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Senate

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

PRAYER

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

Let us pray.

Eternal Father, our souls long for You, for we find strength and joy in Your presence. Guide our lawmakers to put their trust in You, seeking in every undertaking to know Your will. Lord, when they go through difficulties, may they remember that with Your help they can accomplish the seemingly impossible. Give them a faith that will trust You even when the darkness is blacker than a hundred midnights. May they renew their commitment to You, finding strength and courage from Your guidance. Inspire them to always trust You to direct their steps.

We pray in Your strong Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

RECOGNITION OF THE MAJORITY LEADER

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

HEALTHCARE

Mr. MCCONNELL. Madam President, 7 years ago, Democrats forced ObamaCare on the American people. It was supposed to lower health costs, but, of course, they skyrocketed. It was supposed to provide more health options, but they plummeted.

At ObamaCare's launch, millions lost the health plans they liked and were

promised they could keep. In the years since, Americans have continued to lose access to plans, hospitals, and doctors they know and they trust.

Now ObamaCare teeters on the edge of total collapse, threatening to drag even more of the men and women we represent right down with it. That shouldn't be an acceptable outcome to any of us. It certainly is not acceptable to me.

I made a commitment to the people I represent. I told the people of Kentucky that I would vote to move beyond the failures of ObamaCare. The Senate did so in 2015, but President Obama wielded his veto pen. The Senate can do so again now, and President Trump will use his pen to sign such legislation.

The first step this time, the first vote we will take soon, is on whether or not to begin the debate at all—whether to have the debate. I believe my mandate from the people of Kentucky is to vote yes, and I certainly intend to do so.

I know many colleagues feel the same. I know many of us have waited literally years for this moment to finally arrive, and, at long last, it has. I urge every colleague to join me.

I know many have ideas on how to improve healthcare. Some of these ideas have real potential. Others, like applying temporary band-aids or quadrupling down on ObamaCare, are not going to move us forward. That doesn't mean Senators shouldn't have the chance to offer those ideas.

The only way we will have an opportunity to consider ideas is if Senators are allowed to offer and debate them. That means voting to begin the open amendment process. That means voting to kick off a robust debate in which Senators from all parties can represent the views of their constituents. It means voting to proceed, and that will occur tomorrow.

ObamaCare has been a disaster from the start. The added tragedy is the utter predictability of it all. Repub-

licans warned about higher costs and fewer choices. We warned that Americans would lose their plans. We warned that ObamaCare would inevitably collapse under its own weight.

Our concerns were all waved away all the time. It turns out that we were right to be concerned. ObamaCare has hurt the people we represent. We have seen all the statistics—the higher costs and the reduced choices—but this is about more than just numbers on a page. What we are talking about here are the lives of real people, constituents of ours who have struggled under this failed leftwing experiment literally for years.

Through calls, letters, meetings, and dozens of healthcare forums across my State, thousands of Kentuckians have shared their ObamaCare horror stories. I have seen the pain in their eyes. I have heard their struggles to make ends meet. I have come to the Senate floor time and again to relay their heartbreaking stories. I know many colleagues have done the same.

Our constituents deserve better than the pain ObamaCare has brought them. They deserve a new direction on healthcare. When that vote comes, I will keep my commitment to vote to move beyond the failures of ObamaCare. I will vote yes on the motion to proceed. I urge all of our colleagues to do the same.

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.

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



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EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Bernhardt nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of David Bernhardt, of Virginia, to be Deputy Secretary of the Interior.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, July 24 marks a significant milestone in the history of my home State of Utah. On this day, 170 years ago, Brigham Young and the Mormon pioneers first entered the Salt Lake Valley. Facing violence and discrimination at every turn, Utah's early settlers crossed the Nation in search of a land where they could practice their religion free from prejudice and abuse. In the cradle of the Rocky Mountains, they found a home.

Each year, we remember the sacrifice of these courageous men and women and the miraculous events that led to the founding of our State by observing Pioneer Day. This special holiday is a celebration of the pioneer spirit, that unique mix of industry, ingenuity, and innovation that transformed an arid desert plain into one of the most prosperous States in the Nation.

Pioneer Day is a perennial reminder of how a people—left to their own devices and empowered to follow their dreams—can accomplish incredible things. It is a testament to what westerners can achieve when the government steps out of the way and allows the human spirit to flourish.

It seems only fitting then that on Pioneer Day I speak in support of David Bernhardt, a man who immediately understands the western way of life and has dedicated his career to defending it.

As my colleagues know, Mr. Bernhardt has been nominated to serve as the next Deputy Secretary of the Department of the Interior. Today, I wish to express my support for his confirmation in the strongest possible terms.

Mr. Bernhardt has a distinguished record of public service, having served for nearly 10 years in the Department of Interior as Solicitor, Deputy Solicitor, Deputy Chief of Staff, and Director of Congressional Affairs. Now that Mr. Bernhardt works in private practice, Mr. Bernhardt is regarded as one of the Nation's most experienced and authoritative legal minds on natural resource policy.

Broad support for Mr. Bernhardt's confirmation is a testament to the sterling reputation he has built over an accomplished career in both the public and private sectors. State wildlife management agencies, Native American Tribes, environmental conservation and wildlife protection groups, and the Congressional Western Caucus are

among the many organizations that have strongly endorsed Mr. Bernhardt's nomination. He has also garnered the support of hundreds of recreationists, sportsmen, anglers, agricultural producers, and ranchers.

Nominating Mr. Bernhardt is in keeping with the President's promise to restore trust between westerners and the Federal Government. After just 6 months in office, our President has already made tremendous progress in repairing the broken relationship between local communities and the executive branch.

Of course, significant challenges remain, especially in my home State of Utah, where reduced access to Federal land has hurt the rural economy. Fortunately, as a former Interior Solicitor, Mr. Bernhardt has the legal and political background necessary to tackle some of the greatest challenges facing Utah and the West. He is well-equipped to improve sage grouse management practices, streamline permitting on Federal lands, and increase recreational access.

Mr. Bernhardt is also committed to fostering cooperation between Interior agencies and State and Tribal governments, in addition to reducing the National Park Service's backlog. Reducing the maintenance backlog is critical to tourism in Utah, which is home to the Mighty 5 national parks.

I applaud the nomination of Mr. Bernhardt. His breadth of experience makes him uniquely qualified to serve as Deputy Secretary, and I look forward to working with him and Secretary Zinke to further the important work of the Department of the Interior.

In that regard, I also praise Secretary Zinke, who, I think, is doing a terrific job in that Department, understanding the needs of the West, especially the needs of all those areas that we know are supervised by the Interior Department. He is a terrific human being, and I have a great deal of respect for him. The reason he is so good is because he has had all the experience working in the West and living in the West and doing the things that really have made the West a great place to begin with.

Mr. Bernhardt is going to be a great addition to our government, and I want to applaud Secretary Zinke for helping to push him forward.

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

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

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

HEALTHCARE

Mr. SCHUMER. Madam President, as soon as tomorrow, we could be voting on a motion to proceed to the Repub-

lican healthcare plan. What that plan is, I am not sure anybody really knows. My friend the majority whip, when reporters asked him if his own Members would know what they would be voting on, said: "That's a luxury we don't have."

We have been on the topic of healthcare for 7 months. Republicans have been talking about repealing and replacing the Affordable Care Act for over 7 years. Yet here we are, 1 or 2 days from a vote on the motion to proceed, and we don't even know what the Republicans plan is to vote on. We are potentially 1 or 2 days away from a vote on a bill that would reorganize one-sixth of the American economy and impacts tens of millions of American lives, and no one knows what it is. It is sort of like "Alice in Wonderland" around here. It comes down to this bizarre game where the Republican leader has basically said: Let's spin a wheel and see what we are going to vote on. This is no way to treat a matter as serious as healthcare—so near and dear to the lives of so many Americans.

I don't know how a single one of my Republican friends can in good conscience vote to proceed to a truncated debate on something as important as healthcare without knowing what bill they will ultimately be voting on. Isn't this the same party that shouted "Read the bill, read the bill" from the rafters when the Affordable Care Act was debated? It is completely bewildering.

Maybe we will be voting on the Republican repeal-and-replace bill, which will cause costs to go up and care to go down, which will cause 22 million Americans to lose their insurance, and which will so cruelly exchange healthcare for millions of working Americans for another tax break for the wealthy and the special interests. Maybe we will be voting on repeal without replace, which is even worse, which will cause our healthcare system to implode, creating chaos for 32 million Americans who would lose their insurance and chaos for millions more who would see their coverage diminish or their premiums rise. No one knows what we will be voting on. We know one thing: All the options are bad.

There is no good way out of this. The truth is, the Republicans are completely stuck when it comes to healthcare. Every single version of their repeal-and-replace bill is rotten at the core. Repeal without replace is even worse. The American people don't want tax breaks for the wealthy or the slashing of Medicaid. They don't want to repeal all the progress we made in healthcare without any plan to put in its place.

It is time to start over. It is time to go back to the drawing board—abandon tax cuts for the wealthy, abandon cuts to Medicaid, abandon repeal and run—around a set of nonideological proposals to improve our healthcare system. That is what we Democrats want to do.

I have called several Republicans. Some in their leadership are saying: Leader SCHUMER doesn't want people to talk to each other and won't let that happen if the bill fails. Well, first, I couldn't prevent it if I wanted to, and second, I don't want to. I want us to sit down and come up with ways to improve ACA. No one said it is perfect.

So if the bill fails tomorrow, we will start right away trying to work with our Republican colleagues to stabilize the marketplace and improve the cost and quality of healthcare. Whether they join us in that effort is entirely up to them.

ECONOMIC POLICIES TO HELP AMERICAN FAMILIES

Madam President, on another matter, today in Berryville, VA, the Democratic Party began presenting our vision for the future of the country. As I have traveled New York State, from upstate, rural, Republican areas, like Sodus Bay, where I was Friday, to suburban Long Island, to the inner-city Bronx, I have found one thing in common: Average families feel they have been pushed around by large economic forces, and they are losing that traditional, American faith in the future. Too many families in America feel as though rules of the economy are rigged against them. They feel as if they are getting a raw deal. And they are right. American families deserve a better deal so this country works for everyone, not just the elites and special interests. Today, Democrats started presenting that better deal to the American people.

There used to be a basic bargain in this country that if you worked hard and played by the rules, you could own a home, afford a car, put your kids through college, and take a modest vacation every year, while putting enough away for a comfortable retirement. I should know. I grew up in that America. My father was an exterminator, and he worked very hard but managed to—not making a whole lot of money—build a good life for his family. But things have changed.

Today's working Americans are justified in having greater doubts about the future than almost any generation since the Depression. Corporate interests and the superwealthy are allowed to spend unlimited, undisclosed money on campaigns and lobbying so they can protect their special deals in Washington. And for too long—far too long—government has played along, tilting the economic field in favor of the wealthy and the powerful, taking the burden off them and putting it on the backs of hard-working Americans. The result is an economy that has created enormous wealth at the top, while producing less work and less pay for average Americans. Incomes and wages have flatlined while everyday costs are skyrocketing.

Democrats, frankly, have too often hesitated from directly and unflinchingly taking on the misguided policies that got us here—so much so that

Americans don't know what we stand for. Well, not after today. Democrats are showing the country that we are the party on the side of working people and that we stand for three things: First, we are going to increase people's pay; second, we are going to reduce their everyday expenses; and third, we are going to provide workers the tools they need for the 21st-century economy.

Today we announced three new policies to advance these goals.

Right now, there is nothing to stop vulture capitalists from egregiously raising the price of lifesaving drugs without justification. We are going to fight for rules to stop prescription drug price gouging and demand that drug companies justify price increases to the public. And we are going to push for empowering Medicare to negotiate lower drug prices for seniors.

Right now, our antitrust laws are designed to allow huge corporations to merge, padding the pockets of investors but sending costs skyrocketing for everything from cable bills and airline tickets to beer, food, and healthcare. We are going to fight to allow regulators to penalize big companies if they are hurting consumers and to make it harder for companies to merge if it reduces competition.

Right now, millions of unemployed or underemployed people—particularly those without a college degree—could be brought back into the labor force and retrained to secure full-time, higher paying work. We propose giving employers—particularly small businesses—a large tax credit to train workers for unfilled jobs, with a requirement to hire that worker at a good wage once the training is complete.

In future weeks, we will offer additional ideas, from rebuilding rural America to fundamentally changing our trade laws to benefit workers, not multinational corporations. Now, we are in the minority in both Houses of Congress. We know that. We cannot delude anyone that this Congress will begin passing our priorities tomorrow, but this is the start of a new vision for our party. This set of economic policies will form the backbone of our agenda, and we welcome our Republican colleagues to join with us in any of these ideas they might find acceptable.

"A better deal" is not just a slogan; it is a mission. It is about reorienting government to work on behalf of people and families. It is not going to be the work of only one Congress. It shouldn't be the work of one party. As I said, we welcome any Republicans willing to work with us on these issues because there is an American imperative and a moral imperative to do what we are doing here.

If that torch, held by the lady in the harbor of the city in which I live—that symbol of optimism and hope for the future—starts flickering, it is a different America, an America no one will like.

American families deserve a better deal, a government that has their back and helps make the economy work for them. That is how we will restore the fundamental optimism that defines the American spirit.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

HEALTHCARE

Mr. CARDIN. Madam President, first, let me thank the Democratic leader for his statement on a better deal for all Americans.

I had a chance over the weekend to travel throughout my State, and I heard over and over again the people of Maryland talking about what we need to do on a better deal. I had an interesting forum on healthcare, and Marylanders want a better deal on healthcare. They want to make sure healthcare is affordable, that they can get access to quality care, and they can make sure we maintain the highest quality healthcare.

What they don't want to see is us moving in the wrong direction. I heard over and over again their concerns about what is happening with the consideration of the bill the Republican leadership is anticipating having a vote on later this week. That bill would proceed on legislation that would eliminate healthcare coverage for, at least, 22 million Americans, maybe as high as 33 million Americans. I must tell you that is not a better deal for Americans on their healthcare needs. We could do much better moving in the opposite direction and making healthcare more affordable, not cutting people out of healthcare insurance.

In my State of Maryland, in 2018 alone, 221,000 people in my State would lose coverage under the proposals the Republican leadership is suggesting, including 4,200 veterans, 164,000 people in the Medicaid system, and 62,000 people in the individual marketplace. That is going to hurt. These are people today who have healthcare coverage who would lose their healthcare coverage. It would hurt our seniors in the coverage they get under the Medicaid system for long-term care. It would hurt those who are working to try to end this opioid drug addiction issue.

Under the current law, mental health, behavioral health, and drug addiction is covered under the essential health benefits. It is covered under private insurance. It is covered under the Medicaid system. That is in danger of being lost under the legislation being considered.

I heard from public health and law enforcement over the weekend how that would move our community in the wrong direction if those bills were considered.

I also heard from the majority leader that all he wants to do is get on this bill, and then we can offer amendments. Well, that is not accurate. You can't offer any amendments you want on a bill that is under reconciliation instructions, and we certainly aren't

going to get a fair shot at trying to make this bill a better bill under the restrictions we are operating under: We had no committee hearings. We had no committee markups. That is not the way legislation should be considered.

The other issue I heard about from people in Maryland—I think you will hear this from people around the country—is they want to bring down the cost of their healthcare coverage. They want to bring down the cost of their healthcare. They want to reduce the high growth rate in healthcare costs in this country. Yet the Senate Republican bill increases the average premium by as much as \$1,700 in Maryland by 2020 and preserves what we call the age tax—a 5-to-1 difference.

So if you happen to be 55 years of age, you are going to pay a lot more than that in increases in your health insurance premiums. That is not what people in Maryland want to see. That is not what people in this country want to see. They are concerned that we should be building on the Affordable Care Act to bring down the cost of their premium increases, not to increase it by that dramatic amount of money.

The increase in deductibles in Maryland could be as high as \$3,300 for a person making \$42,000 per year and \$5,600 for a person making about \$18,000 a year. Those are increases in deductibles. They can't afford that. The concerns we have—people like the Affordable Care Act, and they want us to improve it. They want us to improve it. They don't want us to add to their costs, and the bill the majority leader is asking us to consider would have people in Maryland and around the country paying more—not less, which they want.

The people in Maryland and around this country like the consumer protections we have under the Affordable Care Act. They like the idea that there is no annual cap or lifetime cap. I had several people who came up to me to tell me about their own personal circumstances. One father explained to me that his child was born with serious issues and that they reached their cap within a matter of months. Without the protection in the Affordable Care Act, they would have had no other insurance coverage. Yet, under the bill being considered by the Republican leadership, that family could lose that protection because you could see the imposition of caps.

All of us know of people who are very concerned about preexisting conditions. The bill that is being considered under the Republican leadership weakens those protections against discrimination of preexisting conditions.

