissions, four months of chemotherapy, and fourteen surgeries, I still take drugs every day. There is no way we could have afforded any of this without Obamacare. Before the ACA, our health insurance costs—both premiums and deductibles—were sky high. My husband and I used to avoid going to the doctor, reserving that luxury for our three children. Without Obamacare, it’s entirely possible that we wouldn’t have had the check-ups that led to our diagnoses.”

These TrumpCare proposals are not healthcare bills. A true healthcare bill would not kick millions of Americans off health insurance. A true healthcare bill would not allow insurance companies to deny people care for less coverage. A true healthcare bill would not move us backwards to a time when healthcare was unaffordable.

Instead, we should be working on proposals that improve our existing system. Where there are deficiencies, let’s fix them. Where we can find common ground, let’s act. One of the first things we should do is stabilize the insurance market by making cost-sharing payments permanent. We should also be working to reduce the cost of prescription drugs, which is why I have introduced a bill, along with Senator Grassley, that would help reduce drug prices, rather than actually allowing them to come to market faster. The American people expect us to work on real solutions. We should not be voting on a cobbled together plan where the primary goal seems to be to get to 50 votes, rather than actually allowing our health insurance system.

...
MOTION TO COMMIT WITH INSTRUCTIONS
Ms. Hirono moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

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

Ms. Hirono moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Mr. BROWN. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

This motion would commit the bill to the Finance Committee with instructions to eliminate all provisions that would increase healthcare costs for the middle class and those struggling to get into the middle class.

I am offering this motion because healthcare costs are already too high for hard-working Ohioans, and this bill would make them even higher. We ought to be working to bring down costs; yet as my colleague Senator HELLER said, there is nothing in this bill that would lower premiums.

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

MOTION TO COMMIT WITH INSTRUCTIONS
Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill will not reduce the size of the individual market risk pool in any State.

Mr. CARPER. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to ensure the bill does not harm or reduce the size of the individual health insurance market risk pool in any State.

I am offering this motion to ensure that the healthcare bill does no harm to the States’ individual and small business health insurance markets by fracturing or reducing insurance market risk pools in ways that would drive up health insurance premiums and deductibles for Americans or Americans with preexisting conditions.

The following Senators support my motion to commit: Senators COONS and SHAHEEN.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Carper moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—
(1) are within the jurisdiction of such committee; and
(2) ensure that the bill does not weaken or reduce the size of the individual market risk pool in any State.

Mr. CARPER. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to ensure the bill includes reforms to our healthcare system that lower healthcare costs and improve health outcomes.
I am offering this motion because the healthcare bills before us make devastating changes to our country’s healthcare system that endanger Americans’ access to healthcare and raise healthcare costs for all Americans, but contains no commonsense reforms to our healthcare system that drive down underlying healthcare costs and improves health outcomes. Millions of Americans wrestle with unaffordable healthcare costs and our fee-for-service healthcare system remains inefficient and wasteful. Instead of passing the buck to States and reducing access to healthcare for low- and middle-income Americans, we should be focusing on reforms that can improve the healthcare system and lower healthcare costs for all Americans.

The following Senators support my motion to commit: Senators COONS and SHAHEEN. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Coons moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require the President to notify in writing any Member who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of H.R. 1628, the Trumpcare bill.

Mr. COONS. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators DURBIN, BLUMENTHAL, BALDWIN, and BROWN.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Coons moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Penisons with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require the President to notify in writing any Member who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of H.R. 1628, the Trumpcare bill.

Mr. COONS. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators VAN HOLLEN, BLUMENTHAL, BALDWIN, and BROWN.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Coons moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require the President to notify in writing any Member who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of H.R. 1628, the Trumpcare bill.

Mr. COONS. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators SHAHEEN, LEAHY, SHAHEEN, VAN HOLLLEN, and WARREN.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Markey moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would reduce the Federal Government’s financial commitment to currently active and successful Medicaid waivers under section 1115 of the Social Security Act that are promoting the objectives of such Act.

Mr. COONS. Mr. President, I intend to offer the following motion to H.R. 1628 and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Coons moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require the President to notify in writing any Member who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of H.R. 1628, the Trumpcare bill.

Mr. COONS. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators VAN HOLLEN, BALDWIN, BROWN, LEAHY, HARRIS, FRANKEN, STABENOW, CARPER, UDALL, HIRONO, MENENDEZ, REED, DURBIN, WARREN, BLUMENTHAL, DUCKWORTH, MARKEY, FEINSTEIN, KLOBUCAR, and SHAHEEN.

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

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Coons moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would destabilize health insurance markets.

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for Americans.

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for Americans with Alzheimer’s disease.

**MOTION TO COMMIT WITH INSTRUCTIONS**

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for Americans with Alzheimer’s disease.
Mr. Sanders moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) provide that any reduction or limitation of Federal payments to help cover the cost of private health insurance not apply with respect to private health insurance pur- chased by American Indians or Alaska Na- tives; and

(3) provide that any reduction or limita- tion of Federal payments for spending under the Medicaid program shall not apply with respect to services provided by the Indian Health Service, an Indian Health Program, an Urban Indian Organization, or Indian tribe or other tribal organization with respect to services provided to individuals who are American Indians or Alaska Natives.

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to in- struct the Committee on Finance to re- port back with changes that are based on hearings held by the committee.

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

Mr. Markey moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with the following amendment (inserted at the appro- priate place):

SEC. 1. REGULAR ORDER.

Notwithstanding any other provision of law, nothing in this Act shall include the amendments made by this Act, shall take ef- fect until the both the Senate and the House of Representatives pass this Act through reg- ular order.

Mr. MARKY. Mr. President, I in- tend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for individuals with mental health or sub- stance use disorders.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for people with bipolar disorder.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with in- structions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would lead to increased premiums and out of pocket costs for veterans who are American Indians or Alaska Natives.
Mr. MERKLEY. Mr. President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for children with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for individuals with pre-existing conditions.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withArena.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.

MOTION TO COMMIT WITH INSTRUCTIONS
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MOTION TO COMMIT WITH INSTRUCTIONS
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MOTION TO COMMIT WITH INSTRUCTIONS
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MOTION TO COMMIT WITH INSTRUCTIONS
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MOTION TO COMMIT WITH INSTRUCTIONS
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MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.

MOTION TO COMMIT WITH INSTRUCTIONS
Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people withDiabetes.
the loss of health insurance coverage for people with Leukemia.

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with Cerebral Palsy.

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with Cystic Fibrosis.

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with Parkinson's.

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with Rheumatoid arthritis.

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with AIDS.

The ACA has expanded access to dental services nationwide by designating pediatric dental services as one of the essential health benefits. Expanding access to affordable dental benefits is essential to any day on which the health and well-being of our children. Many have heard me speak before about the tragic loss of Deamonte Driver, a 12-year-old Maryland Prince George’s County resident, in 2007. Deamonte’s death was particularly heartbreaking because it was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been prevented by an $80 extraction.

Mr. CARDIN. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to report the bill back to the Senate within 3 days, notwithstanding any provision that the Senate is not in session, with changes that would strike any provision that would eliminate, limit access to, or reduce the affordability of pediatric dental services by repeal all or part of the Patient Protection and Affordable Care Act, ACA, or otherwise negatively impact children’s access to coverage or such services.

I am offering this motion because the Finance Committee should review the implications of the ACA and its effects of children’s access to dental care. An estimated one of five children aged 5 to 11 years and one of seven adolescents aged 12 to 19 years in the U.S. have at least one untreated decayed tooth. Consequently, tooth decay has led to 51 million school hours lost annually, and related dental disease can cost billions to our healthcare infrastructure. Early childhood cavities and related oral health complications also disproportionately affect low-income families and minority communities.

The ACA has expanded access to dental services nationwide by designating pediatric dental services as one of the essential health benefits. Expanding access to affordable dental benefits is essential to any day on which the health and well-being of our children. Many have heard me speak before about the tragic loss of Deamonte Driver, a 12-year-old Maryland Prince George’s County resident, in 2007. Deamonte’s death was particularly heartbreaking because it was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been prevented by an $80 extraction.
We cannot let what happen to Deamonte happen again. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Cardin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would strike any provision that would—

(A) eliminate, limit access to, or reduce the affordability of pediatric dental services by preventing all or part of the Patient Protection and Affordable Care Act, or

(B) otherwise negatively impact children’s access to coverage of such services.

Mr. CARDIN. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to report the bill back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would strike any provision that would eliminate, limit access to, or reduce the affordability of health services for homeless individuals.

I am offering this motion because the Finance Committee should review the implications of depriving millions of children of access to dental care. On any single night, over 500,000 people experience homelessness. On any single night over 50,000 of these individuals are homeless veterans. Many individuals experiencing homelessness have significant healthcare needs and may suffer from mental health, conditions, substance use disorders, and chronic diseases like diabetes, asthma, and hypertension. Without access to healthcare services, individuals tend to use hospitals and emergency departments at high rates, driving up overall healthcare costs. The Patient Protection and Affordable Care Act, ACA, has greatly decreased the uninsured rate among homeless individuals, leading to better health outcomes, and creating stability in the individual’s life. Health centers that treat the poor and homeless in States that expanded Medicaid report that 80 or 90 percent of their patients are now covered by insurance.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Cardin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would strike any provisions that would—

(A) eliminate, reduce, or remove access to mental health services and substance abuse treatments.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. TOOMEY. Mr. President, I ask unanimous consent to speak on the healthcare topic for 15 minutes.

Mr. TOOMEY. Without objection, it is so ordered.

Mr. TOOMEY. Mr. President, I am going to speak mostly about some Medicaid reforms that were proposed in the BCRA, but in the course of the discussion, I am going to touch on some of the issues that our colleague who just finished raised.

As we know, the BCRA bill is not going to be the vehicle we will take to a conference committee with the House, but I hope we will get to a conference committee with the House, and I hope the result of that, among other things, is that we will address the need to make important reforms to Medicaid because they are long overdue.

I will start with a chart which illustrates our Federal deficits and what exactly is driving our Federal deficits. The fact is—I think we all know here—we have two big categories of Federal spending. One is the discretionary spending which Congress approves at Congress’s discretion every year. The other category is the programs on autopilot—programs where spending is driven by a person’s eligibility for the program without Congress acting in any way.

That latter category, we call mandatory spending. In 1980, that was only 50 percent of the Federal budget. By 1995, it was 64 percent. Last year, it was 70 percent of our entire budget, and we are on a path to have these mandatory spending—the blue line. We can see the growth in mandatory spending. We can see civilian mandatory spending and the other categories of spending, be it defense or nondefense discretionary spending.
The budgetary problem we have is mandatory spending. This is not breaking news. This is nothing that is controversial. Anybody who has taken an honest look at the numbers can come to no other conclusion. The discretionary portion of the budget, which used to be the lion's share of the budget, has been relatively flat. Actually, it has even declined in recent years. The mandatory spending has been going through the roof.

Of course, there are multiple problems with this, not the least of which is—at this kind of growth in mandatory spending—the thing it does is it squeezes out all other categories of spending. We are already living through that, as the discretionary spending—including on our Nation's defense—has been declining because you can't do so much of both, but in time you could zero out all the discretionary spending, and there still will not be enough for all the mandatory spending. There is no way we can stay on the path we are on.

Where is all this mandatory spending coming from? The next chart shows that pretty clearly. The bulk of mandatory spending, especially in recent years, is from Medicaid. The reason I say that is, Social Security is a big program, but Social Security has a dedicated revenue stream. The payroll tax historically used to cover all of it. For a while there, it covered more than the cost of Social Security. While that fluctuated when we suspended the payroll tax, and by large, the payroll tax pays most of the Social Security costs that we have day-to-day.

Medicaid also has a revenue stream that is dedicated from payroll taxes, but it doesn't cover nearly as large a percentage of the Medicare costs as Social Security so we see the green line generally is higher than the blue line. The blue line is the Social Security line which is coming out of the Federal Government, and Medicaid and the net expense, therefore, is by far the biggest of all our entitlement programs.

Medicaid has been growing at a relatively shocking rate for years. In 1980, Medicaid spending was only 2.4 percent of our budget, a half a percent of our economy; by 1995, it was almost 6 percent of our budget; and today it is 10 percent of our budget, 17 percent of all healthcare spending. So this is happening because Medicaid is growing much faster than our economy is growing.

The fact is, no Federal program can grow faster than the economy indefinitely because the economy has to fund the entire Federal Government. Hopefully, funding the government is only a portion of what our economy is doing. The main purpose of our economy is to provide a livelihood for the people who create it, but we see Medicaid, and we see the growth is at a staggering rate compared to our economy as measured by GDP.

This picture right here summarizes, really, for me the very definition of an unsustainable Federal program because as it continues to grow at a rate that is much greater than our economy, it necessarily is consuming an ever greater percentage of our economy indefinitely. It is just arithmetic. Eventually, it would become bigger than the economy, which is obviously, after what happened, it would cause a fiscal crisis. This is the very essence of what is unsustainable.

You don't have to take my word for it, and I am certainly not the first person to observe this. We could take the words of Democratic President Bill Clinton, who told us this very thing. Back in 1995, President William Jefferson Clinton said:

We all now, looking ahead, know that our number one expenditure problem is Medicare and Medicaid. They are growing much more rapidly than the rate of inflation plus population.

Now, President Bill Clinton wasn't making this point because he is some kind of ideologue who wants to get rid of Medicaid. I don't think he has ever been accused of that. It is not because he has some passionate ideological commitment to the size of the Federal Government. I don't think he has ever been accused of that. I think Bill Clinton was making this point because he knew this program was unsustainable, and he wanted to reform it so it would be sustainable, so our Federal budget would be sustainable, so Medicaid would be there for the next generation. I think that was Bill Clinton's motivation at the time.

So what was his solution? What was it that Bill Clinton thought we ought to do about this program that was unsustainable?

President Bill Clinton suggested the Federal Government put caps on the amount Medicaid could contribute to the States based on the number of individuals enrolled. In other words, it was a per beneficiary limit on the Federal contribution. That was what Bill Clinton proposed in 1995. He wanted to maintain the eligibility of individuals to participate in the program, but he wanted to put limits on what the Federal Government's share would be. He wanted to have it grow at about the rate the economy would grow so you wouldn't wildly accelerate the line relative to this modest growth line but that the two lines would converge, because then, as Bill Clinton knew, the program would be sustainable over time. We would be able to afford it.

One might wonder, what did Congress think of this idea at the time. This is 1995. Bill Clinton came along and said: Let's establish per beneficiary caps on Medicaid expenditures by the Federal Government, and let's limit the growth of those caps to about the growth of the economy. That was Bill Clinton's idea.

Helpfully, the Democrats, who controlled the Senate, decided to weigh in on the matter, and on December 13, 1995, Senator Patty Murray—who serves with us today—submitted a letter to the CONGRESSIONAL RECORD. I am going to read a very brief part of that letter that she made when she submitted this for the RECORD. The senior Senator from Washington, Patty Murray, said:

Mr. President, I hold in my hand today a letter to President Clinton that is signed by all 66 members of the Caucus. This letter urges him to hold firm to our commitment to basic health care for children, pregnant women, and those disabled in this country. This letter supports a per capita cap approach to finding savings in the Medicaid program.

It was signed by every single Democratic Senator. They expressed their strong support for the Medicaid per capita cap structure.

I want to be very specific about this because as they developed the particulars, they decided the cap should not apply to an individual's healthcare spending. They wanted it to be tied to an index which would grow at the rate of the economy overall, and they proposed it would go into effect the very next year. They didn't want to walk the difficult but absolutely necessary walk of a transition. They didn't want it to be gradual. They wanted it to go into effect the next year. They proposed implementing the changes for the very next fiscal year.

Some can imagine that some of us are a little bit surprised by the shrill, over-the-top attacks we have been hearing from the other side. We Republicans have been accused of launching a war on Medicaid. We have been accused of draconian cuts. We have been accused of wanting to decimate healthcare for the most vulnerable. We could go on. As you and I both know, all across this country, on this floor, in every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable. This letter supports the per capita cap.
changes, but we do it over time, not suddenly, the way they had proposed it.

The other big difference, I would suggest, is they proposed this structural change to Medicaid before ObamaCare came along, and an unusual and unintended consequence. We are proposing it in the aftermath of that huge problem.

I get our Democratic colleagues have done a 180 reversal. I get they no longer acknowledge that this is unsustainable. I get that they don't want to do anything about entitlements. I understand all that. You are entitled to change your opinion, you are entitled to decide you want to ignore this issue, but it is a little bit over the top to attack our motives, our integrity, when we are proposing exactly what they themselves proposed just a few years ago under President Clinton.

I wish we could have a substantive discussion about the policy without the character attack.

Let me get into a little bit more about these changes to Medicaid. As the Presiding Officer very well knows, traditionally, Medicaid was available, from the time the program was passed, to four categories of Americans—four categories of people who were of very low income and were deemed to be unable to purchase healthcare for themselves. Those are the elderly poor, disabled, blind and disabled children, and adults with dependents. So the program set up a partnership with the States—a generous partnership. The Federal Government has always paid a majority of the costs, ranging anywhere in some States as high as 75 percent of the costs and no State less than 50 percent—on average, 57 percent.

ObamaCare came along and created a new category of eligibility. Under President Obama, for the first time—under a new category was created: that is, adults, working-aged, able-bodied people with no dependents, would now be eligible for Medicaid if their income was below 138 percent of the poverty line. The Federal Government would pay all of the costs initially, and then after a short period of time, it would go to 90 percent. Then the Federal Government would pay 90 percent in perpetuity.

Well, there are a few problems with this design. The most fundamental and obvious is the Federal Government couldn't afford this. We were not on a sustainable path before, and now we have created this whole new liability which can only make it worse and bring a fiscal crisis closer to the present.

The second thing is, when States have no skin in the game, we find out they behave as though they have no skin in the game. When States have to contribute only 10 percent of the costs—think about it. Every dollar a State spends in this category gets matched with nine Federal dollars, nine free dollars. That is a huge incentive to spend a lot, and guess what. That is exactly what they have done. Medicaid spending in this category has ended up being over 50 percent more than what was expected.

So what did the Senate propose in our legislation? We proposed not that we would disallow this coverage, not that we would eliminate this category of eligibility, not that we would throw a single person off Medicaid—we have said, in fact, we will codify the expansion. We will make it permanent. No one loses eligibility, no one gets thrown off.

What we will do is gradually, over 7 years, we will ask States to pay their fair share for this new category—this expansion category, the able-bodied adults with no dependents. We will ask the States to pay the same amount for these folks that they pay for the traditional four categories of eligibility. That is the first category.

The second reform we proposed is what I alluded to earlier, the Bill Clinton-Democratic Senate proposal of establishing per beneficiary caps. That was in our legislation. What the underlying Senate bill did was allow the spending to grow very rapidly on those caps. In the eighth year did we ask that the growth rate slow down slightly so we would have a reasonable chance so the growth in the program would be about the same as the economy. That is what we proposed. That is the second category.

Let's get to the discussion about these cuts. We have another chart that illustrates this because it has been a favorite theme for some of my colleagues on the other side to talk about all of these cuts. If you look at the CBO score—again, this is the Senate BCRA, the legislation on which we didn't get enough time to talk to pass, but I hope we will revisit it—the largest of the so-called cuts in Medicaid spending comes from CBO's assumption that if you repeal the individual mandate—the statute that says you must buy insurance, you must have insurance—millions of people on Medicaid, millions of people who did get free health insurance, will decide: Oh, I don't want free health insurance anymore. If I am not being forced to buy it, I am not going to take free healthcare. Why would I do that? I don't know. That is a little counterintuitive to me. To my friend from Oregon who is attacking the so-called skinny bill, 100 percent of the so-called Medicaid cuts in that bill come from exactly this source. The assumption is that, if people are not forced by the government to have insurance, they will not want Medicaid. You can decide how much credibility you want to put in that assumption. It strikes me as ridiculous, but that is the truth. That is the reality of the so-called CBO cuts in Medicaid.

In the BCRA, that was only the lion's share of the so-called cuts. Another category of so-called cuts to Medicaid in the CBO analysis of the BCRA are their assumptions about expansion. They decide that under current law, if nothing else happens, a whole lot of States will choose to become Medicaid expansion States. They haven't made that choice yet. They can't point to which ones. It is a political decision in the various States. They don't know who is going to be leading those States. They have no idea about how that would happen, but yet they predict States that have chosen thus far to not be Medicaid expansion States would adopt the expansion under current law. If we passed the law that was proposed earlier, those States would not make that decision. Furthermore, some States that have expanded will rescind the decision to expand.

Any honest person, including the folks at the CBO, have to acknowledge that this is entirely speculative. They can't name a single State that would expand under the current law but hasn't yet. They can't name a single State that would rescind its expansion having already done so. They are just speculating that that could happen.

That, my friends, is the lion's share of the CBO's headline numbers about all these cuts in Medicaid.

Let me go to chart 5. Despite that, even if you accept the CBO's unbelievable assumptions that people only participate in Medicaid if they are forced to and that these mysterious States will expand and others will not—even if you accept those assumptions, that is the only category of so-called cuts in Medicaid.

If you go back to their notes, to go back to the numbers, they were making together with President Bill Clinton on the floor of this Senate and around the country about Medicaid, because we are making assumptions they were making together with President Bill Clinton and around the country about Medicaid, because we are making assumptions they were making together with President Bill Clinton, you would think we might be able to find some common ground.

The fact is that Medicaid is a very important program. The most vulnerable Americans depend on Medicaid to a very significant degree. The fact is that, in its current form, it is unsustainable. Our Democratic colleagues in the past used to recognize
this. They used to acknowledge this, and they used to want to do something about it. I urge them to return to that attitude so that we can work together and get something done.

The sooner we act on this, the sooner we can have gradual, sensible, thoughtful reforms that are workable, sustainable and allow our States to plan for these changes and allow for a transition. If we wait too long, the fiscal crisis that will hit us will force sudden and draconian changes.

We cannot allow the American people to watch this process go on sustainably, and that we will put Medicaid on a sustainable path, because the time is overdue.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, how much time remains on our side?

The PRESIDING OFFICER. The Senator has 3 minutes remaining.

Mr. WYDEN. Mr. President, I will be very brief.

To respond to my friend from Pennsylvania, No. 1, none of what he has discussed has come up in the Senate Finance Committee. What I can tell you about past debates is that our side was always interested in reform-minded ideas, for example, bringing the private sector into the delivery system of Medicaid. That is No. 1. No. 2, we still have not seen the skinny bill.

I said earlier: Who knows what happened at the Republican Senate lunch between one course and another. We would like to see the skinny bill. I think, once again, we have heard from the other side that they disagree with the umpire. They disagree with the impertinent CBO, and I think that is unfortunate.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, I ask unanimous consent to speak for 17 minutes.

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

Mr. GRASSLEY. It is my understanding that if the managers need time to break into my speech, I will be glad to accommodate that.

I rise today to inject a dose of badly needed reality into this very important debate. Healthcare is a profoundly personal issue that matters to every single American. In fact, every single Senator ought to agree on this point. Healthcare hits home for each and every constituent we represent from our home States. From standard wellness checks to lifesaving cancer treatments, each of us wants the best, most effective and affordable medical care for the people we love and for ourselves.