Let me just remind my colleagues of what we saw before the Affordable Care Act in discriminatory practices by private insurance companies. We had reined much of that in under the Affordable Care Act. All of that could be lost if we proceed on legislation—and move it forward—that doesn't provide

the consumer protections, allows the elimination of caps, allows discriminatory practices in regard to preexisting conditions, restricts the amount of money going into the Medicaid system so our States are forced basically to cut back on the Medicaid system. We lose the expanded coverage—the Congressional Budget Office has already told us that—and we go back to the days of job lock. I want to talk about that for one moment because I think this is one of the untold stories. We haven't had a lot of discussion on the floor.

If you go in the wrong direction and you do what the Republican leadership is talking about doing and repeal the Affordable Care Act and either repeal and later replace or replace it now with a program that will eliminate a lot of coverage and once again eliminate these consumer protections we have in health insurance, what you do is people get locked into employment. They are afraid to leave their job because they have insurance that covers their family—they have a spouse with cancer or they have a child with a major disability. Yes, they would like to do what this country is best known for, and that is set out with an entrepreneurial spirit, start a company or go and take risks, but they can't do it because they know they are jeopardizing their family's healthcare because they can't get the type of insurance they need to cover their risks. That is called job lock and that works against the growth of our economy.

There are so many reasons to be concerned about what the majority leader is asking us to do—to proceed on this bill that all the options we have seen will cost tens of millions of people their coverage, take away a lot of the consumer protections we have seen in the law, and discriminate against our elderly, discriminate against minorities and women. That would be returning to our old healthcare system. No, that is not the right way to do it.

I am frequently asked: Well, what should we do? The Affordable Care Act, doesn't it have problems? Doesn't it need to be fixed?

The Affordable Care Act has done a lot of good. It has given people coverage who never had coverage before. It has reined in the discriminatory practices of health insurance companies. It has made a dramatic improvement on dealing with minority health and health disparities. It has provided essential health benefits so we deal with mental health and addiction. It has done a lot of really good things, but, yes, we could improve it. There has never been a major law passed without us going back and revisiting.

Why haven't Democrats been part of this process? Well, we could not get engaged in this process because the way this bill came to the floor, it didn't come through the Health, Education, Labor, and Pensions Committee, it didn't come in through the Finance Committee, the two committees of ju-

risdiction that deal with the healthcare system in this country. Instead, it came in through the majority leader using the rule XIV process to bring out a reconciliation bill that can be jammed through, with limited time and no open amendment process, from the point of view that amendments have to be germane to the reconciliation instructions so we don't have an opportunity to fix this bill.

We weren't part of the process to develop the bill. You are not giving an opportunity for the democratic system to work. There was no on-ramp for Democrats to get engaged in the process.

About 2 weeks ago—maybe 3 weeks ago now—I filed legislation and sent letters to my Republican colleagues telling them: I want to work with you. I do. I have worked with Republicans in the Finance Committee on healthcare bills. We have gotten some good things done. Democrats and Republicans want to work together, so let's work together.

The legislation I filed dealt with the two major problems that I hear about, as I travel throughout Maryland, regarding what we need to fix on the Affordable Care Act and how we can make it better.

Problem No. 1, we need more stability and competition within the individual marketplace. Yes, we have seen large proposed increases in premiums in the individual marketplace—not in the group plans where most Americans have their insurance but in the individual marketplace. Why? Because we don't have enough people who have signed up in the exchanges. Younger, healthier people, because there really hasn't been a penalty imposed, have chosen not to join. They will say: Look, we will join if we have a need.

We have also found that with President Trump indicating he may not fund the cost-sharing provisions that go directly to the insurance carriers that keep the premiums low and the deductibles and copays low, this also has a lot of insurance companies nervous. As a result, the premium increases are larger than what we had anticipated. We need to do something about it.

How can we keep those premium increases at a more reasonable growth rate rather than what we have seen? One way we could do it is a proposal that, I believe, has bipartisan support; that is, deal with what is known as reinsurance. Reinsurance is a way we spread the risk over a greater group of people, therefore dealing with those high-risk pools in a way in which their premium costs are much more affordable.

Another way we can do it is by Congress mandating that the President fund the cost-sharing with the insurance carriers so we don't have the threat that they are going to pull out those funds that are used to keep copays and deductibles low.

Another way we can do it is to increase our support for those who are of

modest income and the funds they have to lay out for their premiums because we know you can make a good salary, but because of the cost of healthcare, if you don't have an employer providing part of those benefits, it is very hard for you to be able to afford that without some help. We can do all of that.

Another thing we could do is bring more competition into the individual marketplace. We have had those who have suggested a Medicare for all. We have had those who have suggested Medicare for the near elderly—the 55 to 65 age group or something similar to that. We have others who have suggested that we have a public option under the exchanges. All those, to me, make sense because it just brings in more competition. There is no additional government cost here because they are not subsidized any differently than any other insurance plan, but it gives more options, more choice, more competition, and therefore more stability in the individual marketplace. We could do all that and all that can help.

The other thing we really need to deal with is to deal with the overall cost of healthcare. Here, again, Democrats and Republicans have had ideas. Why don't we take on the pharmaceutical industry? Why do Americans pay twice what Canadians pay for the same medicines that are manufactured here in the United States? Why don't we have rebates in the Medicare system like the rebates we have in the Medicaid system? Why don't we organize our purchasing power in a larger pool so we can get greater discounts for the government taxpayers? All those things will bring down the cost of prescription medicines. The President has talked about it. Democrats and Republicans have talked about it. It is time we act.

We have acted in several areas to try to deal with more value-based reimbursements in our healthcare system, recognizing we should treat the person, not the particular disease. Many people have more than one ailment, and they have to go back to the doctor multiple times. Why don't we have a more coordinated, integrated care model?

I talked on the floor about 2 weeks ago about the coordinated care model between Sheppard Pratt Hospital in Baltimore and Mosaic, which deals with behavioral health issues and how they deal with it in an integrated, coordinated care model, which saves money. It saves money. There are fewer tests, more timely interventions.

How can we use telemedicine? They are using telepsychiatry. How can we use that to bring down the cost of care? When I am asked in my district, asked in my State as to what I can do—where is my plan, and how can we fix the Affordable Care Act—my answer is quite simple: I am proud of the progress we have made under the Affordable Care Act. I invite Democrats and Republicans through our committees to work together to improve it. Yes, we can im-

prove it. We can provide more stability in the individual marketplace. We can bring down the high annual growth we have seen in premiums in the individual marketplace. We can continue to bring down the growth rate of healthcare costs by working together on some of these commonsense approaches in order to deal with healthcare in America. All of this I think we can do, with Democrats and Republicans working together. But the first order of business—and I urge my colleagues—the first order of business is to stop this process of trying to jam a repeal of the Affordable Care Act and a replacement that would cost tens of millions of people in this country their health coverage and would move in the wrong direction on how we should improve healthcare in America. Let's get that off the table.

Let's reject this motion to proceed that the majority leader is talking about voting on later this week. Let's do what Senator ALEXANDER, the chairman of the Health, Education, Labor, and Pensions Committee has suggested. Let's have hearings in our committees. Let's work together, and let's bring legislation that stabilizes the Affordable Care Act and deals with the two major problems that the people in this country are talking about; that is, bringing down the growth rate of premium costs and bringing down the overall growth rate of healthcare costs in America. I believe we can do both by working together. There are suggestions I have made, and I am sure other Members have. Let's work on those. Let's work together and get it done. Let's do what is in the best interest of the people in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

MONTANA WILDFIRES

Mr. TESTER. Madam President, it has been a long, hot, dry summer in Montana. That is why I rise today to honor the brave men and women in Montana who are fighting wildfires throughout our great State, the families who are facing devastating losses due to drought and fire, and to call on Congress to do their job and help these folks.

Due to the drought and high temperatures, Montana has turned into a tinderbox. Unfortunately, fires have sparked all across our State, some 24 of them—which changes by the hour, I might add. Across Montana, over one-quarter million acres have already burned, and many of these fires continue to rage. Montana is burning, and our heroic firefighters are protecting lives, our lands, our homes, our way of life.

HONORING TRENTON JOHNSON

Madam President, I would be remiss if I didn't mention one firefighter in particular, Missoula's Trenton Johnson. Trenton lost his life last week while he was on the fire line. Trenton's bravery and sacrifice will not be forgotten.

LODGEPOLE COMPLEX FIRE

Madam President, communities across the State are coming together to protect their homes and livelihoods, and families are concerned about their homes, property, and health. The largest fire is the Lodgepole Complex fire in Garfield County. This afternoon, 30-mile-per-hour winds ballooned the Lodgepole Complex to more than 230,000 acres. Over the weekend, the fire jumped the highway, and as of today it is nowhere near containment.

The Lodgepole Complex fire is made up of three different fires that have turned Eastern Montana's farm and grazing land into an ashtray, leaving an unknown number of farms and ranches with an uncertain future, forcing families to evacuate and communities to join local fire departments, with anyone willing and able to join in the firefight.

Sadly, Montana is used to this. Fire season has been as common as the autumn and the spring. As I stand here, nearly two dozen uncontained, large fires are raging in Montana. It has taken more and more resources to fight fires, and these resources are becoming more and more difficult to come by.

Places like Garfield County are being forced to ask for donations to get volunteer firefighters the fuel they need to save lives and protect property, and this is unacceptable. Protecting our communities from disaster and coming to help our fellow Americans in their time of need is a fundamental pillar of government.

I was pleased to see Governor Bullock declare Montana a fire emergency, which will go a long way to bring much needed resources into our State. Last night, the regional director of FEMA denied emergency assistance for the Lodgepole fire, so this afternoon, I called Administrator Brock Long of FEMA to make sure he heard from me about the situation on the ground and asked him to cut loose much needed relief into Montana.

Firefighters from all levels of government have bravely fought fires across our State. Folks across Federal, State, and local agencies have been working around-the-clock to contain the havoc. Montana's communities are strong, tight-knit, and they always persevere, but they expect the government to have their backs. Congress can assist these communities by changing the way we fund fighting wildland fires. Fires are a devastating natural disaster and should be treated that way. We need to raise the disaster cap so that we can budget for the real cost of fighting fires, making sure the folks on the ground have the resources they need to keep our communities safe.

As an example, Forest Service resources are already stretched thin. When a fire starts, they are forced to take money they use for managing the forest and use that for fighting fires. Twenty years ago, firefighting took up about 20 percent of the Forest Service budget. In 2016, more than half of the

Forest Service budget was spent on fighting fires. This is not sustainable.

When Montana's communities are burning, I don't want a bureaucrat in Washington, DC, weighing the pros and cons of sending help to these communities. We want the fire to be contained. As Montana burns, Congress cannot afford to wait. We need to act and allow catastrophic wildfires to be treated as what they are—natural disasters. It is the least we can do for the rancher in Jordan who lost his cattle, the rancher in Sand Springs who no longer has a fence around his pasture, or any Montanan who is forced to leave the home they have known because a fire may be descending upon them.

Fire season is always a testament to the strength of Montana's communities. Everyone works together, they put aside their differences, and they play their part to achieve a common goal. Neighbors open their homes to displaced families; churches and community centers turn into places to get food and other essentials. Congress can learn a thing or two from these Montana communities. These communities and firefighters work around-the-clock. Now is the time for Congress to help out. We can do that by fixing how we fund firefighting.

In the meantime, I hope you all will join Sharla and me in sending thoughts and prayers to all the Montanans who have been changed by wildfire. Our thoughts and prayers are with those heroes on the frontlines.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HEALTHCARE

Ms. HIRONO. Madam President, it is unconscionable that the U.S. Senate will soon be voting on a measure that would force between 22 and 32 million people to lose their health insurance. This vote is particularly unconscionable when you consider that each Member of this Chamber has high quality health insurance that will be there whenever we need it—and we all will, as I recently found out.

I know as well as anyone that we are all one diagnosis away from a serious illness. When I was diagnosed with kidney cancer not too long ago, I had the peace of mind of knowing that I was covered and that insurance would make the cost of treating my illness more manageable. Many of my colleagues on both sides of the aisle have found comfort in having high quality health insurance as they confront serious illnesses and injuries of their own.

Every American deserves that same peace of mind. That is why I am fighting for universal healthcare that is a right for every American, not a privi-

lege reserved only for those who can afford it. This is something we can and should be working on in a bipartisan fashion. There are a lot of great ideas we could be debating and considering to move us toward this bipartisan goal.

Instead, the majority leader and his allies are forcing a vote on TrumpCare, a mean, ugly bill that will deprive tens of millions of people across our country of the healthcare they deserve.

Although some have argued over the past week that this vote is doomed to fail, we can't be complacent. We have to keep fighting because if TrumpCare becomes the law of the land, it would be devastating for tens of millions of people across the country, harming the poorest, sickest, and oldest members of our society. It would undermine protections for Americans living with serious and chronic conditions, who could face a reimposition of yearly and lifetime caps on their care. It would impose an age tax on people 50 to 64 years old, which would allow insurance companies to charge them up to five times more for insurance because of their age. I could go on.

For hundreds of thousands of people in Hawaii and tens of millions more across the country, TrumpCare is not an abstract proposal that would have no relevance to their lives. I have heard literally from tens of thousands of people from across Hawaii about the devastating consequences TrumpCare would have on their lives. Hawaii is a small State. To think that literally over 20,000 people in Hawaii have contacted my office to tell me the devastation that TrumpCare will bring to their lives—this is because insurance is personal. They have spoken out against this bill loudly and clearly because healthcare is personal.

Keith Moniz from Maui has a particularly compelling story to tell. Keith's brother, Lester, after working as a custodian for more than 40 years at St. Anthony School, lost his job and his health insurance. Only a few short months later, Lester had a debilitating stroke that left him permanently disabled. Fortunately, Keith's brother was able to obtain Medicaid coverage and is now a long-term resident at Hale Makua Health Services on Maui, where nearly 80 percent of all patients and residents rely on Medicaid to pay for their necessary care.

Keith was very clear about what would happen if TrumpCare succeeded in making large cuts to Medicaid.

I quote Keith:

It would be devastating. We had a difficult time taking care of him—

His brother, Lester—

when he was at home, and he's gotten the care that he needs at Hale Makua. It would be a big loss . . . I don't know what we would do, where we would be able to move him to.

Alvin, another resident at Hale Makua, was paralyzed in a car accident in 2006. Alvin lived with his aunt and uncle for a short time after his accident, but the complexity of his care was too much for them to handle on

their own. Alvin has lived at Hale Makua for almost 11 years now. He gets daily physical therapy and receives the supportive, life-sustaining care he needs. He would not be able to afford to live at Hale Makua without support from Medicaid.

When asked, Alvin had a simple message for people in Washington, DC, who are trying to make huge cuts to Medicaid.

I quote Alvin:

I'm not a politician, but I know that these programs really help those who are in need. I really hope that they would take a longer look at it and realize that these are programs the elderly and disabled need.

People like Lester and Alvin are depending on us to keep up the fight against this mean, ugly bill until it is defeated for good. As we contemplate what is next, I hope we can come together across party lines to stabilize insurance markets and continue our work to provide universal healthcare for every American.

I should think that each and every one of us who represents some 800,000—well, our entire State. I used to be in the U.S. House. There, you have districts, and I represented about 800,000 people. Of course, as a Member of the Senate, I represent the whole State. I should think that all of us who represent literally the 300 or so million people all across our country would care about the healthcare of every single one of our constituents, and TrumpCare is not the way to ensure that.

The fight continues.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

NORTH AMERICAN FREE TRADE AGREEMENT

Mr. FLAKE. Mr. President, it has been 2 months since Ambassador Lighthizer notified Congress of the administration's intent to enter into negotiations with Mexico and Canada on the North American Free Trade Agreement. During that time, I launched something called NAFTA 4 AZ, which is an initiative to allow Arizonans to share their stories about how NAFTA has changed their lives for the better.

I have heard from Arizonans across the State who work in a multitude of industries—from dairy farmers to call center employees—and the responses I have received are overwhelmingly positive. For example, Matt Mandel, who serves as chief operating officer for SunFed, a company based in Rio Rico, shared his personal story.

Matt wrote:

Fresh produce trade has kept my family working here in the State of Arizona for three generations. Arizona imports over 17

billion pounds of fresh, healthy fruits and vegetables—bilateral trade between the United States and Mexico representing over \$40 billion. Let's modernize NAFTA.

Mignonne Hollis with the Arizona Regional Economic Development Foundation tweeted:

NAFTA and our trade partners in Mexico have allowed us to grow the aerospace industry in southern Arizona, which is key to our economic development.

Dairy farmer Jim Boyle notes:

Most of our customers are local—right here in our State—but our biggest customer outside of Arizona is Mexico. We ship daily loads of cheese, powder, and tank loads of cream all the way through Mexico. Please, let's keep NAFTA working for the American farmer.

Other comments I have received through my website include statements like "I have enjoyed a constant supply of fresh fruits and vegetables in these years of NAFTA. I have also noticed . . . how relatively inexpensive many household items have been since" and "We supply parts that cross the border multiple times before they reach final assembly in the U.S. Free trade is vital to our success and the success of our customers who not only get us where we need to go but protect our shores and vital interests."

The Arizona Chamber of Commerce noted in its comments on NAFTA:

Agreement is central to the State's economic prosperity.

The NAFTA agreement, that is.

Mexico is Arizona's leading trade partner. Canada is the State's second leading trade partner.

In an interview focused on the NAFTA renegotiation process, the CEO of Arizona's Hispanic chamber stated: "We know that Mexican nationals spend over a billion dollars a year in just Pima County." That is just one county.

It is hardly surprising to hear such overwhelmingly positive support for NAFTA, considering the benefits it has had on Arizona's economy.

NAFTA 4 AZ has helped to put on paper what Arizonans know all too well: NAFTA plays a critical role in supporting jobs, opportunity, and economic growth. It has been great to hear from people all over the State talking about how NAFTA has helped them and asking the administration to modernize NAFTA, not to end it.

NAFTA 4 AZ submissions, as well as comments submitted to the USTR from Arizona stakeholders, share one common plea: Do not harm the trilateral structure and the reciprocal market access of NAFTA.

Earlier this week the Office of the U.S. Trade Representative made public its negotiating objectives for NAFTA. Based on what the USTR released, it appears the administration has recognized the importance of this central tenet of NAFTA. I am pleased that it appears that the administration will seek to modernize NAFTA along the well-worn lines of what was negotiated for the now defunct Trans-Pacific Partnership Agreement.

I think we can all agree that addressing the issues of digital trade and intellectual property in the agreement, which is more than 20 years old, is the key to NAFTA's continued success. Let's modernize it, not end it.

However, these negotiating objectives mark the next step in a long process that will have tremendous impact on Arizona's economy, for better or for worse. Unfortunately, the path forward for NAFTA remains uncertain and there is a long road to travel before we get to a place where the United States, Mexico, and Canada can all agree to an updated NAFTA.

From the vegetable fields of Yuma to the warehouses in Nogales, to the small retailers along the southern border, to the hotels throughout the valley, to the ranches up north where I grew up in Snowflake, NAFTA is important to all Arizonans.

I will review the administration's objectives closely as I continue to talk to Arizonans about what they need to ensure vibrant cross-border trading.

I look forward to continued consultation between Congress and the administration as this process to modernize NAFTA moves forward.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Ms. MURKOWSKI. Mr. President, I have come to the floor to speak this evening in support of the confirmation of David Bernhardt to be Deputy Secretary of the Department of the Interior.

The Deputy Secretary is the department's COO, or chief operating officer. This is the individual who holds the position to really execute the strategy and oversee the initiatives that are undertaken by thousands of employees as they carry out their statutory duties and the administration's agenda. It is a very key position.

I believe very strongly that Secretary Zinke has chosen a strong individual for this position of Deputy Secretary. Mr. Bernhardt is a fellow westerner. He comes from the small town of Rifle, CO. He understands the management of Federal lands and how it affects those who live near them, the implications of Federal policies, and the need for balance between conservation and development.

David is an avid sportsman. He likes to hunt. He likes to fish. He likes to get outside and enjoy the outdoors.

Mr. Bernhardt also has extensive experience at the Department of the Interior. He previously spent several years as its solicitor, and this is a position for which he was confirmed by this Senate Chamber by voice vote. So he has gone through this process before and was endorsed strongly at the time.

Throughout his time at the Department of the Interior, Mr. Bernhardt gained expertise about a range of Alaska and western issues. He also has a strong reputation as a manager which, of course, is critical for a Deputy Secretary.

Mr. Bernhardt's nomination is supported by dozens of Members of this Chamber and by dozens of stakeholder groups. He has been endorsed by a broad coalition of sportsmen's groups as well, including Ducks Unlimited, the Safari Club, and the Theodore Roosevelt Conservation Partnership. The Association of Fish and Wildlife Agencies, the National Water Resources Association, the Family Farm Alliance, NCAI, or the National Conference of American Indians, and the Southern Ute Indian Tribe are just a few more that have weighed in favorably on his behalf.

Mr. Bernhardt also fared well throughout the confirmation process, proving again that he is a good choice for this role. We held a hearing on his nomination on May 18. We reported him favorably from the Energy and Natural Resources Committee with bipartisan support. We moved that out on June 4. So we have had about 6 weeks now where others have had an opportunity to review him and review his credentials. It is unfortunate that he has had to wait 6 weeks. I know that Secretary Zinke is anxious to put him to work. He is now ready this evening to be confirmed by the full Senate.

I would like to thank David Bernhardt for his willingness to return to Federal service. I think he will be a very capable second-in-command for Secretary Zinke, helping to steer the Department in a positive direction. Alaskans, especially this one, are looking forward to working with him.

I urge my colleagues to support Mr. Bernhardt's confirmation.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DAINES. 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. DAINES. Mr. President, I ask unanimous consent that I be allowed to complete my remarks.

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

Mr. DAINES. Mr. President, David Bernhardt is a well-qualified nominee to serve as our next Deputy Secretary of the Interior.

The Department of the Interior is charged with managing our wildlife, our public lands, including our national parks and refuges, and our Nation's rich natural resources, which are key to American energy independence. They are charged with the sacred responsibility of protecting the Federal Government's trust responsibility to Indian Tribes.

Managing the Department of the Interior is a complex balancing act. We need someone who is able to balance these competing interests, and we need someone who understands the importance of our public lands.

David Bernhardt has spent his life balancing competing interests, weighing the stewardship of our natural resources and wildlife with the letter of the law. His relationship to our lands and the western way of life is not second nature; it is first.

Mr. Bernhardt was confirmed unanimously by the Senate in 2006 as the Solicitor of the Department. As Solicitor he proved he was capable of upholding the law, even under difficult situations. My colleagues may remember that he wrote the opinion that decided to list the polar bear and drafted a workable rule. As we know, Secretary Salazar then upheld this rule.

As Solicitor, he prioritized establishing a robust ethics team at the Department. That ethics team still exists today.

Mr. Bernhardt has proven to have the highest level of integrity and work ethic. For heaven's sake, he is a westerner. He is from Rifle, CO, and the importance of our public lands and wildlife flows through his veins like a lot of us who live out West. I have confidence that he will be a dedicated servant to our western way of life, where we love to hunt, to fish, to hike on our public lands. I have confidence in this because I know he loves this way of life as well.

I am not the only one who has this confidence. Listen to this list of support from groups across our country that support his appointment: the Theodore Roosevelt Conservation Partnership; Ducks Unlimited; the Rocky Mountain Elk Foundation, the Boone and Crockett Club, and others that many Montanans are members of, including the Mule Deer Foundation, the NRA, and the National Shooting Sports Foundation.

While the U.S. Senate confirmed Ryan Zinke as Secretary of the Interior, he became the first Montanan, my friend Ryan Zinke, to serve on the President's Cabinet since our statehood in 1889. It sent a message that the Department of the Interior would have our Montana values and our western values, and the confirmation of David Bernhardt as Deputy Secretary would make good on that promise.

While Montanans and westerners highly value access to our public lands and wildlife, Montanans are also pleading—pleading—for our land management agencies to be better partners, to work alongside our States, and to work alongside our landowners.

Secretary Zinke needs a right-hand man to make sure we uphold our commitment to Indian Nations. Secretary Zinke promised to rebuild trust in our Federal land and wildlife management agencies and strengthen the government-to-government relationship with Indian Tribes. He needs a deputy in place who can help implement this vision to restore trust and balance to the Department of the Interior for Montanans.

My colleagues, it is time Secretary Zinke has a Deputy we can all count on, and I look forward to casting my vote for David Bernhardt.

The PRESIDING OFFICER. Under the previous order, all postcloture time is expired. The question is, Will the Senate advise and consent to the Bernhardt nomination?

Mr. SASSE. 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 legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from West Virginia (Mrs. CAPITO), the Senator from Arizona (Mr. MCCAIN), and the Senator from Pennsylvania (Mr. TOOMEY).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "yea."

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

The result was announced—yeas 53, nays 43, as follows:

[Rollcall Vote No. 166 Ex.]

YEAS—53

| | | |
|----------|-----------|-----------|
| Barrasso | Flake | Murkowski |
| Bennet | Gardner | Paul |
| Blunt | Graham | Perdue |
| Boozman | Grassley | Portman |
| Burr | Hatch | Risch |
| Cassidy | Heitkamp | Roberts |
| Cochran | Heller | Rounds |
| Collins | Hoeven | Rubio |
| Corker | Inhofe | Sasse |
| Cornyn | Isakson | Scott |
| Cotton | Johnson | Shelby |
| Crapo | Kennedy | Strange |
| Cruz | King | Sullivan |
| Daines | Lankford | Thune |
| Donnelly | Lee | Tillis |
| Enzi | Manchin | Wicker |
| Ernst | McConnell | Young |
| Fischer | Moran | |

NAYS—43

| | | |
|--------------|-----------|------------|
| Baldwin | Harris | Reed |
| Blumenthal | Hassan | Sanders |
| Booker | Heinrich | Schatz |
| Brown | Hirono | Schumer |
| Cantwell | Kaine | Shaheen |
| Cardin | Klobuchar | Stabenow |
| Carper | Leahy | Tester |
| Casey | Markey | Udall |
| Coons | McCaskill | Van Hollen |
| Cortez Masto | Menendez | Warner |
| Duckworth | Merkley | Warren |
| Durbin | Murphy | Whitehouse |
| Feinstein | Murray | Wyden |
| Franken | Nelson | |
| Gillibrand | Peters | |

NOT VOTING—4

| | |
|-----------|--------|
| Alexander | McCain |
| Capito | Toomey |

The nomination was confirmed.

The PRESIDING OFFICER. The majority leader is recognized.

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

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

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate resume legislative session.

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

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED

Mr. MCCONNELL. Mr. President, I move to proceed to Calendar No. 175, H.R. 2810.

The PRESIDING OFFICER. The clerk will report the motion.

The senior assistant legislative clerk read as follows:

Motion to proceed to Calendar No. 175, H.R. 2810, a bill to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

The PRESIDING OFFICER. The Senator from Montana.

MONTANA WILDFIRES

Mr. DAINES. Mr. President, as I speak, wildfires are blazing across Montana. In fact, as of this moment, we have 21 active fires, with just about 300,000 acres burned, which has turned our big sky into gray smoke. In fact, the Lodgepole fire in Eastern Montana alone has burned over 250,000 acres, and there are 300-plus heroes bravely working to tame those growing flames.

I was on the phone a couple of times with our county commissioner from Garfield County, and we talked about how to get more resources for these devastating fires. I just got word an hour ago that the Sunrise fire on the western side of our State, near Superior, MT, was just elevated in the last couple of hours as the No. 2 national priority fire in the Nation.

Montana is hot, Montana is dry, and there is a long way to go yet in this fire season. The status quo is simply unacceptable. With these fires blazing and the ground cracking beneath us, we are reminded of how fragile the way of life in Montana is.

Our No. 1 economic driver in Montana is agriculture. Montana ag supports our economy in seasons of plenty, as well as in seasons of drought, including physical drought and unseasonable rains. We have seen both in Montana, and farmers and ranchers have risen to the occasion each time. As they have supported us, we must support them.

The historic drought conditions in Eastern Montana warrant relief from regulations that limit the producers' abilities to use our land in the best ways possible. I was pleased by the decision of Secretary Perdue and the USDA to allow impacted producers to best use the Conservation Reserve Program acreage for grazing, but I believe Montana producers are not able to sleep at night for fear of losing their family farms. They deserve more support from those who benefit from their legacy of hard work.

I have held and will continue to hold USDA's feet to the fire, urging additional emergency relief for farmers and

ranchers. I have been engaging with Montana farmers and ranchers. Most recently, I spoke with officials; I was literally on the phone last night with officials from Garfield County, talking with folks on the ground as to what the lack of rain has meant for them.

I understand the severity of drought and the risk of wildfires. Let me tell you, wildfires are all too common for those of us who live in Montana. Hundreds of fires burn through Montana's forests every year, with countless firefighters fighting to protect lives and property. Year after year, I will come down here, and you will hear me speak on the floor; you will hear me in committees; you will hear me back home, talking about the fact that these fires are ready to ignite at any moment. You can see the unmanaged forests we have in Montana are literally just waiting for a massive wildfire. With nearly 300,000 acres burned—and we aren't even in August yet; it is still July—it is a big deal for a State known for its wide open landscapes.

We need forest management reform urgently. It is a topic always on the forefront of my mind and on the forefront of Montanans and those of us out West, but it is on the back burner of the swamp here in Washington, DC, until, of course, we get to fire season; then we will talk about it.

We must reform the way we manage our national forests. We can use proven tactics to reduce the threat of wildfires, as well as to reduce the rate of spread and intensity of those fires when they occur. We need a wildfire funding fix because we can't just keep hoping the Congress will pay back the Forest Service at the end of every season. It is not the way a family budgets, and the Forest Service shouldn't have to either.

We have nearly 5 million acres of national forest in Montana that have been identified as critically in need of restoration. We are talking about dying and dead timber, primarily because of beetle kill, and we can't even get in and manage the timber because we have these far-left groups that would challenge many of our timber sales in court. I have joined Senator AMY KLOBUCHAR of Minnesota in sponsoring legislation to encourage partnerships between the Forest Service and the State foresters to carry out these cross-boundary restoration projects.

A fire does not respect boundaries; it doesn't know where the State land ends or Federal land begins or where private land is or reservation lands are. We need to work better as neighbors along the fence line to reduce fuels and wildfire hazards across the country. These partnerships and projects will make fighting these wildfires safer for firefighters and allow them to return home safely to their families.

At this time of year, we recognize our firefighters, in particular, as some of the bravest men and women out there. The courage with which they run

toward danger—I tell you, if you have never seen a wildfire burning out west, it is an incredibly terrifying sight to see huge plumes of flames that reach up to 30,000 feet in the atmosphere. They are ominous. These brave men and women run toward danger to protect our lives and our homes.

HONORING TRENTON JOHNSON

Mr. President, let me close by recognizing a young man who lost his life in Montana just this past week. His name was Trenton Johnson. Trenton Johnson was such a man—one of those brave heroes. It is with a heavy heart that I offer prayers of strength and peace to the family and friends of Trenton Johnson, who died fighting a fire just last Wednesday near Seeley Lake in the northwest corner of Montana.

Trenton will be remembered for his bravery, and I pray that his family and friends find solace and encouragement in the memories of his vibrant but way too short life. He was just 19 years old.

As we pray for rain in Montana, we also pray for the safety and protection of all of our firefighters who, as we speak at this very moment, are still battling blazes all across our State and across the Western United States.

Mr. President, as I said, it is with a heavy heart that I offer prayers of strength and peace to the family and friends of Trenton Johnson. This brave Montanan died fighting a fire last Wednesday near Seeley Lake in the northwest corner of our State. Over this past weekend, in his hometown of Missoula, Trenton's loss was mourned by his family and friends, his fire crew, and many of his fellow Montanans. This 19-year-old was celebrated by many as a successful high school leader and athlete, a student at Montana State University, and a fire crew member in his first season battling forest fires. The tragedy of his passing was felt across the State.

The inherent danger firefighters face with bravery when they defend the lives and livelihoods of a community from the path of an unpredictable fire is awe inspiring. In Montana, the annual efforts of firefighters at every turn is essential to our collective safety. The men and women who make up these fire crews are a combination of expertise, courage, and grit.

I pray that Trenton's family and friends find solace and encouragement in the memories of his vibrant life, and I pray for the safety of all firefighters still battling blazes across Big Sky Country.

Thank you.

The PRESIDING OFFICER. The Senator from Washington.

HEALTHCARE

Mrs. MURRAY. Mr. President, I am here this evening to stand with the patients and families and communities nationwide to make sure they have a voice to continue speaking out against TrumpCare and to urge our Republican colleagues to stand with their constituents and join Democrats in rejecting this mean bill.

Before I go any further, I want to talk about an incredible group of families I met with recently who are making their voices heard against TrumpCare. These are parents with kids who are battling serious and complex medical conditions. These families have spent the majority of their summer here in Washington, DC, sharing their stories about what having healthcare means to them.

The little lobbyists, young kids 3 years old, 5 years old, should be at home in their neighborhoods like other kids, but, instead, they are here fighting for their own healthcare and their lives.

I held a press conference with these families here in the Capitol, where their parents shared stories about what TrumpCare would mean for them and their families. They spoke about their worries and their fears for the future.