As policymakers, it is our job to solve problems. It goes without saying that healthcare is a big problem right now. Access to affordable healthcare is out of reach for millions of Americans. That is despite the promises made over and over. Remember that ObamaCare was rammed through on a last-ditch Christmas morning vote.

Look at what that got us. Health insurance markets are collapsing around the country. Since 2013, the average premium increase on the individual market has jumped 105 percent. Remember when President Obama promised affordable healthcare for all? He promised we could keep our doctor. He promised that Americans could keep their healthcare plan, and he promised all Americans that their premiums would go down.

We all know ObamaCare did not uphold these promises. Instead, we got higher taxes, costly penalties, double-digit premium increases, unaffordable copays, job-crushing and wage-crushing employer mandates, and thicket of Federal regulations.

Now ObamaCare is collapsing. No one on the other side of the aisle has made an attempt to legislate remedies to the law despite its grave condition. At this very moment, 72,000 Iowans in my home State are gripped with uncertainty. Two insurance carriers have dropped out of the exchanges, leaving only one to offer individual plans starting in January. The policies offered by that insurance company will go up over 40 percent next year, on top of huge increases this year, making it still unaffordable.

ObamaCare is unsustainable, unaffordable, and unacceptable. This brings me to the reality check that I mentioned when I started. As I listen to some of my colleagues on the other side of the aisle, I am, frankly, astounded that they can deliver their talking points with a straight face.

They would like the American people to believe that Republicans are dead set on ripping healthcare away from children, the elderly, and the disabled. Despite their red hot rhetoric, we have neither horns nor tails, but we are dead set on exposing the devilish details to get to yes.

 Democrats’ hyperbole and fearmongering are standing in the way of getting the job done for the American people. Fear is easy to achieve. Legislating in good faith is hard work. Obamacare’s architects would rather disparage than engage. They would rather obstruct a path forward than to construct a path forward. They are standing in the way of solving problems.

In the process, they are scaring the living daylights out of some working Americans who aren’t able to stretch their paychecks to afford health insurance for their families. If there is one job the defenders of the big government have mastered, it is the role of Chicken Little. They squawk, cluck, and crow at every opportunity to grow the size, scope, and reach of government into our daily lives. To their way of thinking, ObamaCare was a step toward singling out the U.S. economy, or the loss of personal freedom.

Their message is dead wrong. Our reform efforts are not making the sky fall. The Democrats’ rhetoric reminds me of a similar situation. The debate 20-some years ago was to reform welfare by reining in runaway Federal spending and increasing the independence of individuals. Just like now, that debate was full of dire predictions.

Some of my colleagues will remember the late Daniel Moynihan of New York, then-chairman of the Senate Finance Committee. He strongly opposed efforts to reform the welfare system. He predicted that the bipartisan proposals would result in an apocalypse and said, "If, in 10 years’ time, we find children sleeping on grates, picked up in the morning frozen, and ask, why are they here, scavenging, awful to themselves, awful to one another, who anyone remember how it will have begun on the House floor this spring and the Senate chamber this autumn."

That is the end of the quote from Senator Moynihan 20 years ago. The facts will show that welfare reform was, in fact, not "legislative child abuse," as the former Senator of Massachusetts Ted Kennedy predicted. Quite the contrary.

In the two decades since historic, bipartisan welfare reform was enacted, reality shatters the myth perpetuated by prophecy of 20 years ago. The reality is that the number of African-American children living in poverty has fallen to the lowest level in history. The problem still exists and deserves our attention, of course, but 1.5 million fewer children are in poverty today, and 3.4 million more families are independent from assistance.

At the time of welfare reform, the Chicken Littles forecasted homelessness, poverty, and despair. Senator Moynihan also said that requiring welfare recipients to work and limiting the length of time that they could collect benefits added up to "the most brutal act of social policy since Reconstruction. Those involved will take this disgrace to their graves."

With all due respect to the memories of my former colleagues, their rhetoric simply does not square with reality. The 1996 welfare reform law lifted millions out of generational poverty, replacing lifelong impoverishment and lifelong dependence of generations restored with hope and opportunity. These facts separate Democratic rhetoric from reality.
In the absence of a credible reason to continue with ObamaCare’s failure, the only defense tactic left to the Democrats is fear. In a vein similar to that of her predecessor from New York, former Senator and Democratic Presidential nominee Hillary Clinton said: “If Republicans pass this bill, they’re the death party.”

In another vein similar to her predecessor, another Senator from Massachusetts said that “I’ve read the Republican ‘health care’ bill. This is blood money. They’re paying for tax cuts with American lives.”

They are not alone in their obstructionism. The minority leader has said that Republican-led efforts to reform ObamaCare are “heartless. It is a wolf in sheep’s clothing. It brings shame on the body of the Senate.”

Another Democrat chimed in that the Senate bill is “downright diabolical” and would be “one of the blackest marks on our national history.”

Still another insisted his constituents are “scared for their children, they are scared for their spouses, they are scared for their aging parents. . . . And . . . scared . . . for their own health.”

Another one chimed in that “our emergency rooms would be overwhelmed. They would be unable to deal with the scope of that kind of humanitarian need.”

Not surprisingly, the law’s champion-in-chief, President Obama, has fueled the fear factor, saying that the Republican efforts to reform the healthcare law would put pregnant mothers, addicts, children with disabilities, and poor adults in harm’s way.

Such overheated rhetoric shows Democrats have abandoned rhyme, reason, and reality. Too often, the arguments from the other side are based on what Medicare was supposed to do, not what it actually did, which fell far short of the experts. Defenders of ObamaCare are relying on a phantom rather than the reality of the law.

Democrats are refusing to work with us toward a better solution that truly works. After years of neglecting con-sequential problems with a partisan-passed law now on the books, they say that they have a better deal. Let me tell you, thousands of Iowa families and small business owners have contacted me with their personal stories of hardships. To them, ObamaCare has been nothing but a raw deal, rather than a better deal. What good is having insurance, they say, if it is too expensive to use?

After more than 7 years of ObamaCare, the chickens have come home to roost. And in less than 10 years, look what happens when government gets in the way of the free market and consumer choice. Well, it is obvious: higher premiums, bigger copays, fewer choices, less freedom. Health insurance that costs too much to use is just not working for hard-working American families.

I will end my speech today with an appeal from an Iowan from Avoca, IA. She has contacted me many times about the hardships her family has experienced since ObamaCare was enacted. She pays more than $2,500 a month for health insurance on the individual market. If that sounds like chicken feed to some of ObamaCare’s defenders, I urge you with all sincerity to get your heads out of the clouds and join us to fix this flawed law. Republicans can and should work together for the greater good of the country.

It is said that when there is a will, there is a way. Many of us recognize that ObamaCare isn’t working as promised. I have faced the reality of how many are not insured. About 28 million Americans are uninsured under ObamaCare because they cannot afford insurance or no longer have access to their care’s collapsing markets in their State or county. But coverage numbers can be misleading because, even with insurance, many hard-working families still cannot afford the care due to surging deductibles. It is coverage with sky-high deductibles is coverage in name only.

When it comes to Medicaid coverage, what most news stories will not tell you is that the newly insured gained coverage only through a flawed Medicaid Program that is providing inferior quality and threatening to bankrupt States across the Nation.

The Democratic leader, NANCY PELOSI, famously said that Congress would have to pass the bill to find out what’s in it. Well, Americans soon discovered that President Obama and congressional Democrats focused almost exclusively on coverage numbers boosted by government mandates handed down from Washington, instead of true healthcare reforms that might have actually helped people get affordable care. Obama’s alleged coverage numbers are only on paper.Coverage was their sacred cow, worshiped

The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield myself such time as I need, up to the limit that we have. This week, we have been debating why it is so urgent for Congress to act on rescuing Americans from the collapsing ObamaCare healthcare law.

We have heard from our colleagues across the aisle, questioning our motives and our actions. Congress literally has millions upon millions of reasons to replace and repeal this law.

Hard-working American families are begging us to provide them with some relief. These are families who are forced to purchase high-deductible coverage insurance and are facing thousands of dollars of out-of-pocket costs before their coverage even begins. For them, the status quo—doing nothing—is not an option.

For Senate Republicans, rescuing the American people from this law is our only option. But the defenders of this law are so unwill- ing to admit—that ObamaCare is not affordable insurance and has been a crisis-inducing failure. This is why Republicans are working to fix the damage. Insurance markets are collapsing, premiums are soaring, and healthcare choices are disappearing.

Americans expect the Congress and the President to address the problem. With ObamaCare getting worse by the day, they turn to us. Just look at my home State of Wyoming, which is down to one insurer in the individual market, both on and off the exchange. This should be treated as the national scandal it is.

Some on the other side of the aisle like to focus on how many people are insured under the law, but let’s look at how many are not insured. Almost 28 million Americans remain without insurance under ObamaCare because they cannot afford insurance or no longer have access to their care’s collapsing markets in their State or county.

But coverage numbers can be misleading because, even with insurance, many hard-working families still cannot afford the care due to surging deductibles. With sky-high deductibles is coverage in name only.

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above all others, because for President Obama, NANCY PELOSI, and Harry Reid, coverage equaled healthcare.

Large coverage numbers touted by the Obama administration and congressional Democrats have proved to have the byproduct of a pet rock. Do you remember the pet rock? Millions of people purchased a rock. It was very nicely packaged in a box. They would bring it home and open it up and find a rock. Pet or not, it served no purpose other than to be a pet rock.

This is essentially how ObamaCare has worked, except people were forced to purchase this marketing gimmick. Americans have purchased insurance through ObamaCare exchanges with the promise of accessible coverage. What they actually received, however, is coverage in name only. It serves no healthcare purpose, and it doesn’t work—merely packaging a pet rock, if you will—and millions of Americans soon found out. The high cost of insurance forced people to pay made it nearly impossible for them to pay for the coverage they signed up for, or if they could afford coverage, they realized the care they were paying for came with sky-high deductibles.

Congressional Democrats and President Obama focused almost exclusively on the numbers of people now enrolled in ObamaCare and relentlessly highlighted this information, which showed this law was used mainly for public relations purposes at a large cost, as opposed to an actual policy accomplishment. Instead, the reality is that Americans who were able to get insurance were often plagued with inadequate coverage, joined with enormous out-of-pocket costs. Senators from across the country this week have been sharing stories about families in their States who have had to forgo medical care, not because they don’t have insurance but because it was simply too expensive to go to the doctor under the ObamaCare health plan.

For years, Republicans have pledged to repeal this disastrous law, and this week we are working to address the broken promises of ObamaCare to help ensure better care for each and every American. We are doing this by working to stabilize collapsing insurance markets that have left millions of Americans with no options, which will help improve the affordability of healthcare plans and therefore make healthcare more affordable. Our goal is to preserve access to care for Americans with preexisting conditions and to safeguard Medicaid for those who need it most by giving States more flexibility, while ensuring that those who rely on this program won’t have the rug pulled out from under them. Most importantly, Republicans hope to free the American people from onerous ObamaCare mandates that require them to purchase insurance they don’t want or can’t afford.

The President and Republicans in Congress last fall promised to rescue the millions of American families suffering under ObamaCare, which is what this bill will do.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, may I inquire, what is the remaining Republican time?

The PRESIDING OFFICER. Three minutes.

Mr. BLUNT. Mr. President, the majority time is 3 minutes?

The PRESIDING OFFICER. Yes.

Mr. BLUNT. Senator STRANGE is coming, and I will take my time later.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. This, Mr. President, we have loaned time before to the other side of the aisle. If they would loan us some time so that the person propounding this amendment could have a moment to explain his amendment—they have agreed. So I yield time to the Senator from Alabama.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. STRANGE. Mr. President, I ask unanimous consent to speak for up to 2 minutes.

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

Mr. STRANGE. Thank you.

AMENDMENT NO. 389

Mr. President, I rise today in support of an amendment that will relieve millions of Americans of a moral conflict. For too many, access to healthcare coverage comes only with the restriction of deeply held personal convictions about the sanctity of human life. The amendment before us offers the opportunity to end the flow of taxpayer dollars to abortion procedures once and for all. It allows Hyde protections to be extended to all funds appropriated through the healthcare legislation we are considering today.

Let me provide some context. Premium tax credits implemented under ObamaCare currently provide over $8.7 billion in annual subsidies for nearly 1,000 different insurance plans that cover elective abortion on the State exchanges. This provision stands in violation of the fundamental principle of the Hyde amendment and the long-held understanding that the U.S. Government has no role in funding abortions.

In recent weeks, the Senate has debated countless nuances of healthcare policy, and we have taken several crucial votes on efforts to rescue the American people from a failed social experiment, bringing us to this moment. Under our current procedural circumstances, in order to ensure that both the spirit and the letter of the Hyde amendment’s provision against taxpayer-funded abortion is upheld, we need a new solution.

My amendment would establish a matching arrangement between stability funds and premium tax credits, delivering an arrangement that complies with the Byrd rule. Starting in 2019, the value of premium tax credits that continue to subsidize elective abortions would drop to 90 percent, with the remaining 10 percent being made available as Hyde-protected monthly payments to insurers to benefit the same people who relied on those tax credits.

Let me be clear. This amendment does not reduce the amount of tax credit dollars available to low-income Americans. It does not result in their losing coverage. It certainly does not create or expand an entitlement program.

When hard-working Americans pay their taxes, they do so with the understanding that the rights granted to them by the Constitution are not checked at the door. For the people of my State, the right to life is foremost among these, codified by the Hyde amendment and engrained in the conscience of a majority of Americans.

The amendment before us allows for a clear conscience. It allows for a conscious, conservative solution to a problem that has dogged this Chamber for the 44 years since Roe v. Wade changed the landscape of American society.

On behalf of the unborn and the conscience rights of millions of Americans, I am proud to offer this amendment, and I urge my colleagues to join me in this effort.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I make a point of order that the pending amendment violates section 302(f) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. STRANGE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for purposes of amendment No. 389 and, if adopted, for the provisions of the amendment included in any subsequent amendment to H.R. 1628 and any amendment between Houses or conference report thereon, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 50, nays 50, as follows:

[Rollcall Vote No. 174 Leg.]

YEAS—50

Alexander  Barber  Barrasso  Boozman  Burr  Capito  Cassidy  Corker  Cotton  Cruz  Daines  Ernst  Fischer  Flake  Graham  Grassley  Hoeven  Inhofe  Johnson  Kennedy  Kaine  Tester  Udall  Van Hollen  Vitter  Whitehouse  White  Wicker  Wyden

NAYES—50

Alexander  Barber  Barrasso  Boozman  Burr  Capito  Cassidy  Corker  Cotton  Cruz  Daines  Ernst  Fischer  Flake  Graham  Grassley  Hoeven  Inhofe  Johnson  Kennedy  Kaine  Tester  Udall  Van Hollen  Vitter  Whitehouse  White  Wicker  Wyden
COUNTERING AMERICA'S ADVERSARIES THROUGH SANCTIONS ACT

The PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 50.

In just the last 3 years, under Vladimir Putin's cronies, with sanctions on investment in Russian petroleum and natural gas development as well as Russian energy pipelines. My friends, the United States of America needs to send a strong message to Vladimir Putin and any other aggressor that we will not tolerate attacks on our democracy. That is what this bill is all about. We must take our own side in this fight, not as Republicans, not as Democrats but as Americans.

The legislation would target the Russian energy sector, which is controlled by Vladimir Putin's cronies, with sanctions on investment in Russian petroleum and natural gas development as well as Russian energy pipelines.

It is time to respond to Russia's attacks on American democracy with sanctions that have a clear purpose, and with action. I am proud to have played a small role. What I am most proud of is the bipartisanship you are seeing manifested today on both sides of the aisle. We need a little more of it.

I yield the floor.

Mr. CORKER. Mr. President, I thank the distinguished Senator from Arizona for his dedication to our national security, for his tremendous involvement in this legislation, and all that he does on behalf of all of us to make sure that our Nation is secure.

Thank you so much for those comments and for your deep involvement in this piece of legislation.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I thank the chairman of the Foreign Relations Committee and the ranking member, Senator CARDIN.

Mr. CARDIN and I began working on this months and months ago. I appreciate that partnership.

Mr. CORKER. Mr. President, I thank the distinguished Senator from Arizona for his dedication to our national security, for his tremendous involvement in this legislation, and all that he does on behalf of all of us to make sure that our Nation is secure.

Thank you so much for those comments and for your deep involvement in this piece of legislation.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Mr. President, I thank the Democratic leader for his courtesy, as always.

In just the last 3 years, under Vladimir Putin, Russia has invaded Ukraine, annexed Crimea, threatened NATO allies, and intervened militarily in Syria, leaving a trail of death, destruction, and broken promises in his wake. Of course, last year Russia attacked the United States with a cyber and information campaign designed to interfere in America's 2016 election.

I am proud—I am proud—of the two men who just spoke, the Senator from Maryland and the Senator from Tennessee. Both of them have worked in a bipartisan fashion and got legislation passed. Although it is long overdue, it is here. I believe we will see an overwhelming vote, and I thank them for their bipartisanship.

In the last 8 months, what price has Russia paid for attacking American democracy? Very little. This legislation would begin to change that. The legislation would impose mandatory sanctions on transactions with the Russian defense or intelligence sectors, including the FSB and the GRU, and the Russian military intelligence agency which was primarily responsible for Russia's attack on our election.

I believe my colleagues know what is in this. It would codify existing sanctions on Russia by placing into law Executive orders signed by President Obama in response to both Russian interference in the 2016 election and its illegal actions in Ukraine, and it would take new steps to tighten those sanctions.

The legislation would target the Russian energy sector, which is controlled by Vladimir Putin's cronies, with sanctions on investment in Russian petroleum and natural gas development as well as Russian energy pipelines.

My friends, the United States of America needs to send a strong message to Vladimir Putin and any other aggressor that we will not tolerate attacks on our democracy. That is what this bill is all about. We must take our own side in this fight, not as Republicans, not as Democrats but as Americans.

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The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I thank the chairman of the Foreign Relations Committee and the ranking member, Senator CARDIN.

Mr. CARDIN and I began working on this months and months ago. I appreciate that partnership.

Senator McCAIN—I read an op-ed he wrote in USA Today about 3 weeks ago. It was about what Putin tried to do with the acute level of malignancy in the world—for example, and nobody has watched Putin and his intervention in our elections and European elections and their governments and his desire to destabilize democracy around the world—nobody has recognized it quite as early or with the same frequency as Senator McCAIN has, and we thank him for that.

I rise to urge my colleagues to join me and vote for this critical sanctions
money is. The source of money for Hezbollah is Iran. If you are concerned about intercontinental ballistic missiles, I would add, it is Iran. If you are concerned about the greatest exporter of terrorism, it is Iran. If you are concerned about human rights violations within the leadership of Iran.

This is about sending a message to Iran that, in fact, when you violate the international order, there are consequences to it. It is about sending a message to Russia that when you violate the international order, annex Crimea, invade Ukraine, indiscriminately bomb civilians in Syria—and then when you try to affect the elections of the United States of America, you have a cyber attack, from my view, on the election process.

We can debate whether it affected the election. That is not the issue. The mere fact that Russia tried to affect our elections should be upsetting from the average citizen to the President of the US. We have an opportunity to make very clear to Russia and to any other nation that this will not be tolerated.

Finally, to North Korea: North Korea's dangerous provocations in its path to nuclear weapons and a delivery system to be able to deliver those nuclear weapons are some of the greatest challenges we have.

We have an opportunity to come here today and say: You have to observe the international order. We have to go back to the basis of the rules that ultimately came about after our leadership in World War II to preserve the international order that has brought us peace and prosperity.

There are only a handful of peaceful diplomacy tools you can pursue. One of them is the use of sanctions in order to try to prod countries to move in a certain direction and to observe the international order. That is our opportunity today with Iran, with Russia, with North Korea. I hope we will seize it unambiguously because when we do that, we send the most powerful message in the world that the United States—Democrats, Republicans, Independents—stand together in terms of defending the national interests and security of the United States.

I yield the floor.

Mr. CORKER. I thank the Senator from New Jersey for his outstanding leadership on Iran and his leadership on Russia and North Korea. He has led us for years and years in sancting Iran and has brought them to the table. I thank him for that.

For those who are here and want to vote, I am going to yield 1 minute to Senator GARDNER. I am going to speak for about a minute and a half, and to my knowledge, we will be ready to vote. I thank all of my colleagues for their patience.

Senator GARDNER.

Mr. CORKER. The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Mr. President, I thank Senator MENENDEZ. I appreciate the opportunity to talk about what this Senate and Congress has done. Last Congress, we passed unanimously the North Korea Sanctions and Policy Enhancement Act.

This legislation that we are about to vote on begins with success we started with last year. We have more work to do to stop the crazed Kim regime.

I thank the chairman and the leader for committing to further conversations on North Korean action that needs to be taken because we know that, in China, there are over 5,000 businesses still doing business with North Korea. China is responsible for 90 percent of the North Korean economy. New, 10 of those 5,000 businesses are responsible for 30 percent of the economic activity, the imports from North Korea into China. More work has to be done to stop this madman in Pyongyang.

I thank this committee for moving forward on legislation today to build on the success we had last year. I urge its passage. We have more work to do to put an end to this regime.

Mr. CORKER, the Senator from Tennessee, I thank him for speaking.

Mr. President, I will be very brief, as I normally am. This bill has taken passion, tenacity, and all of us working together as we did today on another markup, to get to where we are. We have Senators CRAPO and BROWN. I think there were about four committees working to get this piece of legislation out. It was an incredible amount of work around the clock for days and nights. I want to thank them for their leadership.

I want to thank Senator MENENDEZ, again, for his involvement, in particular on Iran, but on all of these issues.

Certainly, thanks go to Senators MCCAIN and GRAHAM for their tremendous leadership in beginning the process, especially on Russia. Thank you so much.

Thank you, Senator SCHUMER and Senator MCCONNELL, for giving us the freedom to operate under regular order, the freedom to operate in the committee, which we know all of us long to get to on all issues that we deal with here, and thank you to all of those Members who have been so involved. Our staffs have been incredible. Thank you so much for the professionalism, the knowledge, the energy, and the work late hours to make this happen.

The attributes of this legislation have been discussed. I think we are all ready for this moment. We are all ready to build on what Russia has done to our country and to others, to speak to what Iran is doing outside of the nuclear agreement, and to speak to what North Korea continues to do.

One attribute that hasn’t been spoken to is this: It has been my goal as chairman, working with the ranking member, that Congress continue to be more and more relevant and to garner back the powers that we have given to the executive branch for decades. One of the most important attributes of this legislation is the congressional review, where, when major decisions are made, Congress is involved; Congress has a say. I hope we will build upon that, not only in foreign policy but in other matters.

I want to thank all involved.

I urge a strong vote on this piece of legislation that sends a strong message to Iran, to Russia, and to North Korea. With that, I yield the floor.

The PRESIDING OFFICER. All time is yielded back.

The bill was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

The result was announced—yeas 98, nays 2, as follows:

[Rollcall Vote No. 175 Leg.]