One story was that of Elena Hung and her daughter Xiomara. Xiomara is 3 years old. She will be starting school this fall. You can tell she is one of those kids with incredible energy, who just lights up a room. But Xiomara was born with complications in her lungs, heart, and kidneys. She needs a tracheostomy, a feeding tube, and a ventilator just to stay alive.

Elena has told me what it has meant for her and her family to have healthcare these last couple of years. Elena and her husband both have professional degrees, good-paying jobs, and savings in the bank. They have done everything right, as Elena put it, and played by the rules, but nothing prepared them for dealing with the expensive care Xiomara would need. The hospitalizations, multiple surgeries, and medical equipment have all added up to cost more than \$3 million.

Elena talked about the uncertainty that TrumpCare has caused her family. Because of TrumpCare, she said that they are terrified about lifetime caps coming back and about losing their home or going bankrupt. If they lose their healthcare, Xiomara's 10 pre-existing conditions may make her uninsurable. This is so wrong. The Hung family should be able to focus on Xiomara, the care she needs, and getting the right specialists and therapies to advance her treatment.

The Morrison family, whom I also met with, shouldn't have to worry about their son Timmy getting the care he needs.

Xiomara and Timmy and all the other little lobbyists deserve to be kids, live at home, to go to school, grow up, and just live. That was Elena's message to our Republican colleagues, and I couldn't agree with her more.

I have seen my share of contentious legislation during my time in the Senate. I have seen quite a few Democratic bills that Republicans couldn't stand. I saw Republican bills that Democrats would never vote for. I understand that some of my colleagues may disagree with certain parts of the Affordable

Care Act. But what I can't understand is why anyone would ignore real life stories of their own constituents whose lives have changed and even been saved by this law. For one, that is not how you have a serious policy debate—ignoring your constituents and facts and fudging the numbers. More importantly, that is not what we were sent here to do by the people we represent. They rightly expect and deserve better.

What we have seen for the last 7 years—and since the Republican leadership began their efforts to repeal the ACA—has been truly unprecedented. In January of this year, the Republican leadership kicked Democrats out of the process entirely under reconciliation. Since then they have done everything possible to prevent not just Democrats but anyone other than their own party to be involved in that process—no hearings, no scrutiny, no public input, no expert testimony. When they finally released the TrumpCare bill after months of negotiating in secret in a room of 13 men, it was no surprise that it was immediately rejected by people across the country because it was clear that their bill isn't actually about healthcare—far from it. Their bill is about giving a massive gift to the wealthy and already well-connected on the backs of children and working families and people with disabilities and the sick and elderly.

So Democrats, Republicans, Independents, and millions of people have stood up and said no to this awful bill, no to increasing costs to families and seniors, no to putting insurance companies back in charge, no to kicking tens of millions of people off their health insurance, no to attacking women's health and rights. In fact, one study came out showing it was the least popular bill in three decades.

I guess it is no surprise that my Republican colleagues didn't want to defend this bill, but here is what is frankly appalling: What did Republican leaders do in the face of large-scale, popular rejection of the bill? What did Republican leaders do after Members of their own party said that they couldn't vote for it without massive changes to help more people? They made the bill worse. They did nothing to address the concerns that even many Republicans—Governors, Senators, and so many others—had about the massive cuts to Medicaid that would be devastating to patients and to our States. They did nothing to truly address the defunding of Planned Parenthood and cutting off access to care for millions of women. They included an opioid fund so insignificant that a Republican Governor said it would be like “spitting in the ocean.”

When it comes to affordability and putting insurance companies back in charge, Republican leaders not only didn't fix that problem, they made it a whole lot worse. They caved to the most extreme Members of their caucus by including the Cruz-Lee provision. Now with every sweetener, every

tweak, they have not only made the bill worse, they have made it unworkable, and even in violation of the Senate reconciliation process.

Now, as soon as tomorrow, the Republican leadership is saying that they are going to move forward with either a vote on their failed TrumpCare bill, a vote to repeal the ACA entirely—with no plan to help families who would be devastated—or maybe a vote on the disastrous House version of the TrumpCare bill. Nobody knows, especially our Republican colleagues.

It is like Leader MCCONNELL is setting up Senate Republicans to play “choose your own adventure” with our families' healthcare. Even he does not know for sure where this will end, but he is clearly willing to do whatever it takes to get to yes, and so is President Trump. He is doing what he does—tweeting threats, stirring up his extreme base, sending Vice President PENCE to twist arms to try to convince a few more Republicans to stay quiet about their very legitimate concerns. Yet, as we head toward a possible vote tomorrow, I hope my Republican colleagues—especially those who have already indicated that they oppose this bill and process—will demand better for their own constituents.

I am going to keep saying this until it sinks in, which is that Democrats are ready, as we always have been, to work with Republicans to improve our healthcare system and make healthcare more affordable, more accessible, of higher quality, and to clean up the mess that has now been made with their efforts to sabotage the ACA in order to jam this TrumpCare bill through.

Let's be clear. As President Trump and Republicans have tried to pass TrumpCare legislatively, they have also implemented it by undermining our current healthcare system. Unless they get serious and get to work with Democrats, families are going to face higher premiums in 2018, and they will have fewer choices—all because of partisan political tactics.

This fight is on the razor's edge, and Democrats are going to keep doing everything we can to stop it. We just need a few Republicans to join us, to stand on the side of patients and families and say no to TrumpCare. Democrats will do everything we can to persuade more Republicans to join us, but what has made the difference thus far, what has truly mattered, is when Republicans have heard from their own constituents.

I am here tonight to strongly urge people across the country to ramp up the pressure in these last few hours. Keep calling and tweeting. Double down on your advocacy, and make your voices heard. Again, we have less than 24 hours until the Republican leadership plans to hold a vote.

Republican Senators, we also need to hear from you. Now is the time to stand up, do the right thing, and oppose TrumpCare once and for all.

I know a number of our colleagues are going to be coming to the floor tonight to talk about this, and they will be raising their voices and their concerns. I urge all Senators to stand with us tomorrow and vote no.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. REED. Mr. President, I am truly dismayed by what we have seen in this Chamber over the last couple of months with respect to the Senate TrumpCare bill.

We are expecting to take a vote tomorrow on the motion to proceed, but at this point, our Republican colleagues have not shared with us exactly what we are proceeding to. We do not know if our Republican colleagues will attempt to replace the ACA with their flawed TrumpCare bill or if they will just vote to repeal the ACA and immediately upend health insurance markets across the country. Not one of these options is acceptable, and I am skeptical that my colleagues will be able to come up with a better solution in the next 24 hours.

For an issue of this magnitude, we should be holding hearings, meetings, and discussions in the committees of jurisdiction, with experts from around the country, much like we did when we worked to pass the Affordable Care Act. In that way, we could have worked together across the aisle to develop ideas that would improve the system in place, not gut it.

There have long been misconceptions about how the Affordable Care Act came to be. For over a year, we held hearings, meetings, and roundtable discussions with Members from both parties and had a robust amendment process in our committees, both in the Senate Finance Committee and in the Health, Education, Labor, and Pensions Committee. I served on the HELP Committee at that time and went through numerous hearings, open discussions, and numerous amendments, and I listened to my colleagues. In fact, the HELP Committee's draft of the ACA included over 160 amendments that were offered by my Republican colleagues. It was truly a bipartisan effort at the committee level to try to at least discuss the critical issues that both sides had identified.

This stands in stark contrast to the bill our colleagues have written in secret this year. Even some Republican Senators were kept in the dark, excluded from the process. There were no opportunities for experts, doctors, patients, and others to weigh in and offer comments. As a result, they have written a bill that is bad for patients, bad

for healthcare providers, bad for States, and bad for the system as a whole.

My colleagues even rejected the chance to hear from States in public hearings about their healthcare systems in terms of what has worked well and what has not. There are examples of States that have done some very innovative things and some examples of States that have had difficulties. We always say that the States are the great incubators for new ideas. Yet the process that was adopted did not incorporate the views in both of the cases—those in which States have done remarkably well and, frankly, when they could have done much better.

We should look to the States to see how we can improve our healthcare system and let them be partners with us in this process. That is what we did in the consideration of the Affordable Care Act. In fact, some States had already worked to expand access to care before the ACA, most notably Massachusetts, with RomneyCare, and we looked carefully at those examples and tried to incorporate those successful ideas in a national model.

By contrast, across the country, Governors and Senators and State legislators—both Democrats and Republicans—are largely opposed to the Senate Republicans' TrumpCare bill because they know it would be a bad idea for their States. State and local officials have crossed party lines and joined together to get the word out about how bad this bill would be for Americans in all States and from all walks of life. My Republican colleagues must heed their advice and abandon this harmful approach.

It is no secret as to why my Republican colleagues have struggled to come up with the votes within their caucus for their repeal efforts. Their proposals are bad for my State of Rhode Island and bad for the country as a whole. In fact, many States with Republican legislatures and Republican Governors have done very well in incorporating the ACA and understand the impact this will have almost immediately on their healthcare systems.

While we do not know exactly what we will be voting on tomorrow, we have some guesses based on some of what Republicans have publicly shared over the last couple of weeks, and each proposal seems to be worse than the next.

First, my colleagues tried to vote on their TrumpCare bill, which would have provided massive tax giveaways to the very wealthiest Americans at the expense of hard-working Americans across the country. This bill would have decimated Medicaid, cutting State budgets and eliminating access to care for seniors, children, and people with disabilities. Fifty percent of the funds in my State go to seniors, and it is roughly equivalent across the country. Typically, it is through Medicaid for seniors who are in nursing homes. If they were to lose that funding, the States could not make it up.

I think every State in this country is struggling with its own fiscal issues—education, transportation and infrastructure—a host of issues. When this money is pulled out, they will not be able to replace it. They will make difficult decisions about cutting back eligibility so that, ironically, middle-class seniors will be the first to feel the brunt of these cuts. That is exactly one of the areas in which we are trying to improve our system, not only of healthcare but of government. Even after doing that, I think they will still come up short, and that is when they will go into the education funding formulas. There are many States across the country now that are already in crisis, and this will just add to the crisis.

None of these fixes, I don't think, will overcome the damage that would be inflicted by the bill. The non-partisan Congressional Budget Office confirmed that last week when it released an updated score of the bill to reflect some of the changes that had been made. The CBO said that under this revised bill—the latest one that has been evaluated—22 million Americans would lose coverage, just like in the previous version of the bill. It said that 22 million Americans—a significant number of our neighbors—would lose their coverage. Many of them are working families, and many of them have children with special needs, and they need this coverage. They would be thrown out.

I was at a Lowe's store in Rhode Island when a young man came up to me—probably in his mid-thirties—and said: Please, Senator, you have to stop this bill. I have a son who has a serious problem.

I believe he told me it was MS.

He said: If, eventually, they remove the lifetime limits on healthcare insurance, as they are talking about, I will be done. I have employer healthcare insurance. I have a good job, and I have benefits, but if they put those lifetime limits back again, I will be bankrupt. My son will not have the care, or he will only get the care through some type of—something—some extraordinary method.

That is the reality. These are our neighbors.

Similarly, the CBO said that out-of-pocket costs would increase across the board and that care would be prohibitively expensive for the sickest and poorest amongst us. That is one of the great ironies here—that the sickest would be paying more and more and more.

The CBO was not misled by these so-called fixes that have come into the bill. In fact, we know that the reality would be even worse, I believe, than the CBO has predicted because it has not taken into account a provision that was added too late to be scored—a provision that would bifurcate insurance markets and separate the sick from the healthy, which would lead to a death spiral in the market that

would all but certainly collapse the market. They are plans that are not really insurance. They are kind of—I don't know what they are. In fact, the CBO could not even call them insurance. But that would qualify as a plan. The healthiest, youngest people would buy it because it would be cheap, and they would have some kind of sense of protection, driving the sickest and older people into other plans, which would increase their costs and, in fact, create this bifurcated system in which either young, healthy people would not have insurance or they would have this insurance, which would not be insurance when they need it. Then you would have more and more people with chronic conditions and illnesses and just the accumulated health issues of age flocking to what is left and bringing down that system. It would be a death spiral.

If that were not bad enough, some of my colleagues on the other side of the aisle decided that the backup plan would be to vote on a bill to repeal the ACA in its entirety on a 2-year delay. They claim that it will give them an opportunity to work out a replacement plan. This is not sound policy. First, they have had more than 7 years to come up with a replacement but have not had any success. At this moment, there is this ad hoc "What do we put in? What do we take out?" The 7 years of supposed study and analysis has produced, apparently, nothing, and they have spent all of this year behind closed doors, coming up with something they think will work, but they have come up with the same results—the same CBO scores, basically. The real end game is not to repeal and replace; it just seems to be to repeal.

My other concern is that even if this repeal is delayed by 2 years, markets will not wait 2 years to react and insurance companies will not wait 2 years to react. They have to provide for decades in terms of actuarial values, in terms of their shareholders. Hospitals will not wait 2 years. They will see this coming to an end. They will start scaling back their programs, their outreach, all of the things they do, and the effects will be imminent.

This effort would leave 17 million more Americans uninsured next year and 32 million more Americans uninsured over the next decade. That is the repeal-and-wait approach. And once again the CBO said this bill will lead to skyrocketing healthcare costs, for the reasons that I suggest: markets will not wait. Markets will move very quickly once they know this is gone. And since in the last 7 years we couldn't get a replacement, the idea that we are getting it in 2 more years is something they won't believe, and it will be immediate and devastating—again, another death spiral for the marketplace. But here we are on the precipice of voting on whether to upend our entire healthcare system so that, in some respects, this President can claim a victory over former President

Obama—not because it is sound healthcare policy but just because of that very complicated relationship. And it is not the right thing to do.

It is long past time for us to leave the campaign rhetoric behind, to get together in a bipartisan fashion, and to work out ways to improve our healthcare system. That is what we attempted to do with the ACA. We sat in meeting after meeting, hearing after hearing—the longest markup, I believe, in the HELP Committee—accepting and voting on Republican amendments and Democratic amendments. That is how we get things done—I hope that is how we get things done.

Healthcare makes up one-sixth of our economy. And when you walk into an ER or a doctor's office, they don't ask you whether you are a Republican or a Democrat, but whether you have insurance. That is the only question they ask: How are you paying for this? If you don't have insurance, then you are in an awfully difficult position, and we know that.

Everybody is going to use the healthcare system in their life. This is not an optional thing. This is not something that is designed for a special group of people. We all will use the healthcare system. And if you can't access it because you have no money or no insurance, maybe you will find a way through the emergency room or some other way, but it won't be the best healthcare and it won't be the most efficient and economical for our country.

In fact, one of the ironies of our healthcare system before the ACA is that we could have large portions of our population with no health insurance, not getting treatment for illnesses that could have been readily fixed while they were in their forties and fifties, and then suddenly at 65, with Medicare, which we all support, they can get treatment they need.

I had an ophthalmologist in my office one day, and they kind of looked around and commented: Well, you are right, because I see people right now coming into Medicare—65, 66 years old—because they had early onset diabetes, which could have been treated by a modest drug regime in their forties and fifties. They are now so sick that they have to have expensive surgery.

That is not effective for the country. With the Affordable Care Act, we were putting our whole Nation, we hoped—from young people, children, all the way through—on a path to good healthcare, so that by the time they get to Medicare, those issues would not be so important.

So I would urge my colleagues to abandon this effort, to begin tomorrow not with a vote on their proposal, but sitting down with both sides, doing the same process that we did. Again, one of the tests of life is, do you allow your colleagues and friends to do what you did, or do you insist they do something else? We are just asking them to do the

same thing we did with the Affordable Care Act over many months of hearings and debate, and then at the end there was a vote.

We are going to see this for the first time tomorrow—the details. We still don't know what is going to be in it. There will be a vote, but it won't be an informed vote. It won't be a result of careful deliberation. It won't be a result of a bipartisan effort. It won't be a result of all the equity holders, including doctors, patients, public health officials, and governors, coming together and saying: We can do this better. That, to me, is a shame.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

TRIBUTE TO KIMBERLY BRANDT

Mr. HATCH. Mr. President, I speak today to bid farewell to Kimberly Brandt. Kim has worked for the Senate Finance Committee as the chief oversight counsel for more than 6 years. Kim came to the Finance Committee after years of public service, and she leaves it to again answer the call to public service. While we are sorry to see her leave, I want to take a minute to note the important contributions she has made while on the Finance Committee.

She has coordinated oversight on virtually every conceivable topic within the ambit of the committee's jurisdiction. That work has included IRS, Medicaid and Medicare, Social Security, and trade compliance oversight.

While her work has been both bipartisan and exceptional, Kim is probably equally known to everyone here as the thoughtful baker.

Always cognizant of the little things, Kim made it her life's mission in the Senate to ensure every staffer and Senator had a cookie in their hand when they needed it most. Her mantra that there are only a few things in life a good cookie can't improve has spread like fresh flowers in a spring garden.

It is no wonder the first comment most of my staffers have made is "who will make us cookies?" after hearing that Kim is leaving. The most unfortunate thing, however, is that I am not sure there is anyone who can fill those shoes. Kim's cookies are perhaps the best I have ever had during my tenure in the Senate. Only my wife's lemon bars can compare, and I feel compelled to say that just to ensure I don't end up on the couch tonight.

I mean, my goodness, just talking about Kim's cookies is making me hun-

gry. You just can't beat her peanut butter and chocolate chip cookies.

While Kim's attention to these little things have brought her considerable fame while she has worked here, there is little doubt in my mind that Kim's legacy extends far beyond her cuisine.

As just one example, Kim worked tirelessly through one of the largest investigations of the IRS that we have seen in recent memory. Kim's leadership ensured that our committee's analysis was both grounded in fact and integrity, and though it took several dozen months to complete, I don't believe there is anyone in this body that would dispute that report's precision, thoughtfulness, and earnestness.

She also has become known as the person who tackles complicated issues involving the Medicare and Medicaid Programs and develops creative, thoughtful policy solutions. That has been evident in her recent work on Medicaid over the past year and in her efforts to come up with solutions to the Medicare audit and appeals backlog, as well as the complicated and burdensome Stark rule. In each of these instances, Kim has engaged the impacted stakeholders and the relevant policy folks and come up with legislative ideas that are bipartisan. This is no small task.

It is this type of work ethic and reputable end product that makes Kim the type of person you hate to see leave, but you quietly rejoice that they are going to be the one helping steer the ship in the administration.

Truly, Kim's appointment as Principal Deputy Administrator for Operations at the Centers for Medicare and Medicaid Services, CMS, reflects this administration's desire to have quality individuals helping lead an agency facing daunting challenges. I don't think anyone would contend with the need for strong and informed leadership there. I can think of no one better suited for the position. I would like to take a few minutes to briefly reflect on Kim's experience to explain why I believe that to be true.

Before Kim came to the Finance Committee, she worked as senior counsel at Alston & Bird here in Washington, DC, advising clients on healthcare compliance and fraud and abuse issues. Prior to her work at Alston & Bird, Kim served 7 years as the director of the Medicare Program Integrity Group at CMS. For 5 years before that, Kim worked at the HHS Office of Inspector General as special counsel and director of external affairs and as a senior counsel negotiating False Claims Act settlements and drafting and monitoring corporate integrity agreements.

Just that work experience, in two administrations and a respected law firm, should be enough to qualify Kim for this important role, but I am not done. Kim also worked on authoring OIG's compliance guidance for individual and small group physician practices.

She received her J.D. with a concentration in health law from the

DePaul School of Law, an M.A. in legislative affairs and health policy from George Washington University, and her B.A. from Valparaiso University.

Kim has long been recognized nationally as an expert in healthcare compliance and fraud and abuse issues, but in 2016, that recognition culminated in her receiving the Healthcare Compliance and Ethics Professional of the Year award from the Society for Corporate Compliance and Ethics and the Health Care Compliance Association.

While I am sure to speak for all of my staff and fellow Senators when I say that we will miss Kim, I think I can also say, with confidence, that we have the greatest faith in Kim. Yes, we will probably have strikes due to the absence of Kim's baked goods, and yes, our oversight and Medicaid efforts will not be the same without Kim, but this is important work we are all engaged in, and it would be wrong to bar our great country from the service of this wonderful and highly talented friend of mine.

Before I conclude, though, I would like to harken back to one of my favorite stories about Kim.

It was in the wake of the Lois Lerner debacle. Kim and her team spent more than a dozen months hashing out a highly detailed and important investigation that revealed quite a bit more than what we were initially expecting. In the end, Kim and her team interviewed more than 32 current and former IRS and Treasury employees and reviewed nearly 1.5 million pages of documents. The fruit of their labor was a staggering and included a four-part treatise on the IRS's processing of 501(c)(3) and 501(c)(4) applications for tax-exempt status. There were thousands of pages of appendices and hundreds of pages of report text.

Before the report was finalized, however, I wanted to be sure I had read every word. Aside from the hefty amount of reading, it also created problems because the text included confidential taxpayer information and only those with clearance could enter my office while I reviewed the text. Kim's humor, wit, and zealous optimism kept me alert and motivated throughout the investigation of those hundreds of pages, and while I have always cherished Kim's famous cookies, they never tasted better than they did then.

Now, I had always appreciated Kim, but in this instance, her commitment to detail and integrity really struck me. To ensure that the product coming out of the committee was a complete and accurate one, she went back to the IRS to confirm that the committee had all relevant documents. Only then did we discover the thousands of pages of missing emails which would become a critical part of the investigation. If it weren't for Kim's hard work and intellectual rigor, we would have never discovered this fact, and throughout the investigation, which was often heated and impassioned on both sides of the

aisle, Kim was fair, honest, and worked hard to keep the inquiry bipartisan, something no other committee in Congress could do.

This and many other incredible memories of Kim will be with me forever, and words can't quite say how truly grateful I am to have Kim help me make all those memories these past several years.

Our work in the Nation's Capital can get ugly sometimes. It can be partisan. We often wonder whether we can still get good people to go into public service, but then we are reminded that there are good people in this town who repeatedly answer the call to public service. Kim Brandt is one of these—and she is one of the best. The Finance Committee, the Senate, CMS, and, in honesty, the United States of America is lucky to have her in these roles, and we thank her for her hard work.

I am going to miss you, Kim.

I want to wish Kim, her beloved pup Sherlock, and her family all of the best. I feel no need to hesitate when I say that we are all proud of you and will miss you dearly.

Thank you.

CYSTINURIA AWARENESS DAY

Mrs. SHAHEEN. Mr. President, I wish to recognize June 24 as Cystinuria Awareness Day and to offer my support to the International Cystinuria Foundation as the organization continues its excellent work promoting knowledge of this disease within the research and medical communities, as well as providing resources for those affected by cystinuria.

Cystinuria is an inherited disease characterized by high concentrations of the amino acid cysteine in the urine, leading to the formation of cysteine stones in the kidneys and urinary tract. It is a rare disease that affects roughly 1 in every 7,000 people, including an estimated 130 Granite Staters. Cystinuria is a painful and often debilitating condition. Those who suffer from it can experience kidney stones as frequently as daily, causing many to lose weeks of work each year. Many sufferers use prescription painkillers to cope with the disease, and tragically, some develop substance use disorders.

Cystinuria does not discriminate, affecting people of all genders, races, ethnicities, and ages. There is not yet a cure, and the disease is frequently misdiagnosed. I sincerely hope that this day of awareness will help in advancing research into the causes of the disease as well as possible therapies and cures. Because cystinuria is a rare disease, there is an acute need for more aggressive research, including at the National Institutes of Health. In addition to supporting important funding for research, we can also do our part by also advocating for awareness for the disease. Fortunately, the Affordable Care Act protects those with cystinuria and other preexisting conditions from discrimination by health insurance companies.

Cystinuria Awareness Day is a valuable opportunity for Americans to learn about this condition and offer support to those living with it. I am grateful to the International Cystinuria Foundation for its commitment to raising awareness of the disease, advocating for research, and providing support for those suffering from cystinuria.

MESSAGE FROM THE HOUSE

At 7:26 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 3298. An act to authorize the Capitol Police Board to make payments from the United States Capitol Police Memorial Fund to employees of the United States Capitol Police who have sustained serious line-of-duty injuries, and for other purposes.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3298. An act to authorize the Capitol Police Board to make payments from the United States Capitol Police Memorial Fund to employees of the United States Capitol Police who have sustained serious line-of-duty injuries, and for other purposes; to the Committee on Rules and Administration.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with an amendment in the nature of a substitute:

S. 595. A bill to provide U.S. Customs and Border Protection with additional flexibility to expedite the hiring process for applicants for law enforcement positions, and for other purposes (Rept. No. 115-133).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with amendments:

S. 760. A bill to expand the Government's use and administration of data to facilitate transparency, effective governance, and innovation, and for other purposes (Rept. No. 115-134).

By Mr. THUNE, from the Committee on Commerce, Science, and Transportation, without amendment:

S. 756. A bill to reauthorize and amend the Marine Debris Act to promote international action to reduce marine debris, and for other purposes (Rept. No. 115-135).

By Mr. THUNE, from the Committee on Commerce, Science, and Transportation, with an amendment in the nature of a substitute:

S. 1096. A bill to amend and enhance certain maritime programs of the Department of Transportation, and for other purposes (Rept. No. 115-136).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first

and second times by unanimous consent, and referred as indicated:

By Mr. ROBERTS (for himself, Mr. MORAN, Mr. MCCAIN, Mr. COCHRAN, Mr. SHELBY, Mrs. MURRAY, Mr. GRASSLEY, Mr. MCCONNELL, Mr. HATCH, Mr. LEAHY, Mr. WYDEN, Mr. INHOFE, Mrs. FEINSTEIN, and Mrs. ERNST):

S. 1616. A bill to award the Congressional Gold Medal to Bob Dole, in recognition for his service to the nation as a soldier, legislator, and statesman; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. CORNYN (for himself, Mr. TESTER, Mr. JOHNSON, Mrs. MCCASKILL, Mr. TILLIS, Ms. HEITKAMP, and Mr. CRUZ):

S. 1617. A bill to designate the checkpoint of the United States Border Patrol located on United States Highway 77 North in Sarita, Texas, as the "Javier Vega, Jr. Border Patrol Checkpoint"; to the Committee on Homeland Security and Governmental Affairs.

By Ms. STABENOW:

S. 1618. A bill to amend the Internal Revenue Code of 1986 for purposes of the tax on private foundation excess business holdings to treat as outstanding any employee-owned stock purchased by a business enterprise pursuant to certain employee stock ownership retirement plans; to the Committee on Finance.

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1619. A bill to amend the Servicemembers Civil Relief Act to extend the interest rate limitation on debt entered into during military service to debt incurred during military service to consolidate or refinance student loans incurred before military service; to the Committee on Veterans' Affairs.

By Mr. COTTON (for himself and Mr. GARDNER):

S. 1620. A bill to enhance the security of Taiwan and bolster its participation in the international community, and for other purposes; to the Committee on Foreign Relations.

By Mr. WICKER (for himself, Mr. MANCHIN, Mr. SULLIVAN, Mr. BARRASSO, Mrs. FISCHER, Mr. MORAN, Mr. SCHATZ, Ms. KLOBUCHAR, Mr. PETERS, and Mr. WYDEN):

S. 1621. A bill to require the Federal Communications Commission to establish a methodology for the collection by the Commission of information about commercial mobile service and commercial mobile data service, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. MENENDEZ:

S. 1622. A bill to amend the Federal Water Pollution Control Act relating to beach monitoring, and for other purposes; to the Committee on Environment and Public Works.

By Mr. MENENDEZ:

S. 1623. A bill to increase the maximum penalty for unfair and deceptive practices relating to advertising of the costs of air transportation; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BURR (for himself and Mr. TILLIS):

S. Res. 229. A resolution recognizing the contributions of the Montagnard indigenous

tribespeople of the Central Highlands of Vietnam to the United States Armed Forces during the Vietnam War, and condemning the ongoing violation of human rights by the Government of the Socialist Republic of Vietnam; to the Committee on Foreign Relations.

By Mr. WHITEHOUSE (for himself, Mr. CASSIDY, Mr. WYDEN, Mr. REED, Ms. HIRONO, Mr. MARKEY, Mr. CARPER, Ms. WARREN, Mr. MURPHY, Mr. BLUMENTHAL, Mr. VAN HOLLEN, Ms. HASSAN, Mr. CARDIN, Mrs. SHAHEEN, Mr. NELSON, Mr. COONS, Mr. BOOKER, Mrs. MURRAY, Ms. BALDWIN, Mrs. FEINSTEIN, Ms. COLLINS, Mr. KING, Mr. BROWN, Ms. CANTWELL, Mr. WARNER, Mr. COCHRAN, Ms. HARRIS, Mr. MENENDEZ, and Mr. PORTMAN):

S. Res. 230. A resolution designating the week of September 16 through September 23, 2017, as "National Estuaries Week"; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 59

At the request of Mr. CRAPO, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 59, a bill to provide that silencers be treated the same as long guns.

S. 170

At the request of Mr. RUBIO, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 170, a bill to provide for non-preemption of measures by State and local governments to divest from entities that engage in commerce-related or investment-related boycott, divestment, or sanctions activities targeting Israel, and for other purposes.

S. 298

At the request of Mr. TESTER, the names of the Senator from Connecticut (Mr. MURPHY) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 372

At the request of Mr. PORTMAN, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 372, a bill to amend the Tariff Act of 1930 to ensure that merchandise arriving through the mail shall be subject to review by U.S. Customs and Border Protection and to require the provision of advance electronic information on shipments of mail to U.S. Customs and Border Protection and for other purposes.

S. 407

At the request of Mr. CRAPO, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 407, a bill to amend the Internal Revenue Code of 1986 to permanently extend the railroad track maintenance credit.

S. 474

At the request of Mr. GRAHAM, the names of the Senator from Idaho (Mr. RISCH) and the Senator from Louisiana (Mr. KENNEDY) were added as cospon-

sors of S. 474, a bill to condition assistance to the West Bank and Gaza on steps by the Palestinian Authority to end violence and terrorism against Israeli citizens.

S. 497

At the request of Ms. CANTWELL, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 497, a bill to amend title XVIII of the Social Security Act to provide for Medicare coverage of certain lymphedema compression treatment items as items of durable medical equipment.

S. 642

At the request of Mr. PAUL, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 642, a bill to restore the integrity of the Fifth Amendment to the Constitution of the United States, and for other purposes.

S. 693

At the request of Ms. BALDWIN, the names of the Senator from Arkansas (Mr. BOOZMAN) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of S. 693, a bill to amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs, including physician assistant education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine.

S. 860

At the request of Mr. WHITEHOUSE, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 860, a bill to reauthorize and improve the Juvenile Justice and Delinquency Prevention Act of 1974, and for other purposes.

At the request of Mr. GRASSLEY, the name of the Senator from Iowa (Mrs. ERNST) was added as a cosponsor of S. 860, *supra*.

S. 980

At the request of Mrs. CAPITO, the names of the Senator from Vermont (Mr. LEAHY) and the Senator from Vermont (Mr. SANDERS) were added as cosponsors of S. 980, a bill to amend title XVIII of the Social Security Act to provide for payments for certain rural health clinic and Federally qualified health center services furnished to hospice patients under the Medicare program.

S. 1002

At the request of Mr. MORAN, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of S. 1002, a bill to enhance the ability of community financial institutions to foster economic growth and serve their communities, boost small businesses, increase individual savings, and for other purposes.

S. 1014

At the request of Mrs. FISCHER, the names of the Senator from Louisiana

(Mr. KENNEDY) and the Senator from New Jersey (Mr. MENENDEZ) were added as cosponsors of S. 1014, a bill to direct the Secretary of Veterans Affairs to make grants to eligible organizations to provide service dogs to veterans with severe post-traumatic stress disorder, and for other purposes.

S. 1024

At the request of Mr. ISAKSON, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1024, a bill to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 1182

At the request of Mr. YOUNG, the names of the Senator from Missouri (Mrs. MCCASKILL), the Senator from Delaware (Mr. COONS), the Senator from New Mexico (Mr. HEINRICH), the Senator from Rhode Island (Mr. REED), the Senator from California (Ms. HARRIS) and the Senator from Michigan (Ms. STABENOW) were added as cosponsors of S. 1182, a bill to require the Secretary of the Treasury to mint commemorative coins in recognition of the 100th anniversary of The American Legion.

S. 1311

At the request of Mr. CORNYN, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1311, a bill to provide assistance in abolishing human trafficking in the United States.

S. 1343

At the request of Mr. THUNE, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1343, a bill to amend the Internal Revenue Code to extend and modify certain charitable tax provisions.

S. 1353

At the request of Mr. LEAHY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1353, a bill to require States to automatically register eligible voters to vote in elections for Federal offices, and for other purposes.

S. 1453

At the request of Mr. DONNELLY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1453, a bill to allow the Secretary of Health and Human Services to designate certain substance use disorder treatment facilities as eligible for National Health Service Corps service.

S. 1520

At the request of Mr. WICKER, the name of the Senator from Louisiana (Mr. CASSIDY) was added as a cosponsor of S. 1520, a bill to expand recreational fishing opportunities through enhanced marine fishery conservation and management, and for other purposes.

S. 1562

At the request of Mr. GARDNER, the name of the Senator from Texas (Mr.

CRUZ) was added as a cosponsor of S. 1562, a bill to impose sanctions with respect to the Government of the Democratic People's Republic of Korea and any enablers of the activities of that Government, and for other purposes.