NAYs--98

Alexander
Balzin
Barrasso
Benning
Barrasso
Brent
Barrasso
Brown
Burr
Bolstein
Bust
Brooke
Boozman
Brown
Burr
Canfield
Capito
Carter
Casey
Caskey
Cochran
Collins
Coons
Corker
Cortez Masto
Cotan
Cruz
Crude
Daines
Durbin
Emerson
Ernst
Fenstein
Fischer

YOUNG

Paul Sanders

The bill (H. R. 3364) was passed.

AMERICAN HEALTH CARE ACT OF 2017—Continued

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

AMENDMENT NO. 502 TO AMENDMENT NO. 367

Mr. ENZI. Mr. President, I call up amendment No. 502, the Heller amendment.
The PRESIDING OFFICER. The clerk will report. The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. Enzi] for Mr. Hill, proposes an amendment numbered No. 267.

Mr. ENZI. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To strike the sunset of the repeal of the tax on employee health insurance premiums and health plan benefits)

Strike subsection (c) of section 109.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, we are talking today, obviously, as we move into the final hours of this debate, about the two mandates in the original Affordable Care Act, the individual mandate and the employer mandate—certainly, the individual mandate but both of these mandates.

First, I want to talk about the individual mandate. It was unprecedented in Federal law. The idea that the Federal Government could tell everybody they have to buy a product, tell them what that product had to look like, and have very little input on the price or competition is just something the Federal Government had never done before. They didn’t just set guidelines, they didn’t just set subsidies, but actually a requirement to buy a product or pay a penalty.

Now, when this case got to the Supreme Court, the government was still arguing it was a penalty and there was nothing wrong with that penalty, until apparently they figured out the Court wanted to look at this as a tax because a penalty wouldn’t have been constitutional.

Now, we all know this is a penalty. The Supreme Court can call it a tax, the Obama lawyers could at that moment decide, well, even though we set up the law as a penalty, we really think it must be a tax, and that 5-to-4 decision decided that because it was a tax, not a penalty, that part of the law was upheld.

Nobody ever thought this was a tax before that day, nobody ever seriously thought it was a tax after that day. It was a penalty you pay if you decide the government want to do something the Federal Government tells you that you have to do.

There is no constitutional basis that gives the government the authority to make that kind of decision, and families and individuals have been hurt by that decision.

There is only one place to go on the individual market, the exchange. Remember that? We have almost forgotten the total disaster of the exchange. States tried to operate exchanges, almost all of them worked. States spent millions and tens of millions, and I think a time or two maybe even more than that to put an exchange together.

It didn’t work. That part of the law didn’t work so you wind up mostly with one big exchange. Even with one big exchange, you have to think about whether the policies available in the county you live in—most of the debate is over the choice. What is the choice? The choice has been we ought to expand the marketplace, we ought to buy across State lines, we should have more choices and more places to go. Somehow we managed to define in this law, the law that the law of the land, a marketplace that is about as small as it could possibly be.

In our State, in Missouri, we have counties that have a million people. We have a county that has a million people. We have a county that has 4,000 people. The county that has 4,000 people has its own buying unit when it comes to looking at how the marketplace is set up. It just doesn’t make sense.

The other mandate, the employer mandate, is telling employers what they have to do. One of the great benefits of health insurance in this country since World War II has been insurance at work. It was pretty much an accident in 1946. The war was over, and no one wanted to heat up the economy too quickly so it was decided to have wage and price controls. Somebody asked the price control person: If we add insurance at work, does that count toward wages? They wanted to compete for more and better employees they could get coming back into that economy from the war. So they asked, if we add insurance to work, does that count toward wages? The wage and price control person said, no, it wouldn’t count. So they went to the IRS person and said: If it doesn’t count toward the wage, is it taxable if they get it at work? That person said, no, it wouldn’t be taxable. So we have this unique system that developed. We need to figure out how more people can get insurance at work. More people can get insurance as a part of bigger groups. There are things that work and things that don’t. The government wants to do something and thinking there is a constitutional right to do that just simply doesn’t work.

In fact, with the employer mandate, there are all kinds of unintended consequences. People with 50 employees didn’t want to get more than 50 employees. The 30-hour workweek became a problem. In fact, Ms. Collins, the Senator from Maine, from almost day one has said: Why do we want to enshrine the 30-hour workweek? Let’s have a 40-hour workweek. How are companies that had an amendment was offered and filed over and over again. Companies were reluctant to hire new employees. These are the
unintended consequences of the employer mandate. Too many people have two 26-hour jobs now who need a 40-hour job with good benefits instead of two 26-hour jobs with no benefits.

More choices and the kind of access to healthcare people need is where we ought to be focused, a solution that provides healthcare and not just coverage. It is great to have insurance coverage. It is great to have even a government insurance coverage like Medicaid, unless no doctor wants to take Medicaid patients or if your insurance coverage deductible is so high. The averages on the bronze plan is $6,000 per individual, $12,000 per family. If your deductible is so high you can’t go to the doctor, you don’t have the kind of access to healthcare you need. You only have access to catastrophic sickness care. This system needs to change, and I believe one of the fundamental flaws in the system from day one was the government belief believing that people purchase a product that didn’t meet their needs and didn’t meet what their family could afford to do.

I am glad we have having this debate. I yield the floor.

M r. LANKFORD. Mr. President, I would like to tell my colleagues a couple of stories. We are going to talk about what is happening in healthcare right now. This healthcare that is happening here in this room in the debate that is ongoing that started months ago, continuing to try to figure out the solutions to what we face with the Affordable Care Act. Then there are the healthcare issues happening at home.

Sometimes we get caught up in this conversation and think this is what the center of the healthcare conversation is about. It is not. The center of the healthcare conversation in America that I grew up in, the America my 50s, and we probably need healthcare more now than we did 50 years ago, and my colleagues a glimpse. College tuition cost of college tuition. Let me give my colleagues a glimpse. College tuition has increased 76 percent in 15 years. Insurance in my State went up 76 percent. ObamaCare has been fully rolled out in 2013 until now, insurance in my State has gone up 201 percent. That is not the Affordable Care Act; that is a recipe to be able to push people out of insurance and keep them out.

ObamaCare was designed to force healthy people to buy insurance to increase the risk pools for those insurance companies. But when you can’t afford the premiums, you are forced to worry about the insurance line. Who is paying the tax? Originally, ObamaCare said: Well, people who didn’t buy into the insurance who want to just take the risk on their own, these wealthy individuals, they would have to pay the extra tax. Really? What did that end up looking like? Again, coming back to my State, 96,000 Oklahomans are currently paying the tax to the IRS because they don’t have healthcare insurance. Who are they? Eighty-one percent of the people who pay the penalty make less than $50,000 a year. These are individuals who cannot afford the insurance, and they also can’t afford the fine that is coming from the IRS. It is a poverty tax that the Affordable Care Act created to try to force these people into insurance they cannot afford, and when they can’t afford that, then they get a big hit on their taxes as well. It is literally a no-win situation for them.

One of the purposes of the Affordable Care Act was to provide affordable coverage. It was to be able to help people get into insurance. It was to be able to help improve the safety net. Those are not irrational goals. Those are good goals, but the execution of it was terrible and the implementation has caused more problems than it has solved.

In my State, many physicians in rural areas used to be independent. Now they have all been forced into group practice because they can’t afford the compliance costs to keep their office moving anymore. So independent doctors and independent clinics are now part of big conglomerate hospital companies. I am glad they are there, or we would have no access to care at all.

My State used to have four insurance carriers in the State. Now it has one, and that one is driven by people who used to have insurance and now does not.

I hear all the time people who are mad at Republicans saying: Why haven’t you solved this yet? Quite frankly, this is an incredibly difficult issue. But I also want to be able to respond back to people: Don’t gripe at the firefighters fighting the wildfire. They didn’t start it. We are trying to put it out. Yes, I know the fire line is big, and, yes, I know it is difficult to put it out, but we are doing our best to resolve a fire we did not start. We will resolve this.

So what is happening right now with our trying to resolve it? What are we trying to accomplish? We are trying to do several specific things dealing with the Affordable Care Act. This is not about trying to keep people from choosing to go uninsured in healthcare. There are, quite frankly, lots of issues on which we have bipartisan agreement that we should work on in the days ahead, things like prescription drugs and so many others. We can do to help bring down the cost of healthcare itself, but in the meantime, we do have a dispute.

Our Democratic colleagues have said to us that they want to be able to cooperate with us on healthcare, but we have been trying to keep the individual mandate—that tax penalty on people in my State for people who make $50,000 or less to pay this giant tax; they want to keep that. They want to keep the employer mandate, which is dramatically driving up the cost of insurance for employers and decreasing wages. The initial estimates are that people in my State are making about $2,500 a year less now than they would have been because of the employer mandate. That is a huge tax to the IRS because they don’t have healthcare insurance. Who are they? Eighty-one percent of the people who pay the penalty make less than $50,000 a year. These are individuals who cannot afford the insurance, and they also can’t afford the fine that is coming from the IRS. It is a poverty tax that the Affordable Care Act created to try to force these people into insurance they cannot afford, and when they can’t afford that, then they get a big hit on their taxes as well. It is literally a no-win situation for them.

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pays an insurance company bureaucracy, and then it pays a hospital bureaucracy, there is not much of that dollar left to finally get to patient care at the end. If we can take out one of those bureaucracies, we can actually get more dollars to patients rather than envying those just feeding the bureaucracy of another layer.

We are simply trying to deal with the mandates that are there, who actually makes the healthcare decisions for regulations and policy, whether it is the State or the Federal Government, and how we are going to balance out coverage for individuals who desperately need it in the safety net.

I have heard a lot of folks talking about CBO scores. I will tell you, I am in the middle, and I am very frustrated with CBO right now. Every policy we want to float to say this is something we think will be very effective to be able to help people in the safety net or to be able to help people purchase insurance, CBO responds back to us. That sounds like an interesting idea; it will take us about 4 weeks to study it. When we are in the legislative process, when we are doing amendments, we can’t wait 4 weeks between each amendment. We have to be able to get answers from them.

So we are stuck in this spot, so our resolution is—we have a House version that has been scored, and we have a Senate version. We have a lot of changes we want to make, even to our latest version. The best answer we have while we wait on CBO scoring—another month to get us an answer—is to be able to get an interim bill, get into a conference between the House and the Senate, allow CBO the month that they need to score this, and for us to be able to pass a better bill in September. So that is where we are stuck right now.

This is not a final bill that is coming out. This is still an interim process that we need to be able to keep this process moving because there are people at home who are counting on this actually getting better for them in the future. Their words to me are: This cannot get worse, because I can’t afford what we currently have, and I can’t afford that access I have been given to healthcare.

In the middle of all of this debate, a lot of people on the outside look at it and say: How come the Senate can’t move faster? I respond back to them: We can’t get a score from CBO, so we can’t move any faster. We are stuck waiting on them.

They typically will call me and say: Well, just run one out. I respond: Senate is not going to ignore the law, and we are not going to ignore the rules of the Senate, but we are going to work to actually get this right.

In the meantime, I have heard an awful lot of scare tactics coming out. It usually circles around, there will be 22 million people who will suddenly not have insurance. That is a fascinating number to me since only 9 million people have ObamaCare right now. Nine million are actually on the exchange. So it seems difficult to me for 22 million people to lose what only 9 million people have. But if you are an economist, they look at, on the horizon, people who may one day join in at some point. But people who may have joined in then might have lost their insurance. It makes total sense to an economist, but to all of us who just look at math, it becomes very difficult. CBO alone has forecast for 8 years—without a Federal mandate and a tax penalty on individuals, they will not buy this insurance product. People do not want to buy it and will not buy it unless they are made to buy it.

The problem is, there are 6.5 million people in the country who are also required to buy it who are just paying the tax rather than buying the insurance.

We need to allow people to make decisions on their own lives, but we need to also make sure there is actually an insurance product they can afford. And all the scare tactics about how we are going to throw out preexisting conditions and people who have preexisting conditions will be on their own—that is exactly what we said that we have debated has included protection for preexisting conditions. We all are still honoring things like lifetime caps, annual caps. We have all included 26 and under. If you want to stay on your parent’s insurance, you can still do that.

There have been all of these scare tactics, like this will throw senior adults out on the street, and Medicaid is going to have these dramatic cuts. I looked at one of the proposals that was put out by the Senate and one of the drafts that we went through, and it said “dramatic cuts.” Here are the “dramatic cuts” we had in Medicaid: Every year for the next 8 years, Medicaid increased at twice the rate of inflation. Four years in a row, twice the rate of inflation, Medicaid went up. That is twice as fast as Medicare goes up—twice as fast as Medicare. So Medicare was accelerating twice as fast as Medicare, and then 8 years from now, Medicaid went back to growing at the same speed as Medicare—at the rate of inflation. That was the “dramatic cut” in Medicaid. Every year going up twice as fast as inflation is a cut? Nine years from now, only inflation is growing. What is a cut? But it is being portrayed that people are going to be thrown out on the streets and Medicaid is going away.

I would encourage Americans to understand that the conversation has been a lot about political rhetoric. This body really is committed to the safety net. This body really is committed to allowing people to have choices again that they can actually afford for insurance. We are really committed to talking control of healthcare out of Washington, D.C. We are going to bring it back to the States and to families so they can control healthcare decisions again. That is the real debate that is happening here.

I know it is boisterous, and I know it is much easier just to have bumper sticker comments, but at the end of this, we have to realize there really are people who are involved in this, who are deeply affected by it.

I share more stories. A gentleman recently sent me an email saying that he received word that his premiums are rising from $1,229 a month to $2,205 a month to cover just him and his wife. His deductible is rising to $4,000 a person. His out-of-pocket maximum is rising to $13,000. That is under ObamaCare now.

Another person who wrote me is currently enrolled in ObamaCare now. He is 62 years old, and his wife is 61.

Our monthly health insurance premium increased by 71 percent to $2,900 last year. My wife and I are healthy with no major problems, so my health insurance is the size of my mortgage payment.

That is under ObamaCare now.

Under ObamaCare now, a lady from my State wrote me and said that for her first year, her monthly premium was $1,200. This year, she will pay $1,900 a month. She just got a letter from the one insurance company left in her State—the one opportunity she has to get insurance—saying that her monthly premium next year will be $3,540. That is an increase of 84 percent, or $4,200 a year, for insurance under ObamaCare now. Her simple statement to me is, How is this possible?

I speak to some of my colleagues, and they say: Those stories aren’t true. I say: Let me introduce you to some real-life people outside of this political debate who are debating around their kitchen table about how they are going to make it with the rates that have been put on them.

What we have now has to be addressed. I know this is a boisterous, loud process. But as we walk through the process, the end solutions are for these families, so that our noise helps them to actually move back to thinking about what they are going to do next in their retirement, and not to say: How in the world am I going to pay for my health insurance anymore?

Let’s get this finished. Let’s move to the next stage. Let’s get to conference and try to resolve the differences between the House and the Senate. By September, when we finally get a score back from CBO on all of our scoring and they finally get us information on those things we have asked for, let’s get this passed so we can actually get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. WICKER. Mr. President, let me congratulate my colleague from Oklahoma for a very fine statement, and let me associate myself with each and every word and each and every fact he outlined in his very fine statement, and I commend the remarks of my friend from Missouri who went before him. I appreciate their leadership on this issue.
Let me, at this point, also give a salute to the First Amendment of the Constitution of the United States, to the right of freedom of speech, which we have seen exercised in this building and in this Nation during the course of this debate, and the freedom granted to petition the government on grievances. We have seen examples of that. They have been on full display in this healthcare debate, a phase of which will come to a close I hope this evening.

Let me give a shout out to our staff members. They have fielded thousands, if not tens of thousands, of phone calls, letters, emails, and visits from Americans exercising their rights under the First Amendment. Americans have come to their Capital City, almost all of them in an appropriate and non-disruptive way—sometimes intense, for sure—expressing their opinions but also in display of their First Amendment rights.

After all the debate, all the conversation, and all the exhortation on this issue, we have seen a lot of things said from the floor and a lot of things said on the media that have amounted to a matter of opinion. But here is one thing for fact. For four straight elections—2010, 2012, 2014, and 2016—Republicans ran on a promise to repeal and replace ObamaCare. We ran on that platform, and for four straight elections Republicans prevailed at the ballot box on the strength of that platform. I know this for a fact, and I believe. Millions of Americans are at work today or at home or getting home from their offices, from their shops, from their factories. They are turning on the media. They are checking online. They are turning on the radio. They are wondering if a campaign promise is going to be kept by this party to which they have given the reins of government in four straight elections.

We are close to keeping that promise. We are closer than we have ever been, and we can take a big step tonight on making good on that promise. That is not just a matter of keeping a promise, but I will say to my colleagues that it is important this platform be honored.

Mr. President, I ask unanimous consent to speak for 10 additional minutes if there are no other people on the other side asking for consent.

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

Mr. WICKER. So we are keeping a promise, but there is a lot more to it, as my friend from Oklahoma outlined, not only in fact but also in stories from home. Stories from Americans.

This debate is about keeping Americans from hurting, about relieving the pain that this 2009 ACA has caused people to have. They were told they could keep their doctors. They wanted to keep their doctors, and it turns out they were not able to. They were told they could keep their health plans. They liked their health plans, and, in fact, they were not able to keep their healthcare plans. They were told their premiums would go down, and we have seen chapter and verse—as the gentleman from Oklahoma so forcefully outlined—of the dramatic, drastic, unspeakable increase in premiums that Americans have undergone. They have lost their freedom to make their own healthcare decisions, and that has been sacrificed in favor of a big government approach, as has been explained on the floor tonight.

Families in my State who do not have employer-based health insurance are paying nearly $3,000 more per year in premiums than they did 4 years ago. In my State, it is a 156-percent increase in premiums under the Affordable Care Act over this short period of time. I guess we should be thankful we are not the 201-percent increase in premiums that our neighbors from Oklahoma have, the 142-percent increase in healthcare premiums that our neighbors across the line in the State of Alabama have. But still, it is pretty bad wherever you go, and they were told and this program was sold on a promise of reducing healthcare premiums. As has also been pointed out, 6 million independent-minded Americans have just said: I will not purchase this required insurance. I will pay the penalty, instead. The Supreme Court says it is a tax. We know it is a penalty. It is a tax. It is a tax, but I believe this is a tax.

But what is their solution? I think we are beginning to know, based on statements made and based on information coming forward, that our Democratic friends really want a single-payer system. That is their solution to the failed Obamacare system we have now—a British-style, European-style, government-run insurance-for-all program. I don’t think we need that in America. I don’t think that is what Americans thought they were getting.

My wife and I have never moved our family to Washington, DC. We have kept our home on the same street in Tupelo, MS, the whole time. We raised our kids in Mississippi. When the last bell rings this weekend, I will be on a plane back home to my State, moving around the State, talking to Mississippians, speaking to people who gave me this great opportunity to serve in this great body and this great system of government.

I want to be able to tell them when I go home after this vote that I have taken a big step in keeping the Federal Government out of the business of deciding healthcare for their families. I want to be able to tell them that they are now going to have more options to choose the plan that works for them. I want to be able to tell people back home who put me in office that we put more power in the hands of the States, not unelected Washington, DC, bureaucrats. I want to be able to tell them we passed a bill that, as my friend from Oklahoma so eloquently, that the Medicaid Program will continue. As a matter of fact, it will continue to grow, but at a rate that is more sustainable, so we can afford it today and so we can afford the Medicaid Program in future generations.

This has taken long hours of give and take. It may take more hours in debates tonight and in a conference with the House, but we can get there. I see some resolution formulating, and I am as optimistic as I have ever been that we will be able to keep this four-election promise we made.

These reforms are now within reach. We should take advantage tonight of this opportunity to deliver on what was promised to the American people, to relieve Americans who are hurting from the current Obamacare system, and to give them a better opportunity to have affordable and accessible healthcare.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Mr. President, I ask unanimous consent that the time until 8:30 p.m. be equally divided between the managers or their designees and that at 8:30 p.m., the Senate vote in relation to the Schumer or designee motion to commit, which is at this time, and I ask as optimistic as I have ever been that we will be able to keep this four-election promise we made.

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

The Senator from Nevada.

AMENDMENT NO. 502

Mr. HELLER. Mr. President, I rise today to talk about my amendment, Heller amendment No. 502. It addresses one of the most onerous taxes enacted under the Affordable Care Act, commonly known as the Cadillac tax. The Cadillac tax is a 40-percent excise tax to take effect in 2020 on employer-sponsored health insurance plans.

In Nevada, 1.3 million workers are covered by an employer-sponsored health insurance plan. These are public employees in Carson City and service industry workers that work on the Las Vegas Strip. They are small business owners, and they are retirees across my State.

Hardly anyone in Nevada will be shielded from the devastating effects of
this Cadillac tax. Across America, 54 percent of employers and almost 151 million workers who currently enjoy employer-sponsored healthcare benefits will experience massive changes to their healthcare by the year 2020. We are talking about reduced benefits, we are talking about increased deductibles, and we are also talking about higher premiums. Hard-working Americans will suffer.

That is why I joined Senator HENRICH from Nevada in calling for what was called the Middle Class Health Benefits Tax Repeal Act earlier this year, with the support of over 75 organizations. Some of those organizations include unions, chambers of commerce, small business owners, State and local government employees, and retirees. They are all saying the same thing—that the Cadillac tax needs to be repealed. From unions to small businesses, employers are proposing sweeping changes to employee benefits today—and now—to avoid this onerous tax later.

First, over 33 million Americans who use flexible spending accounts and 13.5 million Americans who use health savings accounts may see these accounts vanishing coming years as companies scramble to avoid the law’s 40-percent excise tax. HSAs and FSAs are used for things like hospital and maternity services, dental care, physical therapy, and access to mental health services. This would be catastrophic for a family that needs those services could all be gone for millions of Americans if the Cadillac tax is not fully repealed.

Second, I have heard from employers, large and small, from all over Nevada, saying that they will inevitably have to eliminate services their workers currently enjoy, dramatically increase deductibles and premiums, and will have to cut certain doctors out of their networks. This goes right at the heart of Obamacare promise: that you can keep your doctor, if you like your healthcare, you can keep it; if you like your doctor, you can keep your doctor.

This onerous tax targets Americans who already have high quality healthcare, and Nevadans have reached out to tell me how this tax will affect them. One of the stories that hit me the hardest was hearing from a school teacher in Las Vegas. As the son of a cafeteria worker, I know the sacrifices that have made her decades to save enough money for her education. Cynthia, who works in the Clark County School District, sacrificed a higher paycheck to ensure that a quality health plan would be there when she retired. The Cadillac tax would place a 40-percent excise tax on her retiree benefits and cause her to deplete her savings to cover the loss.

Seniors have worked their entire lives for these benefits, and the Cadillac tax puts at risk the sacrifices they have made over decades to ensure a safe and stable retirement. That is why I am committed to repealing this very bad tax. Many are in the service industry, like Michael from Las Vegas, who wrote to my office and explained how he is worried that the cost of his union-sponsored health insurance premium will now skyrocket. He is already seeing his deductibles increase and understands that next year there will be more increases to his healthcare premium. Michael also shares his concerns about an imposed fine from the Internal Revenue Service, should he not have health insurance. He makes a valid point. If he loses his job, then how can he be expected to pay for his healthcare?