S. 1564

At the request of Ms. WARREN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1564, a bill to amend the Internal Revenue Code of 1986 to permit legally married same-sex couples to amend their filing status for returns outside the 3-year limitation.

S. 1595

At the request of Mr. RUBIO, the names of the Senator from Idaho (Mr. CRAPO) and the Senator from Arkansas (Mr. BOOZMAN) were added as cosponsors of S. 1595, a bill to amend the Hizballah International Financing Prevention Act of 2015 to impose additional sanctions with respect to Hizballah, and for other purposes.

S. 1598

At the request of Mr. ISAKSON, the names of the Senator from Alaska (Ms. MURKOWSKI) and the Senator from Louisiana (Mr. KENNEDY) were added as cosponsors of S. 1598, a bill to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 1615

At the request of Mr. GRAHAM, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 1615, a bill to authorize the cancellation of removal and adjustment of status of certain individuals who are long-term United States residents and who entered the United States as children and for other purposes.

S.J. RES. 17

At the request of Mr. CORNYN, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S.J. Res. 17, a joint resolution approving the discontinuation of the process for consideration and automatic implementation of the annual proposal of the Independent Medicare Advisory Board under section 1899A of the Social Security Act.

S.J. RES. 47

At the request of Mr. CRAPO, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from Arkansas (Mr. BOOZMAN) were added as cosponsors of S.J. Res. 47, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by Bureau of Consumer Financial Protection relating to "Arbitration Agreements".

S. CON. RES. 6

At the request of Mr. BARRASSO, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. Con. Res. 6, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 75

At the request of Mr. PORTMAN, the names of the Senator from Arkansas

(Mr. BOOZMAN) and the Senator from Indiana (Mr. DONNELLY) were added as cosponsors of S. Res. 75, a resolution recognizing the 100th anniversary of the Academy of Nutrition and Dietetics, the largest organization of food and nutrition professionals in the world.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CORNYN (for himself, Mr. TESTER, Mr. JOHNSON, Mrs. MCCASKILL, Mr. TILLIS, Ms. HEITKAMP, and Mr. CRUZ):

S. 1617. A bill to designate the checkpoint of the United States Border Patrol located on United States Highway 77 North in Sarita, Texas, as the "Javier Vega, Jr. Border Patrol Checkpoint"; to the Committee on Homeland Security and Governmental Affairs.

Mr. CORNYN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1617

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Javier Vega, Jr. Memorial Act of 2017".

SEC. 2. FINDINGS.

Congress finds the following:

(1) A native of La Feria, Texas, Border Patrol Agent Javier Vega, Jr. served his country first a member of the United States Marines Corps and then proudly as a border patrol agent in the canine division with his dog, Goldie.

(2) Agent Vega was assigned to the Kingsville, Texas Border Patrol Station as a canine handler and worked primarily at the Sarita Border Patrol Checkpoint.

(3) On August 3, 2014, Agent Vega was on a fishing trip with his family near Raymondville, Texas, when 2 criminal aliens attempted to rob and attack them.

(4) Agent Vega was shot and killed while attempting to subdue the assailants and protecting his family.

(5) Agent Vega is survived by his wife, parents, 3 sons, brother, sister-in-law, niece, and dog, Goldie.

SEC. 3. DESIGNATION.

The checkpoint of the United States Border Patrol located on United States Highway 77 North in Sarita, Texas, shall be known and designated as the "Javier Vega, Jr. Border Patrol Checkpoint".

SEC. 4. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the checkpoint described in section 3 shall be deemed to be a reference to the "Javier Vega, Jr. Border Patrol Checkpoint".

By Mr. DURBIN (for himself and Ms. DUCKWORTH):

S. 1619. A bill to amend the Servicemembers Civil Relief Act to extend the interest rate limitation on debt entered into during military service to debt incurred during military service to consolidate or refinance student loans incurred before military

service; to the Committee on Veterans' Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1619

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. INTEREST RATE LIMITATION ON DEBT ENTERED INTO DURING MILITARY SERVICE TO CONSOLIDATE OR REFINANCE STUDENT LOANS INCURRED BEFORE MILITARY SERVICE.

(a) IN GENERAL.—Subsection (a) of section 207 of the Servicemembers Civil Relief Act (50 U.S.C. App. 527) is amended—

(1) in paragraph (1), by inserting “ON DEBT INCURRED BEFORE SERVICE” after “LIMITATION TO 6 PERCENT”;

(2) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively;

(3) by inserting after paragraph (1) the following new paragraph (2):

“(2) LIMITATION TO 6 PERCENT ON DEBT INCURRED DURING SERVICE TO CONSOLIDATE OR REFINANCE STUDENT LOANS INCURRED BEFORE SERVICE.—An obligation or liability bearing interest at a rate in excess of 6 percent per year that is incurred by a servicemember, or the servicemember and the servicemember's spouse jointly, during military service to consolidate or refinance one or more student loans incurred by the servicemember before such military service shall not bear an interest at a rate in excess of 6 percent during the period of military service.”;

(4) in paragraph (3), as redesignated by paragraph (2) of this subsection, by inserting “or (2)” after “paragraph (1)”;

(5) in paragraph (4), as so redesignated, by striking “paragraph (2)” and inserting “paragraph (3)”.

(b) IMPLEMENTATION OF LIMITATION.—Subsection (b) of such section is amended—

(1) in paragraph (1), by striking “the interest rate limitation in subsection (a)” and inserting “an interest rate limitation in paragraph (1) or (2) of subsection (a)”;

(2) in paragraph (2)—

(A) in the paragraph heading, by striking “EFFECTIVE AS OF DATE OF ORDER TO ACTIVE DUTY” and inserting “EFFECTIVE DATE”;

(B) by inserting before the period at the end the following: “in the case of an obligation or liability covered by subsection (a)(1), or as of the date the servicemember (or servicemember and spouse jointly) incurs the obligation or liability concerned under subsection (a)(2)”.

(c) STUDENT LOAN DEFINED.—Subsection (d) of such section is amended by adding at the end the following new paragraph:

“(3) STUDENT LOAN.—The term ‘student loan’ means the following:

“(A) A Federal student loan made, insured, or guaranteed under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.).

“(B) A private student loan as that term is defined section 140(a) of the Truth in Lending Act (15 U.S.C. 1650(a)).”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 229—RECOGNIZING THE CONTRIBUTIONS OF THE MONTAGNARD INDIGENOUS TRIBESPEOPLE OF THE CENTRAL HIGHLANDS OF VIETNAM TO THE UNITED STATES ARMED FORCES DURING THE VIETNAM WAR, AND CONDEMNING THE ONGOING VIOLATION OF HUMAN RIGHTS BY THE GOVERNMENT OF THE SOCIALIST REPUBLIC OF VIETNAM

Mr. BURR (for himself and Mr. TILLIS) submitted the following resolution; which was referred to the Committee on Foreign Relations.

S. RES. 229

Whereas the Montagnards are an indigenous tribespeople living in Vietnam's Central Highlands region;

Whereas the Montagnards were driven into the mountains by invading Vietnamese and Cambodians in the 9th century;

Whereas French Roman Catholic missionaries converted many of the Montagnards in the 19th century and American Protestant missionaries subsequently converted many to various Protestant sects;

Whereas, during the 1960s, the United States Mission in Saigon, the Central Intelligence Agency (CIA), and United States Army Special Forces, also known as the Green Berets, trained the Montagnards in unconventional warfare;

Whereas an estimated 61,000 Montagnards, out of an estimated population of 1,000,000, fought alongside the United States and the Army of the Republic of Vietnam (ARVN) forces against the North Vietnamese Army and the Viet Cong;

Whereas the CIA, United States Special Forces, and the Montagnards cooperated on the Village Defense Program, a forerunner to the War's Strategic Hamlet Program, and an estimated 43,000 Montagnards were organized into Civilian Irregular Defense Groups (CIDGs) to provide protection for the areas around the CIDGs' operational bases;

Whereas, at its peak, the CIDGs had approximately 50 operational bases, with each base containing a contingent of two United States Army officers and ten enlisted men, and an ARVN unit of the same size, and each base trained 200 to 700 Montagnards or “strikers”;

Whereas another 18,000 Montagnards were reportedly enlisted into mobile strike forces and various historical accounts describe a strong bond between the United States Special Forces and the Montagnards, in contrast to Vietnamese Special Forces and ARVN troops;

Whereas the lives of thousands of members of the United States Armed Forces were saved as a result of the heroic actions of the Montagnards, who fought loyally and bravely alongside United States Special Forces in the Vietnam War;

Whereas, after the fall of the Republic of Vietnam in 1975, thousands of Montagnards fled across the border into Cambodia to escape persecution;

Whereas the Government of the reunified Vietnamese nation, renamed the Socialist Republic of Vietnam, deeply distrusted the Montagnards who had sided with the United States and ARVN forces, and subjected them to imprisonment and various forms of discrimination and oppression after the Vietnam War ended;

Whereas, after the Vietnam War, the United States Government resettled large

numbers of Montagnards in several States and an estimated several thousand Montagnards currently reside in North Carolina, which is the largest population of Montagnards residing outside of Vietnam;

Whereas the Socialist Republic of Vietnam currently remains a one-party state, ruled and controlled by the Communist Party of Vietnam (CPV), which continues to restrict freedom of religion, movement, land and property rights, and political expression;

Whereas some Montagnard-Americans have shared their personal stories about Vietnamese authorities either preventing them from visiting Vietnam or subjecting them to interrogation upon re-entering the country on visits;

Whereas the Department of State's 2016 Country Reports on Human Rights Practices documents the Government of Vietnam's claim that Montagnards fleeing to Cambodia and Thailand are illegal migrants in pursuit of economic opportunities, and human rights groups assess that the Government has pressured Cambodian and Thai authorities to refuse Montagnards refugee or temporary asylum-seeker status and repatriate them to Vietnam;

Whereas the Department of State's 2016 Country Reports on Human Rights Practices states that, although Vietnamese law prohibits discrimination against ethnic minorities and despite Vietnam's significant economic growth, the economic gap between many ethnic minority communities and ethnic Vietnamese (Kinh) communities persisted as a result of longstanding and persistent discrimination;

Whereas the Department of State's 2016 Country Reports on Human Rights Practices further states that ethnic minority populations in Vietnam also experienced significant health challenges as maternal and child mortality rates were significantly higher in ethnic minority areas, in comparison with urban and coastal areas;

Whereas the United States Commission on International Religious Freedom (USCIRF) in its 2016 Annual Report states that “Montagnards, many of whom are Protestant, face numerous restrictions” such as being prevented from holding religious ceremonies, harassed or punished, and “many are summoned to meet with local authorities and pressured to cease practicing their ‘poisonous’ faith”;

Whereas Montagnards have stated that this kind of ongoing social and religious persecution drove them to flee to Cambodia;

Whereas USCIRF reports that, since October 2014, “up to 300 Montagnards have fled Vietnam to Cambodia, many because of religious persecution” but “only 13 have been granted refugee status with the United Nations High Commissioner for Refugees (UNHCR) as countless others are waiting for Cambodia to process their asylum claims, and dozens have been returned to Vietnam, often at great risk of reprisals”;

Whereas USCIRF recommends that Vietnam be designated a Country of Particular Concern (CPC) as a means to facilitating reforms: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the contributions of the Montagnards who fought loyally and bravely with United States Armed Forces during the Vietnam War and who continue to suffer persecution in Vietnam as a result of this relationship;

(2) condemns ongoing actions by the Government of Vietnam to suppress basic human rights and civil liberties of its citizens;

(3) calls on the Government of Vietnam to allow human rights groups access to all regions of the country and to end restrictions of basic human rights, including the right for Montagnards to practice their Christian

faith freely, the right to land and property, freedom of movement, the right to retain ethnic identity and culture, and access to an adequate standard of living;

(4) recognizes the importance of the U.S. Refugee Admissions Program (USRAP) and that, where determined to be eligible, Montagnards should be provided access to USRAP for resettlement in the United States and in other countries; and

(5) urges the President and Congress to develop policies at every level, including trade, military, and economic policy, that support Montagnards and other marginalized ethnic minority and indigenous populations in Vietnam that reflect United States interests and commitment to upholding human rights and democracy abroad.

SENATE RESOLUTION 230—DESIGNATING THE WEEK OF SEPTEMBER 16 THROUGH SEPTEMBER 23, 2017, AS “NATIONAL ESTUARIES WEEK”

Mr. WHITEHOUSE (for himself, Mr. CASSIDY, Mr. WYDEN, Mr. REED, Ms. HIRONO, Mr. MARKEY, Mr. CARPER, Ms. WARREN, Mr. MURPHY, Mr. BLUMENTHAL, Mr. VAN HOLLEN, Ms. HASSAN, Mr. CARDIN, Mrs. SHAHEEN, Mr. NELSON, Mr. COONS, Mr. BOOKER, Mrs. MURRAY, Ms. BALDWIN, Mrs. FEINSTEIN, Ms. COLLINS, Mr. KING, Mr. BROWN, Ms. CANTWELL, Mr. WARNER, Mr. COCHRAN, Ms. HARRIS, Mr. MENENDEZ, and Mr. PORTMAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 230

Whereas the estuary regions of the United States constitute a significant share of the economy of the United States, with as much as 43 percent of the gross domestic product of the United States generated in shore adjacent counties;

Whereas the population of shore adjacent counties in the United States increased by 39 percent from 1970 to 2010 and is projected to continue to increase;

Whereas not fewer than 2,100,000 jobs in the United States were supported by marine tourism and recreation in 2013;

Whereas the commercial and recreational fishing industries support over 1,600,000 jobs in the United States;

Whereas, in 2015—

(1) commercial fish landings in the United States were valued at nearly \$5,300,000,000; and

(2) recreational anglers took nearly 61,000,000 saltwater fishing trips and spent \$28,700,000,000 on fishing trips and durable equipment;

Whereas estuaries provide vital habitats for countless species of fish and wildlife, including more than 68 percent of the commercial fish catch in the United States by value and 80 percent of the recreational fish catch in the United States by weight, as well as many species that are listed as threatened or endangered species;

Whereas estuaries provide critical ecosystem services that protect human health and public safety, including water filtration, flood control, shoreline stabilization, erosion prevention, and the protection of coastal communities during hurricanes and storms;

Whereas the United States had already lost more than 50 percent of the wetlands that existed in the 13 Colonies by the 1980s;

Whereas some bays in the United States that were once filled with fish and oysters

have become dead zones filled with excess nutrients, chemical wastes, harmful algae, and marine debris;

Whereas changes in sea level can affect estuarine water quality and estuarine habitats;

Whereas the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.) provides that the policy of the United States is to preserve, protect, develop, and, if possible, restore or enhance the resources of the coastal zone of the United States, including estuaries, for current and future generations;

Whereas 27 coastal and Great Lakes States and territories of the United States operate or contain a National Estuary Program or a National Estuarine Research Reserve;

Whereas scientific study leads to a better understanding of the benefits of estuaries to human and ecological communities;

Whereas the Federal Government, State, local, and tribal governments, national and community organizations, and individuals work together to effectively manage the estuaries of the United States;

Whereas estuary restoration efforts restore natural infrastructure in local communities in a cost-effective manner, helping to create jobs and reestablish the natural functions of estuaries that yield countless benefits; and

Whereas the week of September 16 through September 23, 2017, is recognized as “National Estuaries Week” to increase awareness among all people of the United States, including Federal Government and State, local, and tribal government officials, about the importance of healthy estuaries and the need to protect and restore estuaries: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of September 16 through September 23, 2017, as “National Estuaries Week”;

(2) supports the goals and ideals of National Estuaries Week;

(3) acknowledges the importance of estuaries to sustaining employment in the United States and the economic well-being and prosperity of the United States;

(4) recognizes that persistent threats undermine the health of the estuaries of the United States;

(5) applauds the work of national and community organizations and public partners that promote public awareness, understanding, protection, and restoration of estuaries;

(6) reaffirms the support of the Senate for estuaries, including the scientific study, preservation, protection, and restoration of estuaries; and

(7) expresses the intent of the Senate to continue working to understand, protect, and restore the estuaries of the United States.

PRIVILEGES OF THE FLOOR

Ms. HIRONO. Mr. President, I ask unanimous consent that Dee Williams, a fellow in my office, be granted floor privileges for the remainder of today's session.

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

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that privileges of the floor be granted to my second-session summer interns Kasey Casort, Hannah McCue, Jesse Oney, Ronald Meehan, Dawson Verley, Evan Ipock, Samantha Warner, Kobe Rizk, Brian Dusek, Madeline Ko, Aimee Bushnell, and Fatos Redzepi for the remainder of their session in August.

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

ORDERS FOR TUESDAY, JULY 25, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Tuesday, July 25; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed.

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

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Illinois.

HEALTHCARE

Mr. DURBIN. Mr. President, this week—perhaps as early as tomorrow—Majority Leader McCONNELL, who just left the floor, will ask the Senate to vote on a bill we have not seen. That is right. We will be voting this week on a bill we haven't seen. I think it is a first. I am going to do a little research to see if this has ever happened before in the Senate, where Members of the Senate were brought together to vote on a bill that has not been made public or printed for us to review.

This isn't an inconsequential bill. This is a bill about the healthcare system of the United States of America. There is not a single American living in our Nation today who will not be affected by our vote this week because we are in the process of deciding whether we will change healthcare in America, health insurance in America, and there is not a single one of us who doesn't have a health insurance plan, either private or public, or not affected by the health insurance industry in healthcare across the United States. In fact, healthcare itself represents one-sixth of the American economy.

So we are being asked to vote on a bill this week which has not been printed and given to us and which will change healthcare for every single American and affect one-sixth of the American economy.

We do know that some of the previous provisions that have been brought before us on the Republican side have an impact—a negative impact—and in my State of Illinois, a very personal negative impact.

We know that their effort to repeal ObamaCare, which has been a political slogan that has been used for 6 or 7 years, ran into a wall when the American people said: Well, if you repeal it, what is left? What will be there? What will replace it?

At that point, the Republican effort disassembled. They didn't have an alternative. They spent the last 6 years

under ObamaCare—the Affordable Care Act—saying “No, repeal it” without spending the time to think about what would follow, what is next.

The Congressional Budget Office—this is an interesting thing—the Congressional Budget Office is a non-partisan agency that we turn to that evaluates our work. They take a look at the bills we write, and they take a look at the laws that will pass, and they say: Well, this is the impact it will have on the deficit, on future generations, on entitlement programs.

Sometimes the Congressional Budget Office is maddening. They take forever. I don't know what is going on over there, but what you think is a simple question can take weeks and sometimes longer to result in an analysis, and there are times when I just flat out disagree with their analysis.

Let me give an example. When we debated the Affordable Care Act, we said that one of the things we need to do is make sure there is plenty of preventive medicine. For example, we make sure under the Affordable Care Act that every senior gets a free annual physical. Our belief is, if you detect a problem a person has early enough, you might be able to lessen its impact or actually cure it. We said that to the Congressional Budget Office, and they replied to us: You cannot put a dollar value on preventive medicine.

Well, it is common sense; isn't it? If you find something early, it is more likely to be cured. It is cheaper. No, you can't put a dollar on it.

So the Congressional Budget Office sometimes can frustrate us, but we rely on them, and I would say, for the most part, they do give us good advice. I don't agree completely with them, but they give us good advice.

Do you know what they say about the Republican repeal plans that have been passed in the House of Representatives and the various versions that have been suggested? They believe those repeal efforts will take health insurance away from 22 million to 32 million Americans.

Think about that. We passed the Affordable Care Act because so many people in America had no health insurance, and we wanted to make sure they had it—for their own peace of mind, for their own good health, to make sure there was fairness in our system so sick people without health insurance who are cared for don't have their bills passed on to everybody else. Well, the Congressional Budget Office took a look at the Republican plan, which passed the U.S. House of Representatives by four votes—all Republican votes—four votes, and they looked at the plans proposed by Senator McCONNELL and the Republicans, and they said: At the end of the day, 22 to 32 million Americans will lose their health insurance. They said, in my State of Illinois, 1 million out of 12½ million will lose their health insurance.

I cannot understand how any Senator of either political party could, in good

conscience, come here and say: Boy, we had a great week. We just passed a healthcare reform bill, and 1 million people in Illinois will lose their health insurance. Really? That is why you ran for the U.S. Senate, to take health insurance coverage away from people? I would have thought common decency, common sense would suggest we want to do just the opposite. We want more and more people to fall under the protection of health insurance.

We also know some of the reforms we built into the Affordable Care Act are going to be changed by at least the early versions of the Republican repeal bill. Like what? One out of three Americans has a preexisting medical condition. A few weeks ago, I went through a heart procedure that worked out just fine—thank you—but now I have a pre-existing condition. I am in pretty big company: one out of three people across the United States.

Remember the day before we passed the Affordable Care Act? Before we passed the Affordable Care Act, if you had a preexisting condition, if you could get health insurance, it was darned expensive.

A good friend of mine had a trucking company. He had some problems with his ankle. He went to the doctor. The next year, when they wrote the health insurance plan for his trucking company, they excluded anything on the health insurance policy affecting his legs and his feet. Each year, he said, I was afraid to turn in any claim because the next year they wouldn't cover him. It is a preexisting condition.

We changed that. We changed the law. We said, in America, when you sell health insurance, you cannot discriminate because of preexisting conditions. You can't discriminate with higher premiums because you have a child with diabetes. You can't discriminate with higher premiums if your wife has survived breast cancer. Now, to me, that is common sense, and it is humane.

The Republican approach allows the States to waive that—back to the bad old days, when preexisting conditions could run your premiums through the roof, where you have haves and have-nots when it comes to health insurance, and Republicans said the other protections we put in the Affordable Care Act are also on the chopping block.

For example, my wife and I raised three kids, put them through college. They had their health insurance when they were students. They came out of college looking for jobs—thank you—and it took a little while to find the right job, and we worried: Now that they are not in school, whose health insurance is going to protect them while they are looking for a job with benefits?

We put in the Affordable Care Act that your kids—young adults—can stay under your family health insurance plan until they reach the age of 26. It is just common sense. Keep them under

the family plan until they have a chance to get that job with benefits.

We put other provisions in there—lifetime limits. It used to be, you would buy health insurance in this country and to keep the costs down, they would say: We have you covered. Up to \$150,000, you are covered. Now, \$150,000 sounds like a huge amount of money to people of modest means and working families, but we all know you are one accident or one diagnosis away from having medical bills that go through the roof. So \$150,000? Get real. That could be 2 days in a hospital with a doctor and a surgery or radiation. That is the reality.

So we took lifetime limits off the policies. They can't do that to you in America anymore. When you buy health insurance, you have health insurance, and if, God forbid, your condition takes your bills to sky heaven, they are going to be covered. Now the Republicans say: Well, that is another thing we will take out. We will make that optional.

Can I tell you one other one that really gets me because it was a big debate here for years. Back where my friend Senator SHELDON WHITEHOUSE is standing used to be the desk of Paul Wellstone, a liberal Senator from the State of Minnesota. What a good guy—terrific guy—short, feisty. Boy, when he got into a fight, you wanted to be on his side.

Paul Wellstone teamed up with a man who sat right there named Pete Domenici. Pete Domenici was exactly the opposite politically: from New Mexico, conservative, Republican, disagreed with Wellstone on virtually everything, except for one thing. Each of them had in their families someone suffering from mental illness. They decided they were going to do something about the fact that most health insurance plans did not cover mental illness. It was a battle that went on for years to require health insurance to include mental illness and they won the battle and we put it in the Affordable Care Act. Now, the Republicans say: Let's make that optional. This is something you can buy if you want to buy it.

At the end of the day, I think we all know we need a health insurance plan which is there when we need it, that covers things we can't even imagine when we buy the health insurance, and it makes sure people don't end up broke and bankrupt because of healthcare bills.

That was the driving cause, the driving reason for people filing bankruptcy in America—medical bills. They couldn't pay them. Since we passed the Affordable Care Act, the number of bankruptcies filed because of medical bills has been cut in half. So good health insurance that covers you when you need it and covers a member of your family when you need it is essential. That is why this debate and this vote tomorrow are so essential.

One thing I forgot to mention. Wellstone and Domenici didn't just

cover mental illness. They put another provision in there, and most of us paid no attention to it: substance abuse treatment. That has to be covered in health insurance too. Is that important? Have you heard of the opioid epidemic, the heroin epidemic?

I recently asked one of the best providers in Chicago about this, and they said: Luckily, people who have a child who ends up being addicted and needs treatment, if they have private health insurance, there is some coverage. Now, there is a battle about how many bills will be paid and how much is paid, but it is covered under the health insurance plan. Republicans want to make that optional. They call it freedom of choice.

The junior Senator from Texas, TED CRUZ, talks about policies you could buy that are really cheap policies. We call it junk insurance. You are insured in name only. If you need it, it isn't going to be there. That has been in the Republican plans that have come before us. We don't know whether that will be in the plan we have to vote on tomorrow. We don't know. It is a mystery.

How many hearings have been held on the bill we will vote for tomorrow on proceeding to change healthcare in America? None. Not one. How many amendments have been offered? Of course, none. We haven't seen it. We don't know.

We also know something else. The Republican plan on healthcare will slash the Medicaid Program. Most people—myself included—a few years ago, would have been stumped to describe the Medicaid Program and what it covered. Now, I will tell you what it covers, and think about cutting what I am about to describe by 25 to 35 percent.

No. 1, half of the children born in the State of Illinois are paid for by Medicaid. Their mother's prenatal care, the birth of the child, and postnatal care of mom and the kid is covered by Medicaid—one-half.

In addition to that, every school district in my State—probably in Rhode Island, probably in Oklahoma—receives Medicaid payments—school districts. Why? For the kids with special education needs. Medicaid helps pay for counselors so these kids can be mainstreamed in education. Medicaid in my State even pays for feeding tubes for those severely disabled children who are in school—but a 25- to 35-percent cut in the Republicans' proposals for Medicaid.

The most expensive thing in Medicaid, the thing that costs the most money, I haven't mentioned. Is your mother in a nursing home? Is your father? Your grandfather? Sixty percent of the people in nursing homes rely on Medicaid to stay in that nursing home and get the basic care they need. So when you cut that by 25 to 35 percent, what happens to Mom? What happens to your grandfather? Does that mean the family now has a bill to pick up? Does that mean they have to leave the

nursing home and go somewhere else? Where will that be? Yet that is one of the proposals.

The disabled community, they stepped up as well. Medicaid is health insurance for disabled people in America. A woman in Champagne came to me and said: I have a 23-year-old son with autism. He is pretty good. He is kind of on his own. He is doing some things. Senator, if he didn't have Medicaid health insurance, I would have to put him in an institution. I don't want to do that.

How important is Medicaid? How important is it that the Republicans will slash this Medicaid? It gets to the heart of healthcare for tens of millions of people in the United States of America.

Why do Republicans want to cut Medicaid? It is simple. It is linear. It is direct. They have to cut \$700 billion out of Medicaid to provide a tax cut for the wealthiest people in America.

Oh, DURBIN, you are making that up. This must be a press release from the Democratic National Committee. No, that is exactly what it is all about. In order to pay for the tax cuts to the highest income individuals, to pharmaceutical companies, and to health insurance companies, they cut Medicaid payments to the States. They think that is simple justice, a tax cut. They are always for tax cuts, but look who pays for that tax cut.

So who lines up for and against the Republican approach we are going to get to vote on tomorrow? That is easy. There is not a single medical advocacy group in America today supporting the Republican position. That is a pretty broad statement. You had better be ready to back it up, Senator. I am ready. Hospitals, doctors, nurses, pediatricians, every medical advocacy group, and community clinics all oppose what the Republicans are setting out to do—and they are not alone. Remember the preexisting conditions? I mentioned diabetes and cancer. The American Diabetes Association, the American Cancer Association, the American Heart, Lung, you name it, all of those groups oppose what the Republicans are setting out to do. They realize it is a dramatic step backward in terms of healthcare in America.

Every healthcare repeal bill Congressional Republicans have devised to date has represented a massive step backward for healthcare. None of the bills proposed by Senate or House Republicans would increase the number of Americans with health insurance coverage. It does just the opposite. None of them reduce costs or improve care.

You say: Well, if you tell me you don't know what the bill is going to be, how are you describing it? I am giving the composite of all the bills that have been offered by the Republicans in the House and Senate. So far, we think—one in the House for sure—four different bills in the Senate, which I have just described, you will find this in all the bills. They don't get better, they

get worse. None of them will strengthen our healthcare system or improve people's lives.

One of my Republican colleagues really put it in a few words very directly and said recently: I didn't come to Washington to hurt people.

I trust that none of us—not a single Republican or Democrat—came for that purpose. We want to help people, don't we? Isn't that why we are here? That is why we need to reject this approach. It is why we need to sit down together and make our healthcare system better.

I voted for the Affordable Care Act. I believe in it. It cut the number of uninsured people in my State in half, and I think that is a worthy goal. It made many other changes which I have described here this evening.

Is it perfect? By no means. I used this example before: The only perfect law that I know of was carried down the side of a mountain on clay tablets by Senator Moses. Everybody else does their best, and sometimes we need a little help. Our current healthcare system needs some help.

Let me tell you where I think we ought to change it. No. 1, we know that the one market where the premiums are going through the roof is the individual marketplace, where small business people and others are facing skyrocketing premiums. What percentage of America fits into that group? Six percent. They are not being treated fairly under the current system. We have to change it. We have to make healthcare premiums affordable. Every Republican plan brought before us raises those premium costs.

No. 2, we don't address the costs of prescription drugs in the Affordable Care Act. Health insurance companies tell us that is driving premium costs more than any single item. Blue Cross Blue Shield in Illinois pays more for pharmaceuticals—prescription drugs—each year than they pay for inpatient hospital care. There is nothing that is controlling these costs. We should; shouldn't we?

Shouldn't we agree that, if you happen to live in some part of the country where you don't have health insurance available in the marketplace, at a very minimum you will have a public option? What do I mean by that? A plan that looks like Medicare, a plan that isn't driven by profit, but a plan that provides the basic services. We can do that. We have Medicare Advantage programs. We have other options. We want to make sure that is available to every American. You choose it, if you wish.

Those three things right off the top I would include as part of what we can do on a bipartisan basis—Democrats and Republicans. Take the tax cut off the table. Take slashing Medicaid off the table. Take rewards to health insurance companies off the table. Focus on helping the families, businesses, and individuals in America who need this basic protection.

We are going to go into this mystery vote tomorrow. We have been elected

to the U.S. Senate. There aren't many people in history who have had this honor. What we are doing tomorrow does not bring honor to the Senate.

Considering a bill that has not been written, published, and disclosed to the American people is just wrong. Considering a bill that has never had a committee hearing is unfair. Considering a bill that I am sure will have many flaws and weaknesses is reckless.

That is what we face this week. How important is it? It may be the most important vote we cast this year as far as I am concerned. There is nothing more important in life than the peace of mind in knowing you have health insurance at that critical moment when you or somebody in your family desperately needs help.

There is not going to be a minor amendment offered on the floor that will straighten out the situation.

I know my colleagues are here to speak. I will close by saying this. If you come to watch this bill, whatever it is, brought before the Senate in the next few days, it will not be a moment when you think better of this place. It is a process called vote-arama. Here is what it means. You put an amendment on the floor and file it with the clerk. They read the amendment. Then you have 2 minutes—1 minute for and 1 minute against—and you vote.

Really? We are going to take the healthcare system of America and put it through that kind of a process, where we don't even have time to sit and measure the impact of one amendment over the other? The Congressional Budget Office will not have its analysis. So it is really going to be a free skate. We will be up here trying our best to vote yes or no on these amendments if we proceed to the bill.

Here is the good news. If 3 Republicans—3 out of 52—will step up and say: Stop, we can do better as a Senate, that will be the end of this terrible endeavor. We will send the measure back to committee. We will have Democrats and Republicans sit down. They will go through the regular process. They will produce a bill. The public will get to read it. They will go through expert testimony. Then we will have an amendment process. Then they will bring it to the floor, and we will do the same. We will consider it carefully. We will use our best judgment and try to come up with something on a bipartisan basis that is a credit to America.

Instead, what we are going to face, if the majority leader has his way tomorrow, is a process that does not serve this country well and does not bring honor to the Senate.

I urge my Republican colleagues, three of them at least, to step up. They aren't just saving a lot of people across America from the worry of whether they have good health insurance when they desperately need it. They are saving the reputation of the Senate.

I yield the floor.

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

Mr. CASEY. Mr. President, I rise tonight to speak about the healthcare legislation. I am grateful for the remarks of our colleague from Illinois, the great leader that he is, talking not only about the impact on his home State but on our country.

I think a lot of us, especially in the last couple of weeks, have had an opportunity both to debate healthcare and, probably more importantly, when we go home to be on the road, to go to places where folks are thinking about it very intensively.

Many people I had a chance to interact with and, really, to listen to on the road were folks in small towns and rural areas, especially, who probably didn't ever imagine they would have to engage in this kind of a discussion or debate. Coming into a conference room to have a discussion or a roundtable about healthcare is not what they do every day. They don't necessarily sit around to talk about a public policy issue. They usually have so much in their lives that keeps them busy and so many concerns and so many challenges that are weighing them down that they don't have any opportunity to have these kinds of conversations.

Many of them felt obligated to have these conversations. Many of them were motivated to speak out because of what would happen in their lives and usually in the life of someone in their family.