Norm, a city employee from Southern Nevada, shared a concern with me recently: The last thing a self-insured provider wants to do is reduce benefits for their employees.

Back in 2015, 90 Senators voted on the record in support of repealing the Cadillac tax, and I hope all 90 will join me again today. They recognize it will hurt middle-class families who, for reasons of control, have health plans that already or soon will reach the Cadillac tax’s cost limits. The tax will force many employers to pay steep taxes on their employees’ health plans, flexible spending accounts, and will also eliminate some employer-provided health coverage plans altogether. Under this tax, deductibles will be higher and benefits will be reduced even more, putting a strain on middle-class families trying to make ends meet.

The short-term success of this was pushing the delay through 2020. Now it needs to be fully repealed. So I encourage all my colleagues to join me today in voting to support Heller amendment No. 502 to fully repeal this bad tax and send a message that Congress is serious about lowering costs for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. SCHATZ. Mr. President, you know, late this afternoon, around 5 o’clock, a number of Republican Senators indicated their unwillingness to support the so-called skinny bill, which would rip healthcare from 16 million people, according to CBO, and increase health insurance premiums by 20 percent—and not 20 percent over several years, 20 percent per year for the next several years, doubling health insurance premiums the next 4 or 5 years. That is the bill we are talking about. They said that they don’t like this bill, but they are willing to vote for it if they are provided assurances that this is just sort of a procedural vote.

We just had a motion to proceed that was procedural in nature, according to them. We think it is the vote on healthcare.

No to the second vote, which is actually a vote to enact legislation—they are saying they are going to vote for it but only on the condition that we go to conference committee.

Something just happened over the last couple of hours that is actually pretty astonishing. The House Rules Committee adopted what they call a fraudulent disaster. Now, it is not quite as bad as it sounds, but it is pretty bad. What that means is it gives total control of the bill to the House majority. The House majority now is in a position to enact the skinny bill right away.

There are a lot of Members of the Senate who want to vote on this, but I will just give you my little indicators that they are going to enact this into law by Sunday. They are going to enact this into law by Sunday. No. 1, the White House already has a name for it, the President has indicated a willingness to sign it sight unseen, and PAUL RYAN just issued a statement that was not at all reassuring. There were lots of words, but none of them included “We will not enact anything that comes from the Senate. We will go to conference committee, and if we don’t have an agreement, we will not enact the Senate version of the bill.”

They are desperate to enact a bill before the summertime starts, and that is why we are all terrified here. There are a lot of Republican colleagues who hate the bill that they are going to be asked to vote for, and the only reason they are entertaining the possibility is that they want to go to conference. But they are not going to conference because they are also are not going to end up in a signing ceremony over the weekend.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, if I could just pick up on the comments of my colleague from Hawaii, we had a comical discussion 2 days ago in the Democratic caucus lunch. Comedy isn’t that unusual in a caucus with AL FRANKEN, but we did have a comic discussion about how we would describe to the American public what a skinny repeal is. It was kind of phraseology that we might understand; how do we describe that to the American public? We took about half an hour to try to figure out how to do it, but about 2 hours ago, one of our Republican colleagues did it in 5 seconds. He said—and this is the Senator from South Carolina—that the skinny repeal is a fraudulent disaster. That is how Senator GRAHAM described the skinny repeal. They are a lot of people on the Republican side who hate the bill that they are going to be asked to vote for, and the only reason they are entertaining the possibility is that they want to go to conference. But they are not going to conference because they are also are not going to end up in a signing ceremony over the weekend.

There is a lot of pressure on the House majority. Now, it is not quite as bad as it sounds, but it is pretty bad. What that means is it gives total control of the bill to the House majority. The House majority now is in a position to enact the skinny bill right away.

There are a lot of Members of the Senate who want to vote on this, but I will just give you my little indicators that they are going to enact this into law by Sunday. They are going to enact this into law by Sunday. No. 1, the White House already has a name for it, the President has indicated a willingness to sign it sight unseen, and PAUL RYAN just issued a statement that was not at all reassuring. There were lots of words, but none of them included “We will not enact anything that comes from the Senate. We will go to conference committee, and if we don’t have an agreement, we will not enact the Senate version of the bill.”

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I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. SCHATZ. Mr. President, in order to pick up on the comments of my colleague from Hawaii, we had a comical discussion 2 days ago in the Democratic caucus lunch. Comedy isn’t that unusual for AL FRANKEN, but we did have a comic discussion about how we would describe to the American public what a skinny repeal is. It was kind of phraseology that we might understand; how do we describe that to the American public? We took about half an hour to try to figure out how to do it, but about 2 hours ago, one of our Republican colleagues did it in 5 seconds. He said—and this is the Senator from South Carolina—that the skinny repeal is a fraudulent disaster. That is how Senator GRAHAM described the skinny repeal. He did such a better job than we did of describing what the bill is, and it is a fraudulent disaster because it hurts people. It takes health insurance away, according to the CBO, from 16 million people, and it would jack up premiums in a compounding 20 percent this year, then an additional 20 percent—40 percent the next year. That is why it is a fraudulent disaster.

In order to talk about this, and as described by my colleague from Hawaii, are entertaining that: Even though we call it a fraudulent disaster, we can vote on it because, don’t worry, the House will
create an opportunity for us to fix it and make it better. But the comments of the Speaker, which had to be clarified a few minutes later by his press spokesperson, have made absolutely plain that if this bill passes out of the Senate in a few hours, and is intended to be passed by the House ASAP, and the President's spokesperson has said: We like this bill, and the pen is in hand—we are ready to sign it.

So no one in this body should have any illusions: If the skinny repeal—otherwise known as the fraudulent disaster—passes, it is not to continue a process; it is to take health insurance away from 16 million people, and it will raise premiums dramatically. And that is what the intent of this vote would be.

With that, Mr. President—

Mr. WYDEN. Mr. President, will my colleague yield for a question?

Mr. Kaine. I will yield the floor for a question.

Mr. WYDEN. Mr. President, just very quickly, the Senator pointed out this analysis we have gotten where the premiums go into the stratosphere. Senator Murray and I worked a long time on it.

Wages for working people are going up about as fast as as snail trying to climb up hill. I am curious what you think that means for working-class families in Virginia, because I know in my home State—and Senator Merkley and I have talked about this—how many working families right now who every single month are walking on an economic tightrope, balancing their food bill against the fuel bill, the fuel bill against the rent bill.

Because my colleague was correct with respect to the fact that this would start, by the way, in January—this is not some kind of far-removed thing—people are going to feel the hit of these skyrocketing premiums right away. What does my colleague think that is going to mean for working-class families in his home State?

Mr. Kaine. Well, to respond, Mr. President, to my colleague from Oregon, one of the things we have seen in the first half year of this administration is, whatever job report comes out month to month—comes out at the beginning of each month, we are not seeing wage growth. We are not seeing wage growth. So imagine that continuous forward—essentially no wage growth and 20 percent increases in premiums that then compound to 40 percent next year, 60 percent the year after that. This will be devastating.

So if you put together the CBO consequences, 16 million losing insurance, the 20 percent compounding increases in premiums, a likely dramatic destabilization of the insurance market, and then other features that we hear are in the skinny bill—for example, if you take funding away from Planned Parenthood—well, we concluded that is their choice, that is where they are going to get healthcare, including many working women and women in working-class families—the premium effect is going to be absolutely dramatic, and it will be devastating to Virginians and Oregonians.

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

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. Blumenthal. Mr. President, we are here at a historic moment, and we listened to a historic speech just within the last 45 hours from our colleague, Senator John McCain. All of us welcomed him back and were inspired and overjoyed by his return and then by his speech asking that we go back to the regular order, that we have committee consideration of a bill, with hearings and markup and the democratic process really working.

What threatens us tonight is the democratic process being brought to new lows.

If this bill is passed with the assurance that it won't go to conference—and there are conservatives, and I could quote them. Senator Lindsey Graham said earlier today:

There's increasing concern on my part and others that what the House will do is take whatever we pass—the so-called "skinny bill"—not take it to conference, go directly to the House floor, vote on it, and that goes to the President's desk with the argument, "This is better than doing nothing." Here's my response. The "skinny bill" as policy is a disaster. The Party leadership's supposed replacement for Obamacare is a fraud. The "skinny bill" is a vehicle to get in conference to find a replacement. It is not a replacement in and of itself. The reason it is terrible because you eliminate the individual and employer mandates which we all want eliminated but we actually want to have an overall solution to the problem of Obamacare, so you're going to have increased premiums and most of Obamacare stays in place if the "skinny bill" becomes law. Not only do we not replace Obamacare, we politically own the collapse of healthcare. I'd rather get out of the way and let it collapse than have a half-assed approach where it is now our problem.

Senator John McCain said earlier today:

I'm not supportive of the legislation as it stands today. I am in close consultation with Arizona governor over the so-called "skinny repeal."

Senator Ron Johnson said earlier today:

Virtually nothing we're doing in these bills and the proposal are addressing the problems and challenges and the damage done to people.

We will see, in effect, a betrayal of our trust, and I say that very seriously.

I hope this body will keep faith with our democracy and make sure that a bill that is regarded as a bad bill—and rightly so because it will eliminate insurance for 16 million people, it will raise premiums by 20 percent in less than a year, it will drive up costs, and it will bring down the number of people who are insured by catastrophic numbers. We owe it to the American people to vote on any called skinny repeal bill, which is really a sham repeal. It is a skeletal version of TrumpCare 2.0, 3.0, 5.0, 7.0. We can do that.

With that, I yield the floor to my distinguished colleague from the State of Delaware.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I want to speak for a few minutes on the floor to answer the calls I am getting into my office, the texts and the emails I am getting with people asking: What is going on? What is happening in the U.S. Senate? They can't keep track of what is it we have moved to.

We don't know either.

We are here probably all night waiting for the majority to finally produce the bill that they will use to attempt to repeal and maybe replace—or not—the Affordable Care Act.

All we know is, every single proposal that has been brought forward in recent days has two features: It reduces coverage, and it raises costs.

It may be that 16 million Americans will lose healthcare coverage. It might be 20 million, might be 32 million. Those are different scores for different proposed bills.

It may raise costs by 15 percent, 20 percent, or 30 percent. Sometime later tonight we will see the final proposal on this floor, and hopefully we will get some score so we know what we are voting on before we finally get there, but what is so scary to families I am hearing from, is that after 7 months of major rule, where the Republicans in the Senate, House, and White House, we don't have a finished bill for us to debate tonight in detail, and we don't know yet exactly what we will vote on later tonight. We just know a simple theme—every proposal that has been brought forward when scored by the CBO, the independent scorekeeper, offers less coverage and higher costs.

Folks, I want to remind you about something because I just ran into a family out on the steps of the Capitol, outside the building, not inside the building—a family who is raising two typical children and one child with Down syndrome, a family where the father of the family is Active-Duty U.S. Military. They asked me: "Why can't we be heard?"

The process that brought us here tonight did not include committee hearings, where doctors, nurses, patient advocates, folks who run hospitals, or folks who are specialists on insurance were heard.

In a press conference earlier this evening, four of our colleagues said they are going to vote for this bill later tonight so it can go to conference and get fixed. They said the current expected skinny repeal bill is a fraudulent disaster, to paraphrase a colleague.

Well, what I really think we should do is heed the advice that Senator McCain laid out on the floor a few days ago and go back to regular order. I'll just say this.

Just earlier today, there was an inspiring moment when we took up and passed by a vote of 97 to 2 the Russia
sanctions bill. We heard the chair and ranking Republican and Democrat of the Foreign Relations Committee speak positively of each other and positively of the process and they said the outcome is in the best interest of our country.

As we have seen, we don’t always follow regular order. Both parties have responsibility for moving things over the years without fully consulting each other and without going through the committee process. I think this is the moment we should look at what happened earlier today on this very floor and follow that process, where the committees are included and consulted, and where we find a bipartisan resolution to what ails America. I am afraid that is not what is going to happen, and later tonight we will be forced to vote for or against a bill that raises healthcare costs for Americans and lowers the number of Americans who get healthcare coverage. If that is the case, as Senator, I will vote no.

Thank you.

With that, I yield the floor to my colleague from Connecticut.

The PRESIDING OFFICER. The Senator from Connecticut.

MR. MURPHY. Thank you, Mr. President.

We are starting to hear rumors of what is in the so-called skinny bill, and it is not skinny. It is humongous. It is filled with all sorts of conservative priorities—these are rumors—the end to the individual mandate, the elimination that insurance companies are required to include certain coverages, the denial of funding to Planned Parenthood. This is not a bill that is designed to get to conference. This is a bill that is designed to become law.

I just want to put all of the pieces together for folks who we are hearing tonight, because you are hearing, if you are following this all across America, different pieces of news emerging from different parts of this city. Let me try to put it together for you for a minute.

First, you are seeing this skinny bill get fatter and fatter, which all of a sudden looks like a piece of legislation that is not designed to go to conference. It looks like a piece of legislation designed to become law.

It is healthcare arson. It sets the insurance industry, the pharma industry, the drug companies, the generic companies to keep their products off the market, or bringing in less expensive drugs from other countries or allowing for negotiation under Medicare Part D—instead of doing some of those innovative things we need to bring costs down for regular Americans, what we see here is going to make it worse.

When I met with these two girls, I told them and their family that I had their back and that I would tell their story on the floor of the U.S. Senate. Never once did I think I would be saying, well, that is the truth, but why are we facing this kind of onslaught to this family—because what I would tell these girls now is that this bill, from what we have learned—we have not seen it, we don’t know exactly what is in it—but from what we have heard, what would happen is, according to the nonpartisan Congressional Budget Office, it would kick 16 million people off of healthcare.

I would ask those girls: Do you know how many people that is, girls? It is 14 States’ worth of people. It is the combined population of 14 States in the United States of America.

What we have learned about this bill is that it would increase premiums by over 20 percent, again, according to the nonpartisan Congressional Budget Office. What I would tell them is that is more than their school clothes, it is more than their softball clothes, it is a good chunk of their college education. This is real money for real people and this bill increases coverage and it makes it more expensive. We can do so much better.

A few months ago, we went to that baseball game where the Republican men’s team played the Democratic team. I was there in the stands, and I watched at the end this beautiful scene when the Democratic team won and they took the trophy and they gave it to the Republicans’ team, and they said to put it in Representative Scalise’s dugout.

Why did they do that? Because they were saying we are all on one team. That is what this should be.
When we are dealing with one-sixth of the American economy, we shouldn’t be at night passing a bill that one of our most trusted colleagues on the other side of the aisle, a Republican, has just called “a fraudulent disaster.” That is not what we should be doing. We should be working on the fixes that so many people have been working on for so many years—bringing drug prices down, making the exchanges stronger with reinsurance and cost sharing. These are things we actually can do and that will help with this anything-goes style—journalism—as though somehow we have begun to treat edited content—anything that is actually edited as though somebody just shooting a tent—journalism—as though somehow we have begun to treat edited content as though somebody just shooting a tent. We are debating a bill that relates to 16 percent of our gross domestic product, and yet we can’t even count on our own economy. I wish there were folks on the other side of the aisle who were out here tonight having this debate. I thank my colleagues from Minnesota for the point she made.

I want to state that I am really discouraged about where we are in our political system right now, and part of that is because politicians seem to think they can say one thing when they are running for office and do another thing when they get here and that somehow there is not a consequence.

I guess one of the reasons people think there is no consequence is that we have begun to treat edited content—journalism—as though somehow it is inferior to somebody just shooting their mouth off on the internet. We hear the President verbally assaulting journalists who have covered terrorism and who have tried to bring the story in Syria to the United States. Some have lost their lives. The President says they are not covering terrorism; then he attacks them as fake news. He goes to places like Youngstown and says they are not covering terrorism; then he attacks them as fake news. He goes to places like Youngstown and gets people to attack CNN or the New York Times or the Wall Street Journal—anything that is actually edited content.

I think it is because he thinks, A, he will not withstand the scrutiny of real journalists, but I think, B, he thinks it will help with this anything-goes style of politics. We are 20 percent of our economy. Some have lost their lives. The President says they are not covering terrorism. Do you want me to do something else?

The PRESIDING OFFICER. (Mr. KENNY). The time of the Senator has expired.

Mr. BENNET. I ask for an additional 3 minutes.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. BENNET. I ask unanimous consent for 5 minutes.

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

Mr. BENNET. Mr. President, I just don’t think this Republic will work very well if we don’t have a free press that is respected and if we don’t hold people accountable for their campaign promises.

Here is one of the things Donald Trump said during the campaign about what he was going to produce for the American healthcare. He said that it was going to be beautiful, terrific—a beautiful and terrific plan to provide such great healthcare at a tiny fraction of the cost, and it is going to be easy. That is what he said. In rally after rally across the United States of America, and a lot of people believed it. He talked about how much he hated the Affordable Care Act, or ObamaCare, whatever you want to call it, and all the reasons why; many of the reasons he talked about were manufactured. But that doesn’t really matter anymore. He is the President. The Republicans are in the majority of the Senate, and they have the majority of the House. Their characterization—or mischaracterization—of the Affordable Care Act is not the issue anymore; the issue is what they are going to do for people living in the State of Colorado who are dealing with serious health issues and are not supporting them terribly well. My colleagues heard that right. People who support the Affordable Care Act or oppose it, in my State, are deeply discouraged about the way our healthcare system works. And I think that if the President were keeping his promise, we would see 100 people support the bill because it is actually consistent with what people at home want. They want more transparency when it comes to healthcare. They want more affordability. They want more predictability. That is what they want.

If I set out to write a bill less responsive to that aspiration of the people I represent, who are critics of the Affordable Care Act, and who have been saying on this floor. The reason is not a political game. This is personal. This is not a political game. This is personal. For everyone who cares about their children and wants to make sure they can take them to the doctor; if you have a mom with Alzheimer’s and you might lose the ability to have nursing home care; if you have cancer and know you may not be able to get the full treatments that you need, this is personal. And, as has been said, every single proposal of theirs is higher costs and less coverage.

We voted on what was behind door No. 1, which would gut Medicaid healthcare. Three out of five Michigan
seniors get their nursing home care from Medicaid. Half of the people we see with Medicaid healthcare are children. All of the funds in the first proposal would go to tax cuts for the wealthy few and pharmaceutical companies and to destabilize and undermine and raise costs for everybody else. So that is door No. 1: higher costs, less coverage.

Then, when that didn’t go forward, it was door No. 2. Door No. 2: Repeal everything that was passed under the Affordable Care Act and then say to folks somewhere down the road, we will figure out how to replace it. That is higher costs and less coverage.

Now we are at door No. 3, and we don’t know what is behind door No. 3. All we know for sure is that it will be higher costs and less coverage.

Now, we as Democrats want just the opposite. We want to work together with our Republican colleagues to lower costs—by the way, starting with the courageous increases in prescription drug costs. And we want to increase coverage options, increase health insurance. That is what we are all about. I believe—I know in Michigan—that is what people want me to be focused on.

Are there problems in the current system? Of course, and we should fix those, but we don’t have to rip away healthcare and raise everybody’s costs 20 percent a year as is being talked about now in order to fix the problems that are there.

I want to quote Senator McCaskill, who said that it is time to “return to regular order,” work to reduce “out-of-pocket costs,” and learn to “trust each other” again.

It is pretty tough to trust colleagues, to trust the majority, when we aren’t even given the respect of knowing what we are going to be voting on. And it is not just—it is not about us. It is not about us as individuals; it is about the fact that the person who is getting cancer treatments right now needs to know what the U.S. Senate is going to be voting on and have a chance to respond. Everyone who cares about their child, who cares about their parent in a nursing home, who cares about their future has the right to know and to read a bill and know what is going on.

I want to say in conclusion—I want to close with the words of Margo, who manages a health clinic in Kent County in the western part of Michigan. Margo knows the benefits of increased access to healthcare because she sees it every day. She knows it is not political; it is personal. There is nothing more personal than being able to take your child to the doctor and get the healthcare you need or care for your parents.

Margo wrote:

Seeing working people who have struggled all of their adult lives to manage their chronic health conditions finally have access to regular doctor visits, health education, and prescription medications has been a tremendous relief. It is amazing how different the lives of our patients are today compared to what they were a few years ago.

She added: “You can’t imagine the sense of dignity the people I see feel.”

The PRESIDING OFFICER. The Senator’s time has expired. Mr. STABENOW. It is time to bring back some dignity to the U.S. Senate. I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming is recognized for 1 minute.

Mr. ENZI. Mr. President, I heard somebody say that nobody was listening. Well, I was listening. I have read a little bit from this book before on the floor about healthcare. It is called “Demystifying ObamaCare,” by David G. Brown, who is a doctor. He does a marvelous job of going through the history of how we got to where we are. He says, maybe we need to answer the question: “What does ObamaCare do? What does ObamaCare purport to do? What does ObamaCare not do?”

He says that those answers are relatively simple.

ObamaCare is not a system of healthcare, nor is it a healthcare reform. It is a system of healthcare control.

ObamaCare was supposed to significantly reduce healthcare costs, but instead it has dramatically increased costs for even those who are not directly within the ObamaCare program.

ObamaCare was supposed to increase access to care, but instead it can actually reduce access (availability) of care.

ObamaCare reduces the effectiveness of the safety net program, which is so very important to economically non-Americans.

The quality of healthcare in America was derided when ObamaCare was passed, but ObamaCare instead reduces the quality of U.S. healthcare by reducing innovation.

And then he says:

ObamaCare removes a person’s ability to make his own decisions about his healthcare and that of his family. It does so by removing the freedom to make those decisions.

He continues that what we are trying to do is to reform a system and get back to a system of healthcare where the patient and the doctor get to make some of the decisions, where we encourage more people to be in the system, where we expand the use of HSAs, refundable tax credits, where we also allow people to buy insurance across State lines.

We could put money back into State high-level risk pools. In fact, I really like the invisible risk pools that allow people to continue to pay what they were paying before, but to get the unique care.

We could “pass Medicaid to the States in terms of ‘block grants’ or ‘per capita allotments’,” and we could “partially privatize Medicare starting in 2024 with the premium support system.”

That is not in the bill; I am reading suggestions that he gives, including “cap the amount for tax exclusions in higher cost employer-based plans.”

Now, you need to know that in the proposals that we have been putting out, in spite of what I have been hearing on this side, kids under 26 still get to be on their parents’ insurance. We are not taking that off. I keep hearing we are eliminating the preexisting conditions. We are not. There hasn’t been a proposal to eliminate the preexisting conditions. So quit saying that. That is just fearmongering. As to eliminating the lifetime caps on insurance, I haven’t heard a proposal for that. Also, allowing people to continue to be insured even if they change jobs—that is what this guy wrote in the book, and I would like for everybody to read it. It’s high costs that drive up healthcare costs. One is taxes, another is mandates. Another is regulations. Another is lack of competition and flexibility within the marketplace.

As to the fifth one, I don’t know of anybody addressing yet, but it is the medical liability system that encourages defensive medicine and drives the costs up.

Seniors need to be protected. There needs to be an effective and viable safety net system. Nobody is trying to work against that, regardless of what you are hearing here.

I understand my time has expired. I have a lot more of the book I would like to share, but I am not sure it is productive, anyway.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that before the next amendment each side be given 2 minutes to commit.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MOTION TO COMMIT

Mr. SCHUMER. Mr. President, I have a motion to commit at the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The senior assistant legislative clerk read as follows:

The Senator from New York [Mr. SCHUMER] moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike the subsequent effective date in the repeal of the tax on employee health insurance premiums and health plan benefits, which reinstates the tax in later years.

The PRESIDING OFFICER. The question is on the Schumer motion to commit.

Mr. SCHUMER. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

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

The result was announced—yeas 43, nays 57, as follows:

[...]

S4398

CONGRESSIONAL RECORD — SENATE
July 27, 2017

[...]

[...]
Mr. SCHUMER. Mr. President, first on the issue before us, most Democrats—the vast majority—are for repeal of the Cadillac tax. We are not for many of the other provisions being put forward. This requires the two to be tied together. We are for repealing the Cadillac tax but not harming the healthcare of millions of Americans.

I want to make another point, especially to my friends, Senators McCAM, GRAHAM, JOHNSON, and CASSIDY, who said correctly that the skinny bill was totally inadequate and they would require assurances from the House.

Let me first read what Mr. RYAN said: "If moving forward requires a conference committee, that is something the House is willing to do." That is not worth anything—only if moving forward is required.

But I make another point that makes the case proof positive that this bill could pass and there is no assurance from the House. The House Rules Committee. There was a motion to limit the waiver of clause 6(a) of rule XIII—The PRESIDING OFFICER. The Senator's time has expired. Mr. SCHUMER. I ask unanimous consent for 30 seconds.

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

Mr. SCHUMER. To limit it just for motions to go to conference; rejected 4 to 9.

If the House was intent on going to conference, they would have voted for this rule. It means they want to pass this bill, this skinny repeal, and send it to the President.

I would urge my four colleagues and all the others to vote no until they get that assurance.

I yield the floor.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

Mr. HELLER. Mr. President, I ask for the yeas and nays. The PRESIDING OFFICER. The amendment (No. 502) was agreed to.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 667 TO AMENDMENT NO. 267

(Purpose: Of a perfecting nature.)

Mr. MCCONNELL. Mr. President, I call up amendment No. 667. The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

SHORT TITLE

This Act may be cited as the “Health Care Freedom Act of 2017.”

TITLES I

SEC. 101. INDIVIDUAL MANDATE.

(a) In General.—Section 5000A(c) of the Internal Revenue Code of 1986 is amended by striking "(9) INCREASED LIMITATION.—In the case of a month beginning after December 31, 2017.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2015.

SEC. 102. EMPLOYER MANDATE.

(a) In General.—(1) Paragraph (1) of section 4980H(c) of the Internal Revenue Code of 1986 is amended by striking "(3) in the case of months beginning after December 31, 2015, and before January 1, 2025)" after "$3,000."

(2) Paragraph (1) of section 4980H(b) of the Internal Revenue Code of 1986 is amended by inserting "$50 in the case of months beginning after December 31, 2015, and before January 1, 2025)" after "$3,000."

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2015.

SEC. 103. EXTENSION OF MORATORIUM ON MEDICAL DEVICE EXCISE TAX.

(a) In General.—Subsection (b) of section 223 of the Internal Revenue Code of 1986 is amended by adding by the adding the following new paragraph:

"(9) INCREASED LIMITATION.—In the case of any month beginning after December 31, 2017, and before January 1, 2021, "

"(A) paragraph (2)(A) shall be applied by substituting the amount in effect under subsection (c)(2)(A)(i)(I) for $2,525, and

"(B) paragraph (2)(B) shall be applied by substituting the amount in effect under subsection (c)(2)(A)(i)(II) for $4,500,".

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.

The amendment (No. 502) was agreed to.

The PRESIDING OFFICER. Mr. President, first on the issue before us, most Democrats—the vast majority—are for...
SEC. 105. FEDERAL PAYMENTS TO STATES.

(a) In General.—Notwithstanding section 501(a), 1902(a)(23), 1903(a), 2002, 2005(a)(4), 2102(a)(7), or 2105(a)(1) of the Social Security Act (42 U.S.C. 1396s(a)(23), 1396b(a)(23), 1396a(a)(4), 1396d(a)(4), 1397a, 1397d(a)(4), 1397b(a)(7), 1396ee(a)(1), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that is approved on or after the date of enactment of this Act or before the date of enactment of this Act and after the date described in the first sentence of section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for the 1-year period beginning on the date of enactment of this Act, no Federal funds provided from program funds referred to in this subsection that is considered direct spending for any year may be made available to a State for payments to a prohibited entity, whether made by direct payment to a prohibited entity or through a managed care organization under contract with the State.

(b) Definitions.—In this section:

(1) Privileged entity.—The term ‘‘privileged entity’’ means an entity, including its affiliates, subsidiaries, successors, and clinics—

(A) that, as of the date of enactment of this Act—

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(A) if the pregnancy is the result of an act of rape or incest; or

(B) if the pregnancy is the result of a physical disability, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(2) direct spending.—The term ‘‘direct spending’’ has the meaning given that term under section 256(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).

TITLE II

SEC. 201. THE PREVENTION AND PUBLIC HEALTH FUND.

Subsection (b) of section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11) is amended—

(1) in paragraph (3), by striking ‘‘each of fiscal years 2018 and 2019’’ and inserting ‘‘fiscal year 2018’’; and

(2) by striking paragraphs (4) through (8).

SEC. 202. COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–10, 129 Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting ‘‘and an additional $422,000,000 for fiscal year 2017’’ after ‘‘2017’’.

SEC. 203. WAIVERS FOR STATE INNOVATION.

Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18002) is amended—

(1) in subsection (a)(3)—

(A) in the first sentence, by inserting ‘‘or would qualify for a reduction in’’ after ‘‘would not qualify for’’; and

(B) by adding after the second sentence the following: ‘‘Payments to the State for the waiver under this paragraph shall not exceed $422,000,000 for fiscal year 2017’’ after ‘‘waiver’’.

(2) in subsection (b)(1), in the matter preceding subparagraph (A)—

(A) by striking ‘‘may’’ and inserting ‘‘shall’’; and

(B) by striking ‘‘only’’;

(3) in subsection (d)(1), by striking ‘‘180’’ and inserting ‘‘45’’; and

(4) in subsection (e), by striking ‘‘No waiver’’ and all that follows through the period at the end and inserting the following: ‘‘A waiver under this section—

(1) shall apply in effect for a period of 8 years unless the State requests a shorter duration;

(2) may be renewed for unlimited additional 8-year periods upon application by the State; and

(3) may not be cancelled by the Secretary before the expiration of the 8-year period (including any renewal period under paragraph (2)).’’

The PRESIDING OFFICER (Mr. TOOMY). The majority leader, Mr. MCCONNELL. Mr. President, the legislation I just laid down is called the Health Care Freedom Act, and it reverses the failed policies of Americans that ObamaCare took away. It does so in a number of ways.

First, the Health Care Freedom Act repeals the core pillars of ObamaCare. It eliminates the so-called individual mandate that forces many Americans to buy ObamaCare insurance they don’t want, can’t afford, or can’t use, and taxes those who don’t. It also repeals the employer mandate that cuts hours, take-home pay, and job opportunities for workers.

Second, the Health Care Freedom Act provides significant new flexibility to States. The Health Care Freedom Act gives States just the kind of flexibility they need to implement reforms that provide more options for consumers to buy the health insurance they actually want. These reforms also help make insurance more affordable and flexible so it is something Americans actually want to buy.

Finally, the Health Care Freedom Act frees Americans from ObamaCare in several other ways too. It provides 3 years of relief from the medical device tax, which increases costs, hurts innovation, and has drawn significant criticism from both sides of the aisle. It expands, for 3 years, the contribution limits to health savings accounts so Americans can better manage their health costs and pay down more of their medical expenses like prescriptions with pre-tax dollars.

Also, the legislation will prioritize funding for women’s health through community health centers instead of large abortion providers and political organizations.

The American people have suffered under ObamaCare for too long. It is time to end the failed status quo. It is time to send legislation to the President which will finally move our country beyond the failures of ObamaCare. Passing this legislation will allow us to work with our colleagues in the House toward a final bill that could go to the President, repeal ObamaCare, and undo its damage.

I urge everyone to support it.

Mr. President, I ask unanimous consent that Senator MURRAY or her designee be recognized to offer a motion to commit; further, that the remaining time be equally divided between the managers or their designees.

PRESIDING OFFICER (Mr. KENNEDY). Is there objection?

Without objection, it is so ordered.

The Senator from Washington.
full repeal bills this week, in their discussions of hearings we should be holding, and in their comments even over the past few hours, laying out how devastating this bill would be for patients and healthcare markets and making it clear they do not trust the House to not dismiss whatever moves through the Senate.

So I call on Republicans now to join us. Let's do what my colleague, the senior Senator from Arizona, and so many others have bravely called for. With this bill we will send it back to the committee, where we can debate it, where we can work together, where we can do what is right for the people we represent.

I urge my colleagues to support this motion to commit in the way that Republicans and Democrats have been talking about. I can personally assure every one of you that I will work with you—and I know other Democrats will as well—if we reject this process and send this bill. I will pick it up out that conference committee and move it to a vote—and they will do that because none of the problems that were solved here will be solved there.

We have seen this happen before. Remember the budget stalemate in which this hammer of sequestration was created, and the supercommittee was supposed to solve all the problems the House and the Senate couldn't. They didn't, and now we are stuck with sequestration—something nobody thought would happen. This is the same thing.

This will not be a hammer sufficient enough to solve the dysfunction which has always been present in this process. Thus, the conference will be doomed, and this bill will become law—raising rates for everyone, locking millions of people out of the system of insurance, with no answer for the parents of those disabled kids who have been begging to get into Senators' offices. This isn't a game. This is real life. If this bill becomes law, real people will be hurt.

We are begging our colleagues to vote for the motion to commit. Take us at our word. We want to work with you. We acknowledge there are still problems that need to be solved, though we maintain there are parts of the Affordable Care Act that are working. What if we owned the problem and the solution together? What if this wasn't a perpetual political football? There is still time for us to work this out together if you support us and vote for the motion to commit.

This process is an embarrassment to the U.S. Senate. This isn't why we all came here—and don't delude yourself into thinking that this bill you are voting on will become law. There is a very good chance that it will, and the end result will be absolute devastation and humanitarian catastrophe visited upon this country. It doesn't have to be this way.

I yield the floor.

Mr. TESTER. Mr. President, it has been an amazing process. I have been here a little over 10 years, and I have never seen anything like this.

We voted cloture a few days ago to move to debate. Nothing. Now we have cloture today that MURPHY has already pointed out, will rip healthcare away from millions of people, increase premiums by 20 percent a year, and basically solve none of the problems that are out there that need to be solved that affect Americans every day, especially rural Americans.

I must thank the Senator from Washington, Mrs. MURRAY, for the motion to take this back to committee. This is where we should have started. We should have started in the committee process like our forefathers have designed this place to work, the greatest deliberative body in the world, but it didn't. Every bill has been drafted by a select few in a backroom, with no input from anybody, especially people from rural America. So I urge all of you folks, to open this process up.

As I have gone around the State of Montana—and I have for the last 8 months—talking to folks about healthcare in rural America, they are nervous. I am going to tell you something. If people cannot pay their bills because they don't have health insurance or they don't have the money, it is going to put these small hospitals at risk, these rural hospitals at risk.

I will tell you a little bit about the town I grew up in. This is a town where my grandparents homesteaded over 100 years ago. From the time of the homestead era until the midsixties, they didn't have a hospital. Their hospital was the top floor of a place that sold dry goods. In the midsixties, they finally scratched up enough money, and they built a hospital.

Big Sandy is not as big as today as it was back then. I am going to tell you a story. I could tell you the story from these small hospitals, the folks in the Montana Hospital Association have told me that if charity care goes up, they could close and at a bare minimum change their method of delivery for healthcare.

What does that do to a small town? Oftentimes, the hospital is the largest employer in that town. They usually fight with the school district for that honor. You take the hospital out, you take the heart and soul out of that community.

You want to see a mass exodus from rural America, even bigger than it has been over the last 50 years? Pass this bill. Pass this bill. This isn't about numbers, and it isn't about words; it is about people. Big Sandy is not unique; every rural town in the State of Montana that has a hospital is in that position. It is the same thing in Wyoming. It is the same thing in North and South Dakota. It is probably the same thing in more urban States that have rural areas, where these small hospitals will be put at risk of closure. It is not right.
I am going to tell you that if we follow the process that should be followed in this great body, we would take this healthcare bill and put it back in committee, have a debate, listen to ideas from everybody, rural and urban alike—farmers, and ranchers, businesspeople, healthcare professionals, families, doctors, nurses—and we could come up with a bill that could work for this country. But that is simply not the case here tonight, and we should not be proud of this at all.

Our system is a great system that can work, and the majority has chosen to ignore that system. It is a disgrace to the Senate.

I yield the floor.

The PRESIDING OFFICER. (Mr. TOOMEY.) Who yields time?

The Senator from Ohio.

Mr. BROWN. Mr. President, let’s look at how all this started. Right down this hall, a few months ago, Senator MCCONNELL, a handful of Republican Senators, insurance company lobbyists, and Wall Street lobbyists met in that office behind closed doors. Most Republican Senators didn’t know what was happening; no Democratic Senators knew what was happening, and the American public didn’t know what was happening.

This bill—written by drug companies, insurance companies, and Wall Street—was sent to the Senate floor, was discussed, and, alas, it was big tax cuts for the drug companies and the insurance company lobbyists, and Medicare was kicked. You just don’t do things that dareaway, disrupt the insurance market; to go after the outrageous cost of prescription drugs; maybe even to open up Medicare eligibility for people between 55 and 64. It is not complicated.

The special interests have taken over this Chamber. We should be ashamed of ourselves. We ought to do this right. I ask my colleagues to vote yes on the Murray motion to recommit.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I rise in support of the motion to commit by my friend from the State of Washington. Let me tell you why.

We have a problem that most all of you have in your States, which is opioids. This opioid addiction that goes on is affecting everybody—not just Democrats, not just Republicans. I don’t care whether you are poor or rich or whether you are conservative or liberal—it has no base at all; it is a silent killer.

For the first time, under the Affordable Care Act, we are able to get some treatment. We have not been able to do that before. The only treatment people have gotten before—when a parent comes to you and says: I just have to hope my child—if my child gets arrested, they can go into drug court, and maybe they can get some care, some treatment.

For the first time, through Medicaid, we can give treatment for opioid addiction. We had this chance before, never had this opportunity. It is really lifesaving for these people. It gets them back into the workforce, too, and they can clean up their lives. They really want this done.

We are talking about 33,000 Americans who lost their lives in 2015. In any other scenario, that would be an epidemic or a pandemic. Here we go. We still don’t have any adequate treatment centers. We want to say that we can go forward and fight this illness. We sit here and talk about it.

Now we are talking about, well, we know 16 million people are going to be thrown off. We know that we know the premiums will go up 20 percent.

Some one said: You know, you can still have preexisting conditions. We are going to take care of them. They can find it. It is available.

I have said this before: A Rolls Royce is available to me; I just can’t afford to buy it. That is what we are going to be faced with.

But this is fixable. What we have said about fixable, we as Democrats—there are those of us in this body who will sit down—as Senator MURRAY has said—will sit down tonight. We will start tonight if you want to and look at ways we can make this more effective, more beneficial for everybody.

When you think about the reinsurance we know it has worked in Alaska. The Affordable Care Act—the so-called ObamaCare—has been out long enough now that we know where the problems are, we know where the fixes need to be, and we know how to do it. We have seen Alaska do something that looks very promising.

Also, when Vice President BIDEN was Governor in Delaware, they did a Medicaid expansion in Delaware. They are putting accountability and responsibility. It has great effects. My good friend Mitch Daniels was the Governor at the time they put this plan into place, and it has worked and worked well.

We are willing to sit and talk. These are good things. We think we can make this happen. We have been shut down at every turn. I have said: This is not how we were taught in West Virginia. It is not how we do business. We sit down and work through it.

We are good things. We think we can make this happen. We have been shut down every turn. I have said: This is not how we were taught in West Virginia. It is not how we do business. We sit down and work through it.

When I was Governor, every year they came to me and said: Governor MANCHIN, we need $12 million for a rural hospital. We gave all this charity care away.

They are going to go back to that. Do you think that is quality? There is no preventive care. There is no planning. There is nothing to help these people
have a better quality of life. We are going to pay again. We are going pay dearly for this. We are not going to have any chance to get people back in the workforce. All we are asking for, please vote for Senator Sanders and get this thing to commit. Give us a chance to do what we were sent here to do. Let's work the legislation. Let's sit down and find the commonality that we can find as Americans and move forward with a piece of legislation that can change people's lives and can give them hope again for the first time. That is all we are asking for.

I would ask each and every one of us to search our souls and our hearts while we are here, what are we here to do, what our purpose of being here is, and give us a chance to fix a healthcare system that needs to be fixed but also needs to be available for the people in my great State of West Virginia and everybody across this country.

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

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, this bill is the product of the most secretive and partisan process I have seen in my 10 years in the Senate. Who did the magicians who came up with this listen to? They obviously didn’t listen to the doctors. The American Medical Association is opposed to this. The American Pediatric Society is opposed to this. The American Academy of Family Physicians is opposed to this. Certainly the doctors didn’t get a chance to get heard in this process.

How about the hospitals? The American Hospital Association is opposed to this. Catholic hospitals are opposed to this. Rural hospitals are warning that this could end their very existence. Let’s have a process that gives the hospitals a chance to be listened to.

The nurses in Rhode Island are opposed to this. I think nurses around the country are opposed to this. Why not have an open process that gives the nurses a chance to be heard?

Our community health centers are opposed to this. They have been to Washington to say: Please don’t do this. You will be hurting real people whom we care for.

Illness advocacy groups—the people they are fighting for are stuck in this healthcare system with serious illnesses. Did we listen to the American Cancer Society? No. Did we listen to the American Lung Association? No. We didn’t even listen to the hemophilia group, for Pete’s sake. Addiction treatment groups are against this.

We have listened to nobody. We didn’t even listen to the Republican Governors, let alone the Democratic Governors, like my Governor, who is telling me: We are working fine. We have people on Medicaid. Our exchanges are working.

Why fire this torpedo into perfectly working exchanges when we can be working on fixing the few where it is not working?

Why are we here? Who is behind this? Who was telling the little group of magicians in their secretive back room what to do? This is what happens when we pass a bill written by a handful of creepy billionaires and stops listening to the people. They are conducting a freakish social experiment on other people’s health coverage, because you can bet those billionaires have all the coverage they need, but they are taking coverage away from people by the millions. And our Republican friends are standing up in lockstep to march the billionaire march on a bill that everybody hates and that will cause damage in everybody’s home State. And it doesn’t matter because the billionaires have the dark money, the dark money floods our politics, and everybody marches to the tune of the anonymous billionaires.

We could be doing great things. We could be solving the known problem of end-of-life care and making sure people get their wishes honored at that precious time. We could be dealing with opioid and behavioral health issues that are affecting communities across this country. We could be helping doctors with payment reform that lets them treat people in a way that keeps them healthier, rather than having to wait to be paid until they do stuff to people—running up the cost of healthcare.

We could be dealing with hospital-acquired infections. How many people know someone who had a hospital-acquired infection, which brings enormous costs into the system as you have to treat it? Do we address that? No, because we didn’t bother to listen to the hospitals.

We could do something about pharmaceutical prices. People in America are paying astronomical pharmaceutical prices, driven up by people who aren’t even in the drug manufacturing industry but are just speculating on their ability to use monopoly pricing to drive up prices. But they put money into the system, so they get what they want.

This bill is a nightmare in and of its own, and it is a colossal missed opportunity to do something good for the American people that will actually help them. So let’s support Senator Murray’s motion to recommit and just try the regular order that the majority leader has proclaimed he was a champion of for year after year, until the greedy billionaires said to him: We are giving you the money; this is the bill we want. We don’t care about those people or those hospitals. Shove it through because it suits our ideology.

This is no way to govern. Give the people, the hospitals, the doctors, the nurses, the community health centers, and the people suffering from illnesses at least a chance to be heard in some kind of open environment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, at last count, I think it was the Gallup poll that found 12 percent of the American people had confidence in the U.S. Congress. I think we are on our way to single digits because in the modern history of this country there has never been a process as absurd as what we are seeing right here.

We are talking about legislation that impacts one-sixth of the American economy—over $3 trillion. We are talking about legislation, because it is healthcare, that impacts every man, woman, and child in this country.

Mr. President, maybe you can help me. How many public hearings have we had dealing with legislation that is of enormous significance to tens of millions of people? Well, I will help you with the answer: There have been zero hearings.

What impact will this legislation have on doctors who are trying to treat us every day? One might think that we would hear from the doctors of the American Medical Association to tell us how this legislation would impact their work. We have not had one public hearing to hear from one doctor.

What has the American Hospital Association to say about how this legislation would impact hospitals in America, many of which may close down? They have not had one moment, one opportunity to say one word on this legislation.

We are proceeding here with major legislation written behind closed doors by a handful of Republicans. Most Republicans have not been involved in this process. Let alone Democrats. Let alone the American people.

By the way, when we think of the American people, how do they feel about this legislation? Well, the last poll that I saw was USA Today. They had 12 percent of the American people thinking that this legislation makes sense. Well, maybe people got it wrong. How do the major healthcare organizations in America feel about this legislation—the people who are on the cutting edge, the people who do the work every day? Well, guess what. The AMA, the American Medical Association, is opposed; the American Hospital Association is opposed; AARP, the largest senior group in America, is opposed because they know the horrendous impact this will have in raising premiums for older workers; the American Cancer Society is opposed; the American Heart Association is opposed; the American Academy of Family Physicians is opposed; the American Academy of Pediatrics is opposed; the American Psychiatric Association is opposed. Virtually every major national healthcare organization is opposed to this disastrous legislation.

So the American people are opposed, and the healthcare organizations all across this country are opposed. The bill was written behind closed doors. Yet, under those circumstances, they want to bring it to the floor for a vote.
Now, what most Americans are sitting around and thinking—"they are saying: Look, the Affordable Care Act has done some good things. Before the Affordable Care Act, we had some 50 million people without any health insurance. We have the Affordable Care Act and paid for insurance for about 20 million people. That is no small thing.

In the majority leader’s own State of Kentucky, the rate of uninsured went from 16 percent to 7 percent. That is pretty good—not great, but it is pretty good. In West Virginia, the rate of uninsured went way down. We have seen 20 million people gain insurance. We have dealt with the Affordable Care Act under a total obscenity; that is, if somebody had a serious illness—breast cancer, diabetes—they could not get insurance at an affordable cost because of a preexisting condition. How insane is that? The American people want us to solve those problems. Let us not make a bad situation worse. How do you improve healthcare in America when you throw 16 million people off of the health insurance they currently have? How do you improve healthcare in America when, according to the CBO, premiums are going to go up 20 percent every year? Let’s get that clear: 20 percent of the premium for 20 percent of the people every year—that is 40 percent and another 20 percent the year after. Do you think this is really improving healthcare, bringing freedom to the American people? I think not.

Have you heard one Member of this body say that the Affordable Care Act is perfect? Have you heard one person here say that the Affordable Care Act does not need to be improved? Of course, it does. Right now, throughout this country—in my State of Vermont and all over this country—deductibles are too high. I have talked to people with $3,000, $10,000 deductibles. They can’t afford these. The doctor will say: You should have to lower deductibles. Copayments are too high. Premiums are too high.

I will tell you something else. Donald Trump ran for President, and he campaigned, I said that if I am going to stand with the working people of this country. Prescription drug costs are too high. I am going to take on the pharmaceutical industry. We are going to lower prescription drug costs in America. Today, if you can buy a drug, one out of five Americans under 65 cannot afford to fill the prescription their doctors write. Today, somebody walked into a pharmacy and found that the cost of the medicine they have been using for 10 years has doubled, maybe tripled, because we have no legislation that stops the drug companies from charging us anything they want.

They will charge us anything they want. The result is, we have the highest prices in the world for prescription drugs.

Those are the problems that the American people want answers to: Deductibles are too high, premiums are too high, and prescription drug costs are too high. We are not doing enough good work in primary healthcare. Too many people, even with insurance, cannot find the doctors they need. There are many other problems. Those are what the American people want us to solve.

This legislation only makes a very bad situation worse. How do you improve healthcare in America when you throw 16 million people off of the health insurance they currently have? How do you improve healthcare in America when, according to the CBO, premiums are going to go up 20 percent every year? Let’s get that clear: 20 percent of the premium for 20 percent of the people every year—that is 40 percent and another 20 percent the year after. Do you think this is really improving healthcare, bringing freedom to the American people? I think not.

So what is the solution? The solution is—I know this is a radical idea—that maybe we should do what the American people want us to do and not what special, powerful interests want, not what billionaire campaign contributors want—whose rightwing ideology wants to end government services for working families all across this country.

I hope that we will have the common sense and the decency to sit down, throw the problems on the table, and then resolve what we can do that. That is why we have to end this absurd process. We have to go back to regular order, which simply means go back to the committee.

I am a member of the Health Education, Labor, and Pensions Committee. Let’s have that discussion. Let’s hear different ideas. Let’s solve problems. Let us not make a bad situation worse, and let us not make the American people even feel more contemptuous of this institution than they currently do.

Thank you.

Mr. President, in my hand is one of the closely kept secrets in Washington, DC. These eight pages have been so closely kept secrets in Washington, DC. These pages have been released their plan to change healthcare in America. Prescription drug costs are too high. We have dealt with the Affordable Care Act under a total obscenity; that is, if somebody had a serious illness—breast cancer, diabetes—they could not get insurance at an affordable cost because of a preexisting condition. How insane is that? The American people want us to solve those problems. Let us not make a bad situation worse, and let us not make the American people even feel more contemptuous of this institution than they currently do.

Thank you.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. I thank my colleague from Vermont.

Mr. President, in my hand is one of the closely kept secrets in Washington, DC. These eight pages have been so carefully guarded that for 3 days, we have been on the floor of the U.S. Senate waiting for this moment. Within the last hour, the Republicans finally released their plan to change healthcare in America. We have been waiting a long time. They have been meeting behind closed doors, in secret sessions, writing what I have in my hand. You have to understand it, because you will think, ‘‘What is this?’’ Is this the plan that the Republicans—both political parties—was cheering a couple of days ago. It was a historic moment. Everyone—both political parties—was cheering this man whom we have served with and love and respect. And he warned us. He warned us that if we didn’t do this together—Democrats and Republicans—the results would be terrible.

Can you afford terrible results when it comes to healthcare for your family, for you, for your baby? Of course, you can’t. We have to do our level best not to win the political debate but to win the confidence of the American people that we understand how to make healthcare better and more responsive in America.

I have been through a lot of measures, and I have voted on a lot of things over the years. My proudest vote was for the Affordable Care Act, because I knew we would extend government services for working families all across this country—deductibles are too high, premiums are too high, prescription drug costs are too high.

What is the solution? The solution is—I know this is a radical idea—that maybe we should do what the American people want us to do and not what special, powerful interests want, not what billionaire campaign contributors want—whose rightwing ideology wants to end government services for working families all across this country. Prescription drug costs are too high, premiums are too high, and prescription drug costs are too high. We are not doing enough good work in primary healthcare. Too many people, even with insurance, cannot find the doctors they need. There are many other problems. Those are what the American people want us to solve.

This legislation only makes a very bad situation worse. How do you improve healthcare in America when you throw 16 million people off of the health insurance they currently have? How do you improve healthcare in America when, according to the CBO, premiums are going to go up 20 percent every year? Let’s get that clear: 20 percent of the premium for 20 percent of the people every year—that is 40 percent and another 20 percent the year after. Do you think this is really improving healthcare, bringing freedom to the American people? I think not.

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Can you afford terrible results when it comes to healthcare for your family, for you, for your baby? Of course, you can’t. We have to do our level best not to win the political debate but to win the confidence of the American people that we understand how to make healthcare better and more responsive in America.

I have been through a lot of measures, and I have voted on a lot of things over the years. My proudest vote was for the Affordable Care Act, because I knew we would extend government services for working families all across this country—deductibles are too high, premiums are too high, prescription drug costs are too high. We are not doing enough good work in primary healthcare. Too many people, even with insurance, cannot find the doctors they need. There are many other problems. Those are what the American people want us to solve.

This legislation only makes a very bad situation worse. How do you improve healthcare in America when you throw 16 million people off of the health insurance they currently have? How do you improve healthcare in America when, according to the CBO, premiums are going to go up 20 percent every year? Let’s get that clear: 20 percent of the premium for 20 percent of the people every year—that is 40 percent and another 20 percent the year after. Do you think this is really improving healthcare, bringing freedom to the American people? I think not.

So what is the solution? The solution is—I know this is a radical idea—that maybe we should do what the American people want us to do and not what special, powerful interests want, not what billionaire campaign contributors want—whose rightwing ideology wants to end government services for working families all across this country.

I hope that we will have the common sense and the decency to sit down, throw the problems on the table, and then resolve what we can do that. That is why we have to end this absurd process. We have to go back to regular order, which simply means go back to the committee.

I am a member of the Health Education, Labor, and Pensions Committee. Let’s have that discussion. Let’s hear different ideas. Let’s solve problems. Let us not make a bad situation worse, and let us not make the American people even feel more contemptuous of this institution than they currently do.

Thank you.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. I thank my colleague from Vermont.

Mr. President, in my hand is one of the closely kept secrets in Washington, DC. These eight pages have been so carefully guarded that for 3 days, we have been on the floor of the U.S. Senate waiting for this moment. Within the last hour, the Republicans finally released their plan to change healthcare in America. We have been waiting a long time.

They have been meeting behind closed doors, in secret sessions, writing what I have in my hand. You have to think to yourself, why would they do it in secret? If this is something that will affect every American, family, business, and individual and if they are proud of what they have done, why did they wait so long? Well, when you read it, you can understand it, because this measure proposed by the Republican leadership makes things worse for American families when it comes to health insurance.

It has a great name. I am sure somebody invested time thinking about this one: The Health Care Freedom Act. It appears that for 16 million Americans, they will be free of health insurance protection: 16 million Americans will lose their health insurance protection because of this Republican plan. Every other American buying health insur-
I had an experience early in my life. I was newly married and had a brand new baby girl with a serious health issue, and I had no health insurance—none. I went to the local hospital here, waiting in the charity ward, in the hopes of the doctor who walked through that door would be the one who would save my baby’s life. I thought to myself: I will never let that happen again. I will have health insurance, no matter what it takes, the rest of my life. I know the feeling, and some others do.

I don’t want American families and individuals to go through this. I want them to have the peace of mind and protection of good health insurance. That is why this Republican proposal taking health insurance away from 16 million Americans is such a travesty. That is why the notion of raising health insurance costs beyond the reach of working families is so wrong and so disgraceful, and that is why, with the Republicans in the Senate, we can send this measure back to a committee where it can be seriously considered, worked on, improved, and passed so that we can say to the American people: We did our job as Senators. We did what JOHN MCCAIN challenged us to do—to come together on a bipartisan basis and to make this a better bill.

I am glad my colleagues are here this evening. I am glad to see my friend from Wyoming. We have worked on many issues together. We disagree on this one, but I hope that he will realize and the others will, too, that this secret that they have kept from the American people is plain wrong. It is a secret that now it has been cut. It has to be put to rest. Let’s do this the right way. Let’s do it for the well-being and health of America families across this Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. BOOKER. Mr. President, I stand today sort of feeling like a great New Jerseyan named Yogi Berra, who has a saying that “this is deja vu all over again.” The reason why it feels like deja vu all over again to me is because I have been watching this process move along. When the House first tried to push through a healthcare bill, I was so proud that the American public—Republicans and Democrats—and now we have heard Republicans in the House literally saying on the record: Gosh, we know what we are doing is flawed; we know what we are doing is wrong; we know the process has been outrageous, but our hope is, if we can get it into the conference committee, then they will fix it in the conference committee.

Well, I am proud to be a U.S. Senator. But, dear God, this is not what the American people expected of their representatives, to derelict their duties, and to not make legislation happen here that puts people first. We all know this process is broken. We all know that what we are doing here is not just imperfect. Many of us see this, like that CBO, and it is a serious threat to millions of Americans.

We are about to do something that is unconscionable to me to be in the Senate, where I have seen this place work, I have seen regular order. I have seen hearings, I have seen witnesses brought in, and I have seen people work hard on crafting actual legislation. So now this is just going to be shoved over with the hope in this body that, even though the House didn’t do their job and the President of the United States even criticized what the House did and called it “mean,” it gets kicked over to the Senate, and the Senate is refusing to do their job. They are just passing the buck to something called a conference committee, where they are going to hope again.

So I stand here, and I just have to confess that this has been 2 days for me where I haven’t just been frustrated and angry like so many Americans. I have been being sick. I have been being a little sick. I started feeling it about 2 days ago. By yesterday my throat was so sore, I went to bed. I had a horrible night, got up, and could barely even swallow. I had the worry in my head that maybe I had strep throat. But guess what. Unlike the thousands of New Jerseyans who have reached out to me, for me to worry about an illness, maybe that I have strep throat—I went to a doctor today. I had myself tested for strep. You see, we, in this body, enjoy health coverage, which right now millions of Americans are worried about losing, and many other ones worry, as we heard tonight, about copays and prescription drug costs. I wonder where the justice is in that?

What are the American values that hold us all together? I know we pledge allegiance to that flag. We put our hands on our hearts, and we swear this: our country, our country. Where is the justice in this country, where some people who are favored and privileged enough and wealthy enough to afford good health coverage can have it, but for other folks, a night with a bad sore throat or, worse, with a disability or disease, is where their justice in the wealthiest country on the planet Earth? We can’t even, in this body, come together and do what the President said in his campaign that he would do—everyone would be covered and have healthcare that—I think the quote was this—was terrific.

Well, it brings me back to what our values are as a country, and I wonder: For we who believe in life and liberty and the pursuit of happiness, how can we have life when we see millions of people about to be thrown off their health coverage? We in this Nation hold these values so dear. We believe that all are created equal and, in my body, we should have rights and equal opportunities for the basics that are necessary to succeed and to compete, and that is health insurance.

I wonder how we have gotten to a point where a body doing this that is not just one-sixth of our economy, that will not just affect millions and millions of lives, but that really goes to the core of who we are as a country.

This great man, Patrick Henry, said: “Give me liberty or give me death.” Those words have been coming back to me a lot in the last months of this debate and this discussion: “Give me liberty or give me death.”

What is the quality of the liberty in this country, where there are people who are shackled with preventable disease and conditions that could be treated because they don’t have access to healthcare? What is the quality of liberty in this country, where people are forced to pawn their belongings to sell their cars, have to sell their homes, and go into bankruptcy because they can’t afford their healthcare coverage?

“Give me liberty or give me death.” Well, what is the quality of the liberty that comes from being imprisoned by fear and worry and stress because they have a sick child or they have a parent who is elderly and needs care? These are the values of this country, and I don’t understand how we could be at this moment right now with the ideas that I have heard on both sides of the aisle to make healthcare better, to improve upon the Affordable Care Act, to extend health coverage to even more people, to make this Nation live up to its values, values that made us a light unto nations, and how we could have gotten to this point now after gaining ground, after having more people experience the freedom and the liberty that comes from not having to worry about your health coverage, from having access to quality healthcare? How can we have moved forward and now be about, in a matter of hours, to push this Nation back? I don’t understand how we could be here when people are being disenfranchised,

Who will be hurt? Who will be hurt? I have read lots of studies recently about how, when health insurance rates go down, mortality rates go up, and when health insurance rates go down, mortality rates go up. It makes me wonder about the duty that we each have in this body. As a man of faith, it makes me wonder about all of us who profess our faith and how we could be allowing a process...
to go forward where the most vulnerable among us will face fear and deprivation and will see things that will cost life and have them surrender liberty. We are better than this. This Nation is greater than this.

This moment casts a shame and a shadow over the soul and the heart of America, and I will fight even in these last hours with every breath that I have, like the patriots before us, not to allow this to happen to my fellow Americans. This is unjust, this is wrong, and we can and must in these hours do better.

Let’s send this bill into committees.

Let’s do this process as this institution was designed to have it done. Let’s open the doors of the Capitol and invite America to come—the American Medical Association, the American Cancer Society, hospital associations. Let’s invite the AARP. Let’s have America come down here. Let’s join together like our forefathers and foremothers have done to expand liberty, to expand opportunity, to extend hope. We can do that. All of us collectively have that power, and it is what the people want right now. This is not what the people want.

What we are about to vote on has only seen the light of day for a matter of minutes now—a matter of minutes.

This Nation was founded with a proclamation that we the people—this idea that all of us together—can do better, that when we join together, when we stand together, when we fight together, and when we work together, we can create a transcendent reality. That is the story of America, and this is not. This is the betrayal of our values. This is the betrayal of our history. This is the betrayal of the great body in which we all are Members.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, so many of us have spoken so many times now against the repeal of the Affordable Care Act, which would hurt millions and millions of people in our country and especially the sickest, poorest, and oldest among us.

I would say that I am probably the only Senator here who was not born in a hospital. I was born at home in rural Japan. I lost a sister to pneumonia when she was only 2 years old in Japan. She died at home, not in a hospital, when she was only 2 years old in Japan. She died at home, not in a hospital, and when she was only 2 years old in Japan.

When should we start the process of listening to each other and listening to the American people? When should we start on an inconsequential issue that doesn’t matter? I think now is the time to start. I think we all know it is the time to start. If we didn’t believe in that, at that time was the time to start fixing this place, we wouldn’t have leapt to our feet and given Senator McCain a standing ovation. This is the time, and this is the issue to start fixing this place and doing what we do with the spirit that is worthy of the American people who sent us here.

Why is now the right time? First, because this issue is so important to people. You heard moving—moving—words from our friend from Hawaii and our friend from New Jersey. We have all spent months going from town to town in our States having people come plead with us for solutions. I shared stories about being in the medical clinic in
Appalachia a week ago tomorrow and seeing the tremendous need in this richest and most compassionate Nation on Earth.

There is nothing about a person's life that is more important than their health. There is no expenditure that a human being ever makes that is as important as an expenditure they make for their health. This is the right issue to start fixing this place because it is important to people.

It is important to the economy. This is the largest sector of the American economy. We are proposing to reorient one-sixth of the American economy on a snap vote, in the middle of the night, without having a single hearing or listening to a single expert.

It is an important issue because we definitely need to hear from the public. You know, committee hearings sound kind of wonky. We haven't had a committee hearing. What does that mean? What it means is, we haven't had a witness table where a patient or a doctor or the American Cancer Society or others could stand up and share their points of view. We need to listen, and if we don't listen, we will not get this right.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. Kaine. I ask unanimous consent for 2 minutes to close, Mr. President.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. Kaine. The time is right because the consequences are so severe: 16 million people lose insurance, 20 percent premiums compounding over the years, insurance markets skyrocketing and unstable, and Planned Parenthood defunded—the healthcare provider of choice for 3 million women.

The final reason we should do this the right way, not the wrong way, is what was said by Senator Graham just a few hours ago. He described the bill that we are on the floor, the skinny repeal, the skinny bill, as a policy as a disaster as a replacement for Obamacare. It is a fraud.

Is "fraudulent disaster" the best that the United States Senate can do now? Is that the bar to get over? If we can say something is a fraudulent disaster, it is suddenly good enough to vote for? That is salt in the wound of a family that is worried about their sick child. That is salt in the wound of the lady who is worried about what would happen to their family tomorrow. Will they lose insurance? Will they pay more? Will they be blocked from going to Planned Parenthood? If this body passes a bill that even Members who the West claim is a fraudulent disaster, how do you think the American public will view this body? How will they view the degree of care and concern we exhibit to them?

This is not the best the Senate can do. We can do much better than this, we matter more than this, and I ask my colleagues to send this to committee where we can listen to one another and get this right.

Thank you, Mr. President.

I yield the floor.

Ms. Collins. Mr. President, few issues are as important or personal to the American people as healthcare, which is why this debate has been so fervent and so important to Americans. The Affordable Care Act, ACA, has allowed millions of individuals and families to obtain health insurance for the first time. It has also brought important patient protections like the ACA's mandate insurance carriers must choose the healthcare provider of choice for 3 million women.

On the one hand, the Affordable Care Act, ACA, has allowed millions of individuals and families to obtain health insurance for the first time. It has also brought important patient protections like the ACA's mandate insurance carriers must cover the costs of needed care.

On the other hand, too many Americans face skyrocketing premiums and unaffordable deductibles coupled with mandates that give them few, if any, choices. Some insurance plans have become so restrictive that families find they can no longer go to the doctor or hospital of their choice. In addition, the ACA's estate disallows insurance carriers from creating jobs or giving their workers more hours, while its tax credits and subsidies are designed so poorly as to cause "wage lock"—where working harder to get ahead can instead make some Americans fall further behind.

Despite President Obama's campaign promise that his health plan would "save the average family $2,500 on their premiums" per year, the opposite has happened as premiums are increasing in nearly every area. One study projects an increase of 25 percent nationally last year. Today, despite the implementation of the ACA, 28 million Americans remain uninsured.

These problems require a bipartisan solution. The Democrats made a big mistake when they passed the ACA without a single Republican vote. I don't want to see Republicans make the same mistake.

Earlier this week, I voted against proceeding to healthcare reform legislation—the American Health Care Act of 2017—that passed the House of Representatives last May without a single Democratic vote. For many Americans, this bill could actually make the situation worse. Among other things, the bill would make sweeping changes to the Medicaid Program—an important safety net that for more than 50 years has helped poor and disabled individuals, including children and low-income seniors, to receive care. The bipartisan Congressional Budget Office, CBO, projects that the number of uninsured Americans would climb by 23 million under this bill.

Senate leaders, recognizing that the House bill did not have sufficient support, advanced their own substitute proposal that would make similar structural changes to the Medicaid program, as well as many other changes. CBO estimates that this plan would reduce the number of people with insurance by 24 million by 2026, increase premiums and other out-of-pocket costs to soar for Americans nearing retirement, and shift billions of dollars of costs to State governments. It also would undermine the financial stability of rural hospitals and long-term care facilities and likely lead to the loss of important consumer protections for many Americans, while doing virtually nothing to address the underlying problems with the nation's healthcare system. Earlier this week, this body struck down that proposal by a vote of 43 to 57.

A separate proposal that would simply repeal the ACA without a replacement also failed, by a vote of 45 to 55. This legislation, which CBO would result in 32 million people losing their insurance, bringing the total number of uninsured Americans to 60 million a decade from now. Clearly, that is going in the wrong direction.

In a final effort to reach consensus, Republican leaders have pieced together a plan that would repeal key portions of the ACA while punting on many of the more difficult questions. While I support many of the components of this plan, it will not provide the market stability and premium relief that is needed. In fact, a bipartisan group of Senators wrote Senate leaders this week, urging rejection of this so-called skinny plan, which they say is "designed to accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage."

I ask unanimous consent that the letter be printed in the RECORD following my remarks.

Also included in all of these plans is a misguided proposal that would block Federal funds, including Medicaid reimbursements, from going to Planned Parenthood. Millions of women across the country rely on Planned Parenthood for family planning, cancer screening, and basic preventive healthcare services. Denying women access to Planned Parenthood not only is contradictory to our goal of empowering patients to choose the healthcare provider who best fits their needs, but it also could impede timely access to care.

If Planned Parenthood were defunded, other family planning clinics in Maine, including community health centers, would see a 63 percent increase in their patient load. Some patients would need to drive greater distances to receive care, while others would have to wait longer for an appointment.

Let me be clear that this is not about abortion. Federal law already prohibits the use of Federal funds to pay for abortion except in cases of rape, incest, or when the life of the mother is at risk.

This is about interfering with the ability of a woman to choose the healthcare provider who is right for her. This harmful provision should have no place in legislation that purports to be about restoring patient choices and freedom of choice.

We need to reconsider our approach. The ACA is flawed and in portions of the country is near collapse. Rather
than engaging in partisan exercises, Republicans and Democrats should work together to address these very serious problems. In their letter to Senate leaders, the bipartisan group of Governors correctly notes that, ‘True, lasting reforms can only be achieved in an open, bipartisan way.’

Healthcare is extraordinarily complex, and we must work together systematically in order to ‘do no harm’ and improve our healthcare system. In developing legislation, our focus should be on the impact on people, premiums, and providers.

We are dealing with an issue that affects millions of Americans and one sixth of our economy, and we need to approach reforms in a very careful way. That means going through the regular process of committee hearings; receiving input from expert witnesses such as actuaries, Governors, advocacy groups, and healthcare providers; and vetting proposals with our colleagues on both sides of the aisle. It needs to be a much more deliberative process, and I am pleased that Chairman ALEXANDER has expressed a willingness to begin hearings in the Senate Health Committee.

Neither party has a monopoly on good ideas, and we must work together to put together a bipartisan bill that fixes the flaws in the ACA and works for all Americans.

The being said, the material was ordered to be printed in the RECORD, as follows:

JULY 26, 2017.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. CHARLES E. SCHUMER,
MinORITY Leader, U.S. Senate,
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL AND MINORITY LEADER SCHUMER: As the Senate debates the House-passed American Health Care Act, I urge you to put aside this flawed bill and work with governors, both Democrats and Republicans, on solutions that will make health care more available and affordable for every American. True, lasting reforms can only be achieved in an open, bipartisan fashion.

We agree with Senator John McCain that the Senate should ‘return to regular order,” working across the aisle to ‘provide workable solutions to problems Americans are struggling with today.’

Congress should be working to make health insurance more affordable while stabilizing the health insurance market, but this bill and similar proposals won’t accomplish these goals. The bill still threatens coverage for millions of hardworking, middle class Americans. The bill’s Medicaid provisions are so weak that states and fail to provide the necessary resources to ensure that no one is left out, including the working poor or those suffering from mental illness or addiction. The Senate should also reject efforts to amend the bill into a ‘skinny repeal,’ which is expected to accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.

Instead, we ask senators to work with governors on solutions to problems we can all agree on: fixing our unstable insurance markets. Improvements should be based on a set of guiding principles, which include controlling costs and stabilizing the market, that will positively impact the coverage and care of millions of Americans, including many who are dealing with mental illness, chronic health problems, and drug addiction.

The next best step is for senators and governors of both parties to come together to work to improve our health care system. We need a legislative pathway of raters lawmakers in an open, bipartisan way to provide better insurance for all Americans.

Sincerely,
John W. Hickenlooper, Governor of Colorado;
Steve Bullock, Governor of Montana;
Brian Sandoval, Governor of Nevada;
Larry Hogan, Governor of Maryland;
Tom Wolf, Governor of Pennsylvania;
John Bel Edwards, Governor of Louisiana;
Tennessee McAllister, Governor of Virginia;
Charles D. Baker, Governor of Massachusetts;
John R. Kasich, Governor of Ohio;
Phil Scott, Governor of Vermont.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, for 2½ days I have been listening to the same rhetoric. It sounds like deja vu. For 2½ days I have been giving extra time to the other side to speak. I have been hoping out of that I would get one constructive suggestion for what could be done with healthcare.

It has been nothing but criticism. It has been criticism against all cuts. Even tonight, after the bill was read here on the floor, I heard that we were changing Social Security. We are not changing Social Security. We can’t change Social Security under the budget. I heard we were changing Medicare. We are not changing Medicare. I am not going to allow other time for that side. I will suggest that side of the aisle go and read the bill. I think it would be a worthwhile exercise.

There is even Medicaid in there. You have threatened about what was going to be done about Medicaid. You talked about what was going to be done with Medicaid, but it is not based on fact. So take a look at the bill.

Another way that this is deja vu is I remember being here on Christmas Eve when technical corrections were accepted from the other side, but you went ahead and passed the bill. We mentioned things that needed to be changed in the meantime, and we were told: No, no, that doesn’t have to be done. It just needs more time.

Well, we had more time, and there does need to be corrections. You keep talking about how the Republicans have ruined the insurance market. No, last October, the high rates came out for States across this country that pointed out that healthcare was going down the tubes. So something needed to be done. Something needed to be done, but without getting constructive suggestions from the other side—just criticism, saying Obamacare is perfect, until this debate started, and then I started hearing: It is not perfect. It is not perfect.

Well, where are the suggestions for making it as near perfect as possible? We put up a lot of—

Ms. HEITKAMP addressed the Chair.

Mr. ENZI. I am not asking that as a rhetorical question. Think about it for a little while, come up with constructive suggestions.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. HEITKAMP. Would the Senator yield for a question?

Mr. ENZI. No, I will not yield for a question.

I feel like there is something constructive that is going to be done around here—I remember that one of the Senators on the other side of the aisle said: If you just take Medicaid out, I will be for it. Well, Medicaid is not in this version so that ought to be some kind of a commitment on it.

I keep referring to this book, which goes back to a lot of the history that we have experienced around here. Here is what has happened, and all of this is footnoted. I was reading at first the footnotes. I didn’t check out all the footnotes, but I did look to see if they were footnoted.

Under the bill that we are trying to make some changes to, there have been costs from new taxes. There are 21 taxes that have been included in ObamaCare, but the most famous one is the increased taxes on healthcare companies that are then passed on to the public as higher costs for insurance and pharmaceuticals.

I have heard that word ‘pharmaceuticals’ thrown out a lot, and I agree there are things that need to be changed there. I do remember the pharmaceuticals joining in on the process of getting ObamaCare passed because they did this little thing with the pharmaceutical Part D, where there was the doughnut hole, and through the doughnut hole we were hoping that people would switch to generic, but the pharmaceutical companies said: No, no, no. If you will stick with the brand name, we will cover you through the doughnut hole. Do you know why? Because people, as they go through the doughnut hole, go beyond the doughnut hole, and beyond the doughnut hole the Federal Government picks up the cost of the name brands—the name brand pharmaceuticals. My insurance commissioner was by to visit with me, and he mentioned that I have twins in Wyoming, and they have a rare disease. There is a prescription for it, and the prescription is costing $30,000 a year each. Well, that is quite a bit of money, and the insurance company was picking that up. Then the name brand pharmaceutical company bought out the generic one. This was generics they were getting.

So now they have to have name brand because the generic is gone now in the market now. The cost? It is $1.6 million for each kid, each year.

That is why the companies, why the insurance companies are dropping out
of the market. I mean, Wyoming is the least populated State in the Nation, and an insurance company that is limited to Wyoming is going to have to bear that $3.2 million worth of cost. So they are going to be saying: We are the only one covering Wyoming, and we couldn’t provide insurance in Wyoming either. We lost the other two companies already, and we are down to just one, but we have one, and they cover all of the counties, unlike—it kind of surprised me that the rules allowed companies to just do some counties in some States.

Also, under ObamaCare, the insurance plans have to cover more. This includes plans for the patient who may not want a particular coverage but has to have this. [It comes under the] essential health benefits, which are required through HHS. This led to 5 million Americans losing their insurance in the individual market.

Reduction of lower cost plans. High deductible [health savings accounts] are very important in reducing costs for individuals, families. A RAND study in 2011 found that an HSA/high deductible plan (with a deductible of at least $1,000) would reduce healthcare spending an average of 14%, whereas not only for patients but also for employers and for those healthcare expenditures. These more effective plans have been reduced under ObamaCare.

Most of the young people on my staff were getting HSAs, and the reason they did is because they did a little bit of a calculation. They did a little bit of financial literacy. They looked to see what the plan was for the full coverage, and then they looked to see what an HSA would cost, and they said: Well, gee, if I take the difference in the cost between the regular insurance and the HSAs and I put that in one of these savings accounts that can grow tax-free, in a maximum of 3 years, I will cover it. I think that is what they did.

So they considered that to be good insurance and they got to make a lot of their decisions.

But I don’t think we want individuals making their decisions; that appears to be how it is constructed.

Then there is an increase in mandates, which is item No. 4.

Mandates existed before ObamaCare but have dramatically increased with ObamaCare. It added mandates “guaranteed issue and community ratings.” Both have been previously tried in the states. Such mandates distort the marketplace and drive up the prices. Policies within the health insurance that had more mandates could actually have doubled the cost of [their] premiums.

3. Increased costs by constraining hospitals and physician networks. There has been consolidation with increased hospital mergers by 50% compared with 2009. There has also been movement of doctor’s practices to connect with insurance plans. The contracts within the hospital system and then physician’s systems increased costs to the patients. For example, group practice charges – if they are 18% to 20% and specialty care charges increased costs even more, 34% after connecting the care with hospital systems. These changes in care i.e. changes of practice systems into hospital-based systems have significantly driven up the cost of care for the patients.

6. Medical legal liability reform has not been a part of ObamaCare but is a significant driver of healthcare costs.

That is not considered in it, and it is considered to be about a 10 to 25 percent increase in total costs. So, Mr. President, may I respectfully ask the chairman a question?

The PRESIDING OFFICER. Does the Senator yield for a question?

Mr. ENZI. I think this is under my time.

Mrs. MURRAY. It is, and I just—

The PRESIDING OFFICER. Does the Senator yield for a question?

Mrs. MURRAY. Regarding time, I just have a question so that Members can know how to manage their time between now and the 45 minutes when we have the vote.

The PRESIDING OFFICER. The Republicans have 46 minutes remaining; the Democrats have zero.

Mrs. MURRAY. I could just respectfully ask the chairman, since we have only had this bill for an hour, we have, as you can see, a number of Senators who want to speak. I would just respectfully ask if there is any time we will have between now and the vote to make any comments, since we have just had, for a very short amount of time, the bill that we will be voting on, which will obviously impact millions of Americans.

Mr. ENZI. I think the answer is that I gave was perhaps your time might be better spent taking a look at the bill because the conversations I have heard here didn’t necessarily speak to the bill.

Mrs. MURRAY. Mr. Chairman, I—

Mr. ENZI. They speak to the process, and I think we have already covered that in 3 days.

Mrs. MCCASKILL addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mrs. MCCASKILL. Mr. President, will he yield for a question about the new study on the impact of ObamaCare on small businesses? He will not yield. I would like to put in the same amount of people.

I said: Well, the way this works, you are going to come under much increased healthcare costs, and you better take a look at that before you make your expansion.

So it has cost jobs that way. Now, with small business insurance, with the small business health plan—

Mrs. WARREN expressed the Chair.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ROUNDS. Regular order.

Mrs. WARREN. Will the Senator from Wyoming yield for a question about the new study on the impact of ObamaCare on jobs?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mrs. MCCASKILL. Mr. President, now, with small business insurance, with the small business health plan—

Mr. ENZI. I want to continue on with why we are trying to change this.

Mrs. MCCASKILL. He will not yield for a question?

Mr. ENZI. I want to continue on with why we are trying to change this.

The PRESIDENT proclaims that if you are a small business and you have over 50 employees, you have a problem. I have people in Wyoming who come to me and say: I have this business. It is working really well, and in the next two towns and most of the towns aren’t big enough to hold two of the same kind of store—so in the next town over, I would like to put in the same kind of shop.

My question to them is: How many employees do you have?

Most of them have said: Well, I have about 48 employees. I said: How many will you need in the other store?

They said: Well, I hope to need the same amount of people.

I said: Well, the way this works, you are going to come under much increased healthcare costs, and you better take a look at that before you make your expansion.

Mr. ROUNDS. Regular order.

Mrs. WARREN. Will the Senator from Wyoming yield for a question about the new study on the impact of ObamaCare on jobs?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. WARREN expressed the Chair.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ROUNDS. Regular order.

Ms. WARREN. Will the Senator from Wyoming yield for a question about the new study on the impact of ObamaCare on jobs?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. WARREN expressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. WARREN. If I could just—

The PRESIDING OFFICER. The Senator will be in order.

The Senator from Wyoming has the floor.

Mr. ROUNDS. Regular order.

Ms. WARREN. Will the Senator from Wyoming yield for a question about the new study on the impact of ObamaCare on jobs?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. MCCASKILL. Mr. President, now, with small business insurance, with the small business health plan—

Mr. ENZI. I will not yield. I would appreciate the same courtesy from that side that I gave to you when you were doing your expositions about healthcare, which included the things that I have mentioned that aren’t even in the bill. Our side has some time, and I would like to use some of that time.

As I have been through this process for a long time now—I have been on the Health, Education, Labor, and Pensions Committee for the whole time that I have been here, which is 20 years. Of course, it wasn’t Health, Education, Labor, and Pensions when I first got here, but we thought that that was a clever acronym: We are from the Federal Government, and we are here to help you. There are a lot of people back home who don’t think we really help much.

But, at any rate, the small business health plans, after three of us who were in the Senate got thrown under the train or under the bus or whatever it was, small business health plans were changed to co-ops, and they were given a significant amount of money to work with, and they haven’t fared very well. And I am not making this information about the co-ops here. Again, this isn’t stuff that I wrote; this is stuff somebody else wrote and footnoted and sent to all of us. Again, the name of the book is “Demystifying ObamaCare: How to Achieve Healthcare Reform.” It gives some good suggestions.

He does point out that “ObamaCare is not a system of healthcare, nor is it...”
Mr. ENZI. Mr. President, I have heard so many times that the other side would love to be cooperative, but I have yet to see cooperation. I am not going to take questions; I am going to— I really would appreciate it if you would just take some time to look at the bill. I have heard the rhetoric.

The PRESIDING OFFICER. The Senate will be in order.

Mr. MURPHY. Maybe this time would be better used if you allowed us to ask you some questions about the bill. The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ENZI. Yes, and I have an hour, whether I use it or not. As I said, for the past few days I have been yielding some of the floor. I haven’t gotten much satisfaction out of that. I have listened for the last hour, and I didn’t get any satisfaction out of that either. I did sit through all of it. I did listen to it. Again, it is complaints about the process, not substantive suggestions on what could be done.

There are taxes, mandates, regulations, lack of competition in the marketplace, increasing costs. When I travel across Wyoming, I have people who have come up to me and they say: My insurance premium is bigger than my house payment, and it is growing.

And they said: If something happens to us, my deductible is bigger than my years’ travel insurance. That shouldn’t happen in America, but that is where we are. Those aren’t isolated cases; those are a lot of cases. That is the situation we find ourselves in. We are not trying to hurt anybody; we are trying to fix some of these problems.

As I said, for 8 years, every time there has been a waiver—that is part of that thing that I mentioned about the 70 changes to ObamaCare so far—a lot of those were waivers. Every time there was a waiver, I said: Why are we waiving this? Why don’t we just fix it?

I was told: It is not broke; it just needs more time. Well, it has had more time. Last year—this was before the election, so you can’t blame us. We had no idea who was going to be the President. We had no idea who was going to be in the majority. Last October, people started pulling out of insurance markets, and rates increased dramatically. You can’t put that blame on us.

Mrs. MURRAY. Mr. President, parliamentary inquiry. The PRESIDING OFFICER. Does the Senator yield for a parliamentary inquiry?

Mr. ENZI. No.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mr. MURRAY. Mr. President, I just wanted to ask how much time is left on the bill that we haven’t had much time to look at much in the last hour that we are going to do.

The PRESIDING OFFICER. The Senator from Wyoming has 34 minutes remaining, and the Senator has the floor.

Mr. ENZI. Mr. President, I think what we have is a motion to commit and the right for the other side to do other amendments. I would hope that some of them would be constructive, but I am not expecting that. As I said, I have been listening for 3 days and actually listening a lot longer before that time.

I could talk about some of the things we can learn from ObamaCare, because we should. We can learn that decisions have to be made by the patients and not by the bureaucrats for the government. There are some key examples of when the government starts making those decisions. I don’t have to pick on ObamaCare for it necessarily; the VA has had a few problems, and I am sure all of you have been working casework on what the VA has been doing. That is where the government and the bureaucrats are making decisions. We have been through some enormous times on that. That is why we did the Choice Act. And the Choice Act had a lot of problems. That is government healthcare.

People say: Well, Choice got to go outside of the government.

That is not quite true. I think the folks with the VA and the companies you have to go through for healthcare, and when they did, they didn’t want it to be efficient. They wanted as much of it as possible to come back to the VA. I am sure all of us, as we travel across our States, are running into people who are having problems with providers not getting paid or not being able to get their appointments. If you check with the providers, you find out what kind of a terrible process they have to go through to get paid. That is government healthcare.

In my State, I provide the VA with a list every week of the new cases I have of people who are not getting care. They didn’t do that. But they told me when I first inquired: Well, there are only two doctors who haven’t been paid.

I said: That is impossible. There are more than two doctors in my own town who haven’t been paid, and there are a lot of towns in Wyoming—when I go to them, I hear that they are not paid.

They said: One was not paid for 30 days, and one wasn’t paid for 45 days. I said: Well, I don’t know why either one wasn’t paid before those kinds of deadlines.

But I can tell you there are a lot more problems than that.

So if we are thinking about going to a Federal healthcare—and I guess we are—because we had that vote a little bit earlier on whether we would have a single-payer system. I was amazed at the number of people who chose not to vote on that. At any rate, I don’t think that is where America wants to go. I have had some people ask me about that. I have given them some suggestions on where to check to see what kind of care they would get under that, and they have come back
to me and said: I don’t think that is where we want to go. I know the other side of the aisle has wanted to go that way for a long time. When I first got here, Phil Gramm was one of my mentors, and I really appreciate his advice in managing areas. One of the things he said to me was, you have to watch out for healthcare because where the Democrats want to go is to single-payer healthcare. In other words, they don’t care who drives the train as long as it wrecks.

So I look back on ObamaCare and I say: Man, this was 18, 19, 20 years ago that he told me this. Is that where ObamaCare is supposed to go, to wreck the train so we can go to single-payer? I don’t think so, but I think we are on the way to a train wreck, and I am not hearing a lot of disagreement about the train wreck. I am hearing some disagreement about the amount of calamity in the train wreck but not on whether there is going to be a train wreck.

There are a number of things we could do to take care of the costs that have gone up under this. That can be confronted within a free market as opposed to the government-run, government-controlled market we are under now. One of them is to reduce the tax burden. I did notice that I have a lot of people in Wyoming—again, we are one of the smallest or least populated in the Nation. We don’t have a lot in land based, but we have small in population. In Wyoming, $5.6 million was collected from people for fines for not having the adequate healthcare.

Those were people who said: Wait a minute, I have to spend so much on my healthcare and then a high deductible that I will never going to get anything out of it. So when I calculate the annual cost, the $1,700 that I have to pay as the fine—or $1,500, somewhere in that range—is cheaper than paying for all the penalties and then a deductible if anything ever happens to me.

These are real people I am talking about.

Mr. SCHATZ. Mr. President, would the Senator yield for a question?

Mr. SCHATZ. Mr. President, would the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mr. ENZI. I allowed the other side to have their hour. I expect to have this hour, even if some of it is in silence. I imagine the tax burden.

We could also eliminate some regulations. We really need to take a look at some of those regulations within the essential health benefits and see if everybody needs all of them or if there are some they would opt out of, giving the opportunity because they knew they will never need them. There are a lot of examples of that.

We could eliminate the mandates from the Federal and State. We have the elimination of the Federal mandates in this bill, both the individual mandate and the employer mandate.

We could also increase competition within the marketplace by increasing flexibility. Some of these things we can’t do, particularly to the level we would like to do them, but we could have more competition if we could increase the number of insurance companies. Competition makes a difference. We read a number of people, though, who have suggested to me that the biggest thing we could do would be to pass the medical liability reform because doctors are practicing defensive medicine, which drives up the cost, so that if they are ever in a lawsuit, they can’t do anything possible thing that they could ever imagine or that anybody could raise as an issue. There is a cost to doing that. One of the suggestions—

Mr. HEINRICH. Mr. President, I would ask if the Senator would yield.

The PRESIDING OFFICER. The Senator will be in order.

The Senator from Wyoming has the floor.

Mr. HEINRICH. Will the Senator from Wyoming yield for a question?

Mr. ENZI. I will not.

The PRESIDING OFFICER. The Senator declines to yield.

Mr. ENZI. It has been suggested that the government could have an appropriate role in healthcare by maybe using advanceable, refundable credits to prevent any lapse in coverage. One of the problems we have right now is that people can wait until they have something terrible happen to them, and then they can sign up for insurance on the way to the hospital—you can’t pay when you are in the ambulance, and you can’t pay when you are getting treatment, and you can’t pay when you are getting rehab—and when they are done, they drop out of it. It is hard for an insurance company to figure in the cost of something they are not going to get paid for at all.

There have been a number of suggestions. I don’t know whether they are any good or not. One of them is that if you don’t keep continuous coverage, you should have to pick up your own expenses for the first 6 months. That would encourage people to have continuous coverage. It is just one possible suggestion.

There is a role for government within this setting, and that is requiring some transparency within the system, encouraging the development of new healthcare competition, prevention of collusion between healthcare companies, and having prices posted.

I remember a hearing we had once—Ms. WARREN. Mr. President, will the Senator yield for a question?

Mr. ENZI. I will not. You got your hour; it is my hour.

The PRESIDING OFFICER. The Senator will be in order.

The Senator declines to yield.

The Senator from Wyoming has the floor.

Mr. ENZI. ENZI. When I was chairman or when Senator Kennedy was chairman of the Health, Education, Labor, and Pensions Committee, we switched from doing hearings to doing roundtables. That was an interesting experience too. Instead of having all of the witnesses except one picked by the majority and the other one picked by the minority and then everybody coming up to beat up on the person who was in the opposition, we went to roundtables.

What you do with a roundtable is you pick 2 or 6 or 8 or 10 people who are actually knowledgeable in that field, who have actually done something, who have had their hands on what we were talking about.

I remember the first one. One of the questions at the end was by Senator Kennedy, and he asked the witnesses that he and I had selected. This wasn’t me selecting; this was a joint effort selecting them. He said: What do you think about single-payer insurance? As they went around, there was only one out of 10 people who said: Yes, it might be a good idea, but we probably ought to take a look at it. The rest of them said: It won’t work in America. We are already used to something different.

When the hearing was over, Senator Kennedy said to me: You know, I think those roundtables are a good idea. I think it is a good thing to kind of hear about what the people are actually experiencing out there before we write the bill.

Well, we did a lot of healthcare roundtables. One of the witnesses was from Safeway. Safeway had been able to hold their costs level and started to bring them down. Of course, we were interested in anybody who could hold healthcare costs level or bringing them down. The way they had done that was to find out what the costs of different procedures were in the area where they had stores. After they knew what the cost of the procedure was, they could take the median price for whatever it was, and if the people in their store would take the median price, it didn’t cost them anything. If they went above the median price, they had to pay the difference. If they went below the median price, they got a rebate. So they were actually paying attention, using some financial literacy in any of the treatments they needed to get, and they appreciated that their company had done this research for them in advance so they could have some kind of an idea of what the market held. He estimated that if they were able to increase the flexibility they had with this, they could bring down their costs by about 5 to 7 percent a year.

We worked on a 10-step plan in conjunction with Senator Kennedy on a lot of it—and talked about it across the country and particularly across Wyoming. It would have taken 20 steps to get healthcare for everyone without mandates but with incentives.

Mr. VAN HOLLEN addressed the Chair.

The PRESIDING OFFICER. The Senator will be in order.

Mr. VAN HOLLEN. I wonder if the Senator would yield for a question.

The PRESIDING OFFICER. The Senator will be in order.
Mr. VAN HOLLEN. Will the Senator yield for a question?

Mr. ENZI. The Senator will not yield. The PRESIDING OFFICER. The Senator declines to yield.

The Senator from Wyoming has the floor.

Mr. ENZI. Earlier I mentioned the CO-OPS. I would have preferred the small business health plans. I didn’t think the CO-OPS would work.

CO-OPS were included in ACA. Those plans were meant to provide competition with existing health insurance companies.

It was an opportunity to set up insurance companies that actually were funded.

The CO-OPS were given $2.4 billion in “federal loans.” The CO-OPS were prohibited from having former healthcare executives with managerial or financial experience.

The CO-OPS were conceived to drive down premiums by providing competition and underselling the cost for policies.

More than half the 23 CO-OPS went out of business in 2015, but 8 of the remaining 11 CO-OPS were in financial trouble.

The number of CO-OPS is now down to 7 (4 of those CO-OPS went bankrupt in 2016).

Examples of how the CO-OPS that have failed and have cost the taxpayers. In 2015 alone, there was a huge amount of money lost and also cost the enrollees in the CO-OPS their insurance.

New York Health Republic, 23,000 policies lost, $77 million dollars lost in the first half of 2015.

Iowan and Nebraska CO-Opportunity Health, 129,000 policies canceled, $146 million dollars lost. Arizona CO-OP, 59,000 enrollees lost their insurance, $90 million dollars lost.

Colorado CO-OP, 89,000 enrollees insurance canceled, $72 million dollars lost.

Ms. HASSAN addressed the Chair.

The PRESIDING OFFICER. The Senator will not yield.

The Senator from Wyoming has the floor.

Ms. HASSAN. Mr. President, I wonder if the Senator from Wyoming will yield for a question.

Mr. ENZI. No. The PRESIDING OFFICER. The Senator does not yield.

The Senator from Wyoming has the floor.

Mr. ENZI. Continuing: The [Health and Human Services] and administration officials knew that the CO-OPS were risky even before they received their first “loan” in 2014. Senator ROBERT PORTMAN, Chairman of the Senate Permanent Subcommittee on Investigations, said that the HHS knew of serious problems concerning the failed CO-OPS enrollment strategies, pricing and financial management before the department ever approved their initial loans. Dr. Mandy Cohen, the director of the CMS, testified before a House subcommittee that 8 of the 11 remaining CO-OPS companies were in serious financial difficulty and receiving “enhanced oversight” and “corrective action.” Dr. Cohen did not explain what that “corrective action” or “enhanced oversight” consisted of nor could she indicate the enrollment size of the CO-OPS that were being monitored.

Also, 4 more CO-OPS have failed over the first half of 2016, leaving only 7 remaining.

I am not sure what today’s number is.

The HHS continued to make these federal loans though they knew the CO-OPS were failing.

Under the small business health plans, there is no requirement to have the Federal Government fund it unless we want to fund more oversight. I am not opposed to that either.

So What are the American People Think of This?

There has been greater than $1 billion dollar loss of taxpayer money to CO-OPS that have gone bankrupt.

Only 7 of the initial 23 CO-OPS remain in business.

These CO-OPS were constructed as a way of providing competition against existing companies, however in order to do that they underpriced their products. No company can survive if they take in less than what they put out in services and understandably, the majority of CO-OPS have gone out of business.

That could be something to do with their being prohibited from having former healthcare executives with managerial and accrual experience.

This was known by the HHS before the first “federal loans” had ever been approved. Over 800,000 people have lost their insurance because the CO-OPS have gone out of business and there are more to come.

It speaks to the fact that the HHS and Obamacare Administration had very little regard for the American taxpayer and the American people.

The disturbing question is whether any of the taxpayer’s loans were made.

I did say those were loans, and there aren’t many left that can pay back the loans, which is a little bit of a difficulty.

Of course we did hear that Obamacare was supposed to bend the cost curve down. I ought to point out some facts on that as well.

From 2009 to 2012 healthcare, spending grew less than 4 percent, as spending started increasing dramatically in the first quarter of 2013 it is estimated to increase to 6.5% spending growth.

In 2016, it is estimated to increase to 6.5% spending growth.

We know from last year, which isn’t included in this, that it started doubling at that point.

Deductibles both inside and outside Obamacare exchanges have increased enormously and to increase. Healthcare costs are now increasing more than inflation.

Why has spending increased? There has been increased utilization services. The increased healthcare spending thus led to higher insurance costs. A particular cause of increased spending related to Obamacare is a marked increase in deductibles and health insurance premiums in the Obamacare exchanges. Additionally, because of the increased number of patients with Medicaid expansion there have been increased costs. Healthcare costs [will] continue to rise.

The total healthcare spending for 2016 is expected to increase to over $3.7 trillion dollars. In I will get some updated numbers on that.

Total healthcare spending . . . rate of spending increase.

Also, Medicaid increased: 11%

Medicare increased: 5.5%

Private insurance spending increased: 4.5%

If I would have known that Medicare was going to be mentioned, even though it is not in the bill, I would have shown the little chart that I have, which shows how much revenue we get for different mandatory spending that we have.

All of those mandatory spending are in a little bit of trouble because the revenue streams to take care of them are not sufficient. At one point, they were sufficient in some of them, and the federal government doesn’t have any place to park cash. The federal government puts bonds in a drawer and spends the cash. That is kind of double dipping because there is nothing there for later. There is a Social Security trust fund.

I have learned from trust funds that you have to find money to put in before you can take money out. I never saw a trust fund that operated that way until I got here. We have some crises that are coming up. We are going to compound healthcare because for Federal pensions, we really don’t put any money away for them. We require business to put it in, and we have had some other suggestions. I have some small pension plans I would like people to look at, some pooling for that, which I think would encourage more people to have pension plans in small business.

But the cost of administration is extremely high unless they can share in that. All of them would require that there be money put away to be able to cover with reasonable growth in the interest of the fund so that what was promised could be taken care of.

In 2006, Senator Kennedy and I worked on saving some pension plans, trying to make sure that promises that were made could be met. We did a pension bill that needs to be redone again, particularly for some sectors of the pension.

The private sector is required to put away money when the market goes down, it increases dramatically the amount of money that they need to put in and creates some problems for business.

The point I am making is that the Federal Government doesn’t do that with any excess funds we get. I don’t care if it is in healthcare or Social Security or where it is, those excess funds are allowed to be spent with bonds put in a drawer, with the promise that the Federal Government will cover them. I don’t know how many people at home believe that, but that is what it is.

How has the battle for the quality of healthcare fared? This gets covered in this book too.

Here is a little bit on the quality of healthcare and outcomes.

The infant mortality rate . . . has been used by politicians and others in political debate to describe the inferiority of the U.S. healthcare [system]. U.S. ranked only 30th in the world (and the neonatal mortality below that). When you look at this data, however, you also find that the very different United States followed the World Health Organization definition that a live birth is any infant
that shows any sign of life, i.e. a baby that takes a single breath or has a heartbeat. Other countries however including both developed and underdeveloped countries use different standards. The definition of 'live births' varies between different countries. For example, in Switzerland a newborn has to be 30 cm. long to be considered a live birth. In France, infants have to be at least 26 weeks to be considered as live births. Infants less than 24 weeks gestational age are excluded from registries of live births in multiple other countries including Japan and Hong Kong. In Canada, Germany, and Austria, the newborns weighing less than 500 grams are not considered viable and are excluded from the infant mortality rates.

What I am saying is, there are games that can be done with that, with the performance ratings, with the life expectancy data, with the Commonwealth Fund. All of these things are issues that we are embarrassed about and things we ought to be working on, things we ought to improve, things we ought to help with our country.

We need to be looking at all of those outcomes. The cardiovascular disease outcomes, the stroke outcomes, the chronic illness outcomes, the hypertension outcomes, the diabetes and cholesterol outcomes. We know that the earlier and more effective there is treatment of the disease, the better treatment of the disease for chronic disease, the better the results are. The more accessible and better technology there is, the more access to specialty care for early diagnosis and treatment. Better preventive screening, and the inventiveness of the American people.

I think it was today—my days blend together these days with this healthcare that we are working on. I was visited by a couple of young people from Wyoming who have diabetes. We have put some additional money into research. We, as a Senate, don’t say exactly where that money has to go be- cause we shouldn’t be kicking the tires exactly where that money has to go be- cause we are affected differently than what our constituents are. We need to keep putting things into research. I said a lot of times: If there is a problem in America and we have a diabetic pump? So he invented a machine—which started out being a fairly good-sized machine, but it worked. If they got their insulin over a slow period of time, but sufficient insulin, the baby didn’t have the larger head.

Well, this is a businessman. He said: That is good. That will provide part of a market, but there ought to be a bigger market for it. He said: I won- der if men would have any benefit from having a diabetic pump? So he was able to have a trial and found out that also worked. He worked it down to be smaller and smaller and is working on other kinds of inventions that will do better things. We need to keep putting things into innovation. I said a lot of times: If there is a problem in America and we put on a small incentive, there will be somebody who will figure out how to turn that into something very useful. Mr. President, I think I have been re-quested by Senator SCHUMER to have 2 minutes before the vote. The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that Mr. CORNYN, Mr. President, I request that each side be given 5 minutes to the Senator from Oregon, and 5, fi-nally—or however much time the Senator from Texas wants.

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, I re-quest that each side be given 5 minutes to speak. Everybody is ready to vote. We had 2 hours of debate. So I would ask to amend the unanimous consent request that each side give 5 minutes to close, divided up any way you want.

I ask unanimous consent that each side be given 5 minutes to speak.

Mr. SCHUMER. I would simply say to my friend, this is a huge bill. We have not had a huge amount of time to de-bate it. We have just seen it for 2 hours. To ask for another 5 minutes on our side for the ranking member of Fin-ance, in addition to mine, is not too much to ask.

Mr. SCHUMER. Mr. President, I suggest the absence of a quorum. The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded. The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, I ask unanimous consent that there be given 5 minutes to the Senator from Oregon, 5 minutes to myself, and, in conclu-sion, 5 minutes to the Senator from Texas.

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

The Senator from Oregon.

Mr. WYDEN. Thank you, Mr. Presi-dent.

I thank my leader, Senator SCHUMER, colleagues, before morning, millions of Americans could be on their way to lives filled with healthcare misery, eye-popping cost increases, hollowed-out coverage, and gutted consumer protections.

Colleagues, there are already stories of Americans hoarding pills and clam-oring for screenings because they fear what the future is going to bring. These are the Americans who took deep breaths of relief 7 years ago when the Affordable Care Act became law. Women were no longer penalized for their gender. Cancer survivors no longer had to worry about busting a limit on coverage and facing personal bankruptcy. Entrepreneurs with a big idea had the freedom to set out on their own, no longer tied to their em-ployer insurance because they had a preexisting condition. Now all of them are looking at lives on hold.

The skinny repeal package makes a mockery out of the President’s promise to lower premiums. He made that promise repeatedly to the American people: no reductions in coverage, no increases in premiums. This bill makes a mockery out of that Presidential
pledge. Don’t take my word for it. The Congressional Budget Office—the independent umpires—have told us the premiums are going to jump 20 percent next year as a result of this bill. That goes into effect, colleagues, January 1 of this year. Some happy New Year: Your premiums have jumped through the roof.

Colleagues, vote for this and try to explain it to the people you represent and have them tell you that there is not going to be anything they can sacrifice to pay for that rate hike. Their wages are flat, they are on an economic tightrope, and they are going to have to have premium hikems with a 20-percent hit.

The Finance Committee is accountable for funds that are critical for women’s health. This measure begins the effort to take away the right of women to go to the provider they choose. That, too, will be hard to explain to millions of Americans who simply want what we have: the right to make your own healthcare choices.

Colleagues, the damage may get worse. Skinny repeal could be the gateway drug to TrumpCare. We still don’t know what is going to happen with Medicaid seniors are worried. Kids with special needs, disabled folks. If the Senate and the House head to a conference—that is a big “if”—this body is going to face a radical set of demands from a very stubborn extreme body is going to face a radical set of demands from a very stubborn extreme.

My time has expired. I appreciate Leader SCHUMER getting me this time. The promises Senators have gotten to protect their constituents, those promises could well be in the trash can.

I urge my colleagues to think about what it is going to be like to go home and explain to their constituents how this is going to work. I don’t think they are going to be able to make the case.

I urge my colleagues to support Senator MURRAY on this motion to recommit.

I yield back.

Mr. SCHUMER. Mr. President, let me thank my colleagues on the other side of the aisle for yielding us time. This summer has been around for over 100 years. As traditions we are very proud of. In recent years—both parties to blame—many of those traditions have been eroded. What happens when you erode the traditions—the bipartisanship, the ability to work through the regular orders—is very simply that the product that emerges is not very good. There is a reason this body has been the greatest deliberative body in the world, and it is because it had those traditions. Now we are destroying them.

We have a bill that we have seen for 2 hours. It affects the healthcare, perhaps the lives—almost certainly the lives—of millions. It affects the daily lives of men and women and children. We haven’t even had a chance to explore all the ramifications. There is a lot of anger on the other side at the ACA. I understand that, but you are repeating what you claim are the same mistakes.

Just as maybe ObamaCare could have been made better if it were a bipartisan proposal, this one certainly would have been made better. This skinny repeal, CBO tells us, will kick 15 million people—16 million people—off care. This skinny repeal, the cries of reducing premiums as the major reason that ObamaCare needed changes, will raise premiums 20 percent a year, ad infinitum. The average working family is going to struggle to get healthcare even more than they have now.

Why is this being rushed through this way? Why is this being done in the dark of night? I can’t believe my colleagues are proud of it. If they were, there would be brass bands down the streets of smalltown America celebrating this bill. That is not what is happening. It is midnight. Debate is curtailed. We can’t amend it in the open. We can’t do what is needed.

So I would plead once more with my colleagues to have the courage. The insurance companies, which is what I have heard from our friends on the other side. Well, it is not true. It is not the only thing we have heard. We have also heard the Democratic leader, for example, advocate for a single-payer system.

What this bill does do is it repeals the individual mandate, which to us is an unacceptable government coercion of American citizens forcing them to buy a product they don’t want and they can’t afford, because currently 28 million people are uninsured under ObamaCare. I thought it was supposed to provide coverage for everybody, but we have about 450,000 Texans who earn less than $25,000 a year are paying the penalty because they can’t afford the insurance, so they pay the penalty, and it is not working.

We are doing everything we can, given the fact that our friends on the other side of the aisle are simply sitting on their hands and not participating in the process, other than to try to undermine it. We intend to pass a bill and go to conference with the House to make this bill better because our goal is to stabilize the markets, to bring down premiums, to protect people with preexisting conditions, and to put Medicaid, the safety net for low-income Americans, on a sustainable path. You would think those would be things that our colleagues across the aisle would want to join us in and participate in but apparently not.

We need to move on. We can’t let the fact that our Democratic friends are unwilling to participate keep us from doing our duty the best we can under the circumstances, and that is what this bill represents. It is not perfect.
but it is better than the status quo, and we intend to do our duty.

Mr. President, I yield back.

The PRESIDING OFFICER. All time has expired.

**VOTE ON MOTION TO COMMIT**

The question is on agreeing to the Murray motion to commit.

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The result was announced—yeas 48, nays 52, as follows:

[Rollcall Vote No. 178 Leg.]

| YEAS—48 |
|------------------|------------------|
| Baldwin          | Grassley         |
| Bennet           | Graham           |
| Blumenthal       | Grassley         |
| Boozman          | Hirono           |
| Brown            | Hoeven           |
| Cantwell         | Hoeven           |
| Cardin           | Hoeven           |
| Casey            | Hoeven           |
| Collins          | Hoeven           |
| Coons            | Hoeven           |
| Cortez Masto     | Hoeven           |
| Donnelly         | Hoeven           |
| Duckworth        | Hoeven           |
| Durbin           | Hoeven           |
| Feinstein        | Hoeven           |
| Franken          | Hoeven           |
| Gillibrand       | Hoeven           |

[Rollcall Vote No. 179 Leg.]

| YEAS—52 |
|------------------|------------------|
| Alexander        | Daines           |
| Barrasao         | Daines           |
| Blumenthal       | Daines           |
| Bostman          | Daines           |
| Burr             | Daines           |
| Capito           | Daines           |
| Casey            | Daines           |
| Cheeseman        | Daines           |
| Collins          | Daines           |
| Corker           | Daines           |
| Cornyn           | Daines           |
| Cotton           | Daines           |
| Crapo            | Daines           |
| Cruz             | Daines           |
| Daines           | Daines           |
| Ernst            | Daines           |
| Fischer          | Daines           |
| Garbarro         | Daines           |
| Boosman          | Daines           |
| Burr             | Daines           |
| Capito           | Daines           |
| Casey            | Daines           |
| Cheeseman        | Daines           |
| Collins          | Daines           |
| Corker           | Daines           |
| Cornyn           | Daines           |
| Cotton           | Daines           |
| Crapo            | Daines           |
| Cruz             | Daines           |

The amendment (No. 667) was rejected.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that H.R. 1628 be returned to the calendar.

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

**HEALTHCARE**

Mr. MCCONNELL. Mr. President, this is clearly a disappointing moment. From skyrocketing costs to plummeting choices and collapsing markets, our constituents have suffered through an awful lot under ObamaCare. We thought they deserved better. That is why I and many of my colleagues did as we promised and voted to repeal this failed law. We told our constituents we would vote that way, and when the moment came, most of us did. We kept our commitments. We worked hard, and everybody on this side can certainly attest to the fact that we worked really hard and tried to develop a consensus for a better way forward.

I want to thank everybody in this conference for the endless amount of time they spent trying to achieve a consensus to go forward. I also want to thank the President and the Vice President, who couldn’t have been more involved and more helpful.

So, yes, this is a disappointment indeed. To our friends over in the House, we thank them, as well. I regret that our efforts were simply not enough this time.

I imagine many of our colleagues on the other side are celebrating. They are pretty happy about all of this, but the American people are hurting, and they need relief. Our friends on the other side decided early on they didn’t want to engage with us in a serious way to help those suffering under ObamaCare. They did everything they could to prevent the Senate from providing a better way forward, including such things as reading amendments for endless amounts of time, such things as holding up nominations for key positions in the administration because they were unhappy that we were trying to find a way to something better than ObamaCare. So I expect that they are pretty satisfied tonight. I regret to say that they succeeded in that effort.

Now I think it is appropriate to ask, what are their ideas? It will be interesting to see what they suggest as the way forward. For myself, I can say—and I hope I am safe on saying this for most of the people on this side of the aisle—that bailing out insurance companies with no thought of any kind of reform is not something I want to be part of. And I suspect that not many folks over here are interested in that. It will be interesting to see what they have in mind, like quadrupling down on the failures of ObamaCare with a single-payer system. We had that vote a little earlier, thanks to the Senator from Montana. Almost everybody voted “present.” Apparently, they didn’t want to make a decision about whether they were for or against socialized medicine—a government take-over of everything; European healthcare. Only four of them weren’t afraid to say they didn’t think that was a good idea. So maybe that is what they want to offer. We will be happy to have that debate with the American people.

It is time for our friends on the other side to tell us what they have in mind. We will see how the American people feel about their ideas. So, I regret that we are here, but I want to say, again, I am proud of the vote I cast tonight. It is consistent with what we told the American people we would try to accomplish in four straight elections if they gave us a chance. I thank all of my colleagues on this side of the aisle for everything they did to try to keep that commitment.

What we tried to accomplish for the American people was the right thing for the country, and our only regret tonight—or our only regret is that we didn’t achieve what we had hoped to accomplish. I think the American people are going to regret that we couldn’t find a better way forward. As I stand here, we look forward to our colleagues on the other side suggesting what they have in mind.

Now, Mr. President, it is time to move on.

**UNANIMOUS CONSENT REQUEST—H.R. 2810**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 10 a.m. on Friday, July 28—that is tomorrow—the Senate proceed to consideration of Calendar No. 175, H.R. 2810, the House-passed national defense authorization bill.

The PRESIDING OFFICER. Is there objection?

Mr. PAUL. Mr. President, I object. The PRESIDING OFFICER. Objection is heard.

Mr. MCCONNELL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.
Mr. SCHUMER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded. The PRESIDING OFFICER. Without objection, it is so ordered.

WORKING TOGETHER

Mr. SCHUMER. Mr. President, first, let me say that it has been a long, long road for both sides. Each side had sincere convictions, and we are at this point. I want to say three things. First, I suggest that we turn the page. It is time to turn the page.

I see as our friend the majority leader that we are not celebrating. We are relieved that millions and millions of people who would have been so drastically hurt by the three proposals put forward will, at least, retain their healthcare, be able to deal with pre-existing conditions, deal with nursing homes and opioids that Medicaid has paid for.

We are relieved, not for ourselves, but for the American people. But as I have said, over and over again, ObamaCare was hardly perfect. It did a lot of good things, but it needs improvement. I hope one part of turning that page is that we go back to regular order, work in the committees together to improve ObamaCare.

We have good leaders—the Senator from Tennessee, the Senator from Washington, the Senator from Utah, the Senator from Oregon. They have worked in the past and can work well together in the future. There are suggestions we are interested in that come from Members on the other side of the aisle—the Senator from Maine and the Senator from Louisiana.

So let's turn the page and work together to improve our healthcare system, and let's turn the page in another way. All of us are so inspired by the speech and the life of the Senator from Arizona, and he asked us to go back to regular order, to bring back the Senate that some of us who have been here a while remember. Maybe this can be a moment where we start doing that.

Both sides will have to give. The blame hardly falls on one side or the other, but if we can take this moment—a solemn moment—and start working this body the way it had always worked until the last decade or so, with both sides to blame for the deterioration, we will do a better job for our country, a better job for this body, a better job for ourselves.

Finally, I am glad that the leader asked us to move to NDAA. We need to do it. I think on this side of the aisle, we will move expeditiously. I know that the Senator from Rhode Island has worked with the Senator from Arizona on a list of amendments that can be agreed to, and we can finish this bill up rather quickly. As I mentioned to the majority leader, there are other things we can do rather quickly, including moving a whole lot of nominations.

We can work together. Our country demands it. Every place in every corner of the country where we go, the No. 1 thing we are asked—and I know this because I have talked to my colleagues from the other side of the aisle—is: Can't you guys work together? Let's give it a shot.

I yield the floor. The PRESIDING OFFICER. The majority leader.

ORDER OF BUSINESS

Mr. MCCONNELL. Mr. President, I just want to announce to all my colleagues that the next vote will be at 5:30 p.m. on Monday, on cloture on the nomination of Kevin Newsom to be United States Circuit Judge for the Eleventh Circuit. There will be no more votes tonight.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 172, Kevin Newsom to be United States Circuit Judge for the Eleventh Circuit.

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

The PRESIDING OFFICER. The senator from Tennessee will report the nomination of Kevin Christopher Newson, of Alabama, to be United States Circuit Judge for the Eleventh Circuit.

CLOTURE MOTION

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

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

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Kevin Christopher Newsom, of Alabama, to be United States Circuit Judge for the Eleventh Circuit.


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

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senator 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.

SERVICEMEMBER STUDENT LOAN AFFORDABILITY ACT

Mr. DURBIN. Mr. President, student loan borrowers currently carry about $1.4 trillion in student loan debt. This breaks down to about 44 million borrowers holding student loan debt with an average balance of $30,000. This crushing debt has pushed many borrowers to delay important life decisions, including marriage, having children, or buying homes. Despite that, some still choose careers in public service to give back to their community and support our country.

However, the immense burden of student loan debt is not put on those individuals choosing to forgo other work opportunities to serve our Nation in the military or public service. Recognizing this, the Federal Government established two ways to alleviate some of this burden for those who serve our country.

The Servicemember Civil Relief Act protects our servicemembers from interest rates above 6 percent on all loans while they are on Active Duty. This protection extends to both public and private student loans taken out prior to service.

Public service loan forgiveness encourages people to become public servants by forgiving student loan debt after 10 years of public service, including military service. Under this program; borrowers must enroll in a qualifying repayment plan and make 10 years of payments while working in public service before the loan is forgiven. Additionally, borrowers with Perkins or Federal Family Education Loans must consolidate their loans into a Direct Consolidation Loan.

However, the act of consolidating these loans carries an unintended consequence for servicemembers. Currently, if a servicemember chooses to consolidate his or her preservice loans to qualify for public service loan forgiveness, those loans are no longer eligible for the 6 percent interest rate cap provided under the Servicemember Civil Relief Act. The act of consolidating old debt for the purpose of enrolling public service loan forgiveness is treated as creating a new loan under current law, effectively forcing servicemembers to choose between the 6 percent interest rate cap while they are on Active Duty and enrolling in a program that will forgive their loans after 10 years of service and steady payments.

Requiring servicemembers to give up the interest rate cap while on Active Duty for a chance to earn loan forgiveness in the future was never the intention of Congress. Rather, in enacting the Public Service Loan Forgiveness Program and the Servicemember Civil