When I was in a number of counties the last couple of weeks, especially in rural areas, you would hear from a lot of moms and dads about their children, usually in this context: What will the Medicaid cuts mean for my child? In many cases, the child has a disability or more than one. Sometimes there is a series of complex disabilities—plural—and the mom or the dad is there to talk about it.

In these discussions, you hear a combination of sentiments and a combination of information. You hear sometimes a cataloging of what their daily life is like, what they do when they wake up in the morning and have to get that child or that young person ready for school if they have a disability or more than one disability. These parents become experts in all kinds of medical terminology and prescription drugs, and they become experts in assistive technology or equipment that allows their son or daughter to lead as full a life as possible.

For these families, this is real life. This isn't some debate in Washington that we engage in here. This is about real life. That is why the issue of Medicaid, I think, has been so prominent.

If we learned one thing over the last couple of months, it is that some people in Washington might have thought that Medicaid could be described as a "them" program. That is for someone else who is far away, and I don't have to worry about that. We found out that Medicaid is an "us" program. Medicaid is an American program.

It is one of the ways we come together as a nation and say: You are up

against something that I might not be up against. You have a challenge that I might not have, but I am going to do my part to support that program to give you a chance.

If you are a child with a disability, we come together as a community, as a nation, and say we are going to help that child. We are going to do everything possible to make sure that child can lead a full life.

For many folks who are low income—they are working, but they don't have a very high income and don't have employer coverage—we say in that instance: You are someone we should try to help with a program that provides healthcare—Medicaid.

We say to seniors, if we believe, as we do, that you have given us so much—whether you fought our wars or worked in our factories or both, or taught our children, built the Nation, or built the middle class, and did all kinds of things for us—the least we can do is to make sure, if you need extra help getting into a nursing home or getting the benefit of long-term care, Medicaid will be there for you, without a doubt.

It is only until recently that a lot of those same families have had to ask the question: Will that program called Medicaid—that "us" program, not a "them" program—be there for my child who has a disability? Will that program be there for me and my family, because our income is such that we qualify for Medicaid and we need that help? Will that Medicaid be there for that older citizen who has given us so much, given so much to their family, given so much to the Nation? Will that program continue to be there to give them that little bit of extra help they might need to get into a nursing home?

Unfortunately for a lot of them, it is not a little bit. It is a lot, because they need that much help to have the benefit of long-term care.

I have read a number of letters on the floor over the weeks and months, and I will continue to do that. It is remarkable, though, how people have put their own stories on paper or they have been interviewed by a local newspaper or they have been on local television, or even national television, talking about their lives, talking about their children, talking about their worries, and also giving us the benefit of their hopes and their dreams for their children. They are hopes and dreams that would be thwarted in some instances by a vote we could take here. They are hopes and dreams that in some cases would be absolutely shattered if we took the wrong step on Medicaid and the wrong step on healthcare.

Obviously, I am not a supporter of the legislation before us. It seems like every time there is a change made, the legislation is either no better or a lot worse. The number of uninsured doesn't seem to budge.

The latest Congressional Budget Office determination—this is dated July 20, last Thursday. It is a letter from the Congressional Budget Office, from

Director Keith Hall to Senator MIKE ENZI, the chairman of the Senate Budget Committee. I am quoting from page 4. The Congressional Budget Office says in this letter:

According to CBO and JCT's estimates, in 2018, 15 million more people would be uninsured under this legislation than under current law. The increase in the number of uninsured people relative to the number under current law would reach 19 million in 2020 and 22 million in 2026.

That is what the CBO tells us. Once again, we have that same number—that stubborn number—22 million people uninsured, and 15 of the 22 becoming uninsured in 2018, next year. It is an immediate impact, the likes of which and the gravity of which we can't even begin to imagine. Imagine that, in the course of 1 year or maybe 1½ years, 18 million people in the country are losing their healthcare, just when we made the advancement of having 20 million people covered between the time the Patient Protection and Affordable Care Act was passed and just in the last year or so.

We have made all that progress forward on coverage. One of the consequences—one of many but one of the consequences of this legislation—would be to wipe all that out. It is two or three steps forward and several steps backward. That alone makes no sense.

As I said, when people come to meetings across the State about this bill, it is remarkable what they will tell you about their own challenges. It has to be very difficult to stand in front of a group of relative strangers—and sometimes with media there—and express to you or express to the people in the room or to the people listening in an interview or otherwise their innermost fears. That has to be disturbing. It must be difficult to do, but they feel compelled to do it because they have never had to worry like this—never had to worry in the course of their lifetimes about a direct threat to the healthcare of their children, a direct threat to the healthcare that their family has.

I have notes here from a meeting just a couple of weeks ago. I will not say who the parents are; I don't have their permission. But I will say this: It was a parent in a county that is considered rural, a family that seems to be relatively secure in terms of their employment and everything else in their lives. After describing what Medicaid means to their family because they have a child with a disability, the mom talked about her own insurance. This is a common theme. The parent or parents have a good job or sometimes two good jobs, and they have insurance in most cases. Yet, because of the severity of the disability of their child, they have to have Medicaid. There is no choice. There is no way with 20 jobs that they could pay for the services that child needs—services, therapies, treatments. The good news is, we live in a country that has those available, but a lot of that will be ripped away if we pass this legislation.

Here is what this mom said when talking about what she is determined to do for her child. She said: It is not negotiable. That is what she said about what is provided to her child. She said that these are necessities. These aren't extra things. These aren't just add-ons to some other healthcare. These are absolute necessities. Then she went through and itemized and cataloged all the ways and all of the tools and benefits that her family receives from Medicaid so that her child, who has a severe disability, might have a shot to lead as full a life as possible.

The idea that this mother or anyone like her should have to come to a meeting in the United States of America and have to make an argument as to why those services should be preserved for her son or her daughter or any other member of her family—the idea that she should even have to make that argument is insulting to us as a country. We would be a different country if Medicaid were changed in the way some folks around here want to change it.

I have used the word “decimation.” That is exactly what it is. It would be decimation, and a lot of families' lives would be destroyed. This is real life for these families.

Even if someone could prove that a year from now or 5 years from now or 10 years from now, that mother and her family would be somehow walled off or protected—even if you could guarantee that, it is still wrong because she shouldn't have to worry for a minute. She should have no uncertainty about whether her child is going to have Medicaid going forward—her child with a profound disability. There should be no question. That child should get Medicaid today, tomorrow, and as long as they need it for the rest of their life because we are a great country. We do that in America. We can do it over and over again.

We can have the strongest economy. We can have the strongest military, and we can take care of those families, no matter what, no questions asked, whatever it takes because that is who we are as Americans. But there are some people around here who just don't believe that. To use that mom's word, they think it is all negotiable—that if it is the right year and the numbers line up, maybe we can help you.

We need a tax cut, apparently. That is what they argue. They need a tax cut for wealthy folks, so Medicaid is going to pay for that. To say that is insulting is a gross understatement. That is obscene. That is as close to uttering an obscenity as anything I can think of. So you bet we are going to fight when it comes to those kinds of decisions—fight against those kinds of cuts.

I mentioned that I had been on the road a good bit and have spent a lot of time in counties that are rural counties in Pennsylvania. Just to give you an example of the numbers, I live in a State that has 67 counties, and 48 of the 67 are rural. Those are our Pennsyl-

vania counties. If you add up all of the individuals in those 48 rural counties in Pennsylvania who got insurance by way of the Medicaid expansion—or received insurance in the marketplaces in the intervening years between passage of the ACA and currently—just in those 48 counties, over 278,000 people have healthcare—278,266. I use a precise number because right down to the 66, it matters. Every single one of those individuals in those 48 rural counties should have an ironclad guarantee that no bill will pass the U.S. Senate that will rip away their healthcare, not for one person. That should be our promise to them.

That is the number of people covered, right? With the Medicaid expansion plus the marketplace, 278,266 residents of rural Pennsylvania are covered. If the Senate bill passed, here is at least one estimate of what would happen to those rural counties: 151,000-plus people. I will not use the exact number because it is an estimate. The estimate is that around 150,000 people would lose their health insurance. You move forward in rural Pennsylvania by over 278,000 people; then you take two steps backward and rip healthcare away from 150,000 in rural Pennsylvania. I haven't gotten to the big population centers. That is the reality in Pennsylvania.

Then if you break it down even further—these are just 11 rural counties that I visited in the month of July in addition to other counties. In 11 rural Pennsylvania counties—these are counties with very small populations. One of them, Forest County, which I was in this weekend, has a little more than 7,000 people in its total population. In these 11 rural Pennsylvania counties, 54,180 people have healthcare today because of Medicaid expansion, plus those who got it through the marketplace, so 54,180 get healthcare. What is the estimate of who would lose if the bill passed? It is 32,410. Let's call it 30,000, roughly, because it is an estimate. So 54,000 gain; then you rip it away from 30,000. Does that make any sense at all? Does that help the country? How are we stronger after that? How are we better off as a country or, in my case, as a State? How are the people of our Commonwealth better off when 30,000 in 11 rural counties lose their coverage—or 150,000 in 48 rural counties?

I know I am over my time, and I will wrap up because we have colleagues here. This is a pivotal moment. To say it is a pivotal moment for the Senate is a big understatement, but it is also, I think, a pivotal moment for the country. We are going to be on a different path than we have been for a long time. Usually what happens over time is that you are expanding protections, enlarging the number of people who are the beneficiaries of protections of one kind or another. In this case, we would be going in the wrong direction.

I hope our colleagues will think long and hard before they vote yes either to move forward to debate on a bill that is

deeply flawed or to vote for the bill itself.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I thank the Senator from Pennsylvania for being here. We have been out here many a night, talking about the importance of Medicaid. I so appreciate his leadership in the Senate on this very important issue. He has been a champion of the Children's Health Insurance Program and has been a voice amongst all Senators in making sure that people have access to healthcare. I so appreciate being out here with him tonight.

I don't really appreciate being here right at this moment. I am really flabbergasted. Why are we here at this moment? Why are we here? I am pretty sure that President Trump, when he was candidate Trump, put in a tweet that he would not cut Medicaid. Yet that is the proposal we are talking about.

No matter what the proposal is—repeal, the House bill, the proposal scored by CBO or some Senate alternative on junk insurance—they all are a cut to Medicaid, so I am not sure how we are here. I am not sure how we are here when the Vice President at the time campaigned, I am sure, against the Affordable Care Act and then became Governor of Indiana and implemented Medicaid expansion in his own State. After saying that he was against the Affordable Care Act, he implemented Medicaid expansion. I am sure people in his home State said: If you want to take care of people, if you want to raise our standard of living, if you want to keep down the costs of healthcare delivery and private insurance, put people on coverage so that they aren't driving up the cost of uncompensated care.

So how are we here? How are we here when our House colleagues came up with a proposal that basically cuts 23 million people off of healthcare—including 15 million people on Medicaid—after working with the President, who said that he didn't want to cut Medicaid, and the Vice President, who basically campaigned against it and then went ahead and expanded it?

I can't believe how many times I have been on the Senate floor, and I haven't seen one of my colleagues come down here and talk about solutions that they are proposing. I just hear them come and talk about the repeal of the Affordable Care Act and kicking millions of people off of the healthcare they currently have.

Tonight, I can imagine there are many people across the United States of America who are like me, thinking, how could this be happening? How could we be sitting here tonight, not knowing what the Senate is going to vote on, not knowing whether they are going to repeal their health insurance, not knowing where their Senators stand or even if the Senator knows

what proposal they are voting on? Yet I can tell you this: More than 70 percent of the American people think the ideas that have now been put forth by the House and the Senate Republicans and the President do not work. They are not the way to increase access to healthcare and drive down the cost of private insurance in the insurance market.

You don't have to take my word for it. I am looking at a statement by Ohio's Republican Governor, John Kasich. I worked with John Kasich in the House of Representatives. He was a budget hawk. He wanted to figure out how to make things work. So I trust that, as Governor, he is a fiscal steward about how to get things done when he says: "Until Congress can step back from political gamesmanship and come together with a workable, bipartisan plan, it is a mistake for the Senate to proceed with a vote on Tuesday and force a one-sided deal that the American people are clearly against."

So why are we here? Why are we here when a President promised that he wasn't going to cut Medicaid, a Vice President said that he was against the bill but then went and did Medicaid expansion? The people in the United States responded very clearly that they are not interested in cutting millions of people off of health insurance because they know that, even if it doesn't affect their family, it doesn't make common sense for keeping down the costs of healthcare.

So I ask my colleagues to stop and think about the people in the United States of America who are clearly scared to death about what is going to happen tomorrow. They are scared that someone in their family or that they, the provider for their family, are not going to be able to provide insurance.

If you are so brave, come down here and volunteer, as an amendment, to cut all of us—cut the Senate off of our access to health insurance until we come up with some idea that you think is so terrific. I doubt you will come and propose that. You wouldn't want your family cut off of healthcare.

I meet people like Emily Talbot, who came to visit me from Seattle Children's Hospital, who at age 6 was diagnosed with a condition that affected her brain tissues and spinal canal. She was from Idaho, and she was referred to Seattle Children's because it is the pediatric referral center for our region. Thanks to Medicaid, she saw 11 different pediatric subspecialists and had 13 brain surgeries and 7 back surgeries. Her mom told me that without Medicaid and without the prohibition on lifetime caps, she wouldn't have access to healthcare today.

Is that what my Republican colleagues want to say tomorrow, that "we don't really know for sure how we are going to do this, we don't really know what works, but even though we said we weren't going to cut Medicaid, we are going to cut people off of health insurance who currently have coverage?"

I think the reason why people like these Governors from Republican States have been willing to speak out against this proposal and raise their concerns is because they have to be a steward of Medicaid, and they have to be fiscally responsible. So they know there are better ways.

When I talk to the regional hospitals in my State, they tell me that covering more people under Medicaid has created downward pressure on price in the individual market. It has helped us.

So our solution cannot be decimating the Medicaid market. Our solution has to look at those in the individual market who don't have as much clout as a big employer or somebody who can buy in bulk and drive down their price. There are ways to address that issue.

I look forward to working with my colleagues on those solutions, but that is not what is being recommended tomorrow. Those solutions haven't been put forth, nor are they part of any of these proposals. So I ask my colleagues to not proceed.

The President promised he was not going to cut Medicaid, and now it is like you want somebody to jump off the cliff tomorrow, and you are saying: Oh, by the way, I will throw you a parachute on the way down. It doesn't work.

As my colleagues have said here tonight, it is time to give certainty to this population that we have a proposal that will help continue to give them access to care. I would say to my colleagues that taking a vote on politics when it is the lives and the healthcare access that so many millions of Americans seek—don't play politics with healthcare. Let's get a solution that works and works on both sides of the aisle.

I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, let me open my remarks by saying that from the very beginning of this ill-starred healthcare misadventure the Republicans have been on, Democrats have over and over again offered to help and to participate. Over and over again, we have spoken to, for instance, Chairman ALEXANDER on the HELP Committee, saying: Give us a shot. Try something. We can do this. You have talked all these years about regular order.

How many times have we heard the majority leader say that regular order is the way to go and talk about how important the Senate is because it follows regular order? It looks as though all of that was nothing but a lot of bunkum because when he had the chance to come here and actually trust the Senate to work through regular order, what did he do? The very first day, he jammed through reconciliation to open a purely partisan pathway to undoing ObamaCare.

Well, people have discovered that a lot of what they thought was their

good healthcare is ObamaCare. So people on Medicaid, people whose private policies now don't have preexisting condition limits, caps on how much can be spent in a year or in a lifetime, folks who will get their money through the exchange, suddenly they have all discovered "Oh my gosh, that was ObamaCare. Don't take that away from me." That is one of the reasons we see all of the groups who come here concerned about healthcare lined up against this bill.

This bill, other than the creepy cabal of billionaires who are behind it, doesn't have a friend. And it just shows how narrow the Republican Party has now become that they will follow the creepy billionaires off the cliff against the advice of so many respected American organizations.

How about the American Cancer Society? The American Cancer Society says that the Republican bill would leave patients and those with preexisting conditions paying more for less coverage. They have come out against the bill.

I have a constituent home in Rhode Island, and her name is Patricia. She and her daughters live in a beautiful place in Rhode Island, Wakefield, RI. Like a lot of people I have heard from, Patricia is afraid. She is afraid that what this Congress is going to do is to repeal the Affordable Care Act and let health insurers go back to discriminating against people with preexisting conditions.

What is hers? Well, Patricia and her daughters have a genetic mutation, and that genetic mutation increases their risk of cancer. They would ordinarily be counting on the American Cancer Society to argue for them, and sure enough, the American Cancer Society has come out against the Republican health legislation.

Well, it got real for Patricia last year when her 34-year-old daughter was battling breast cancer. Fortunately, her health insurance covered her treatment, and it worked. She is now cancer-free. But because of their genetic mutation, Patricia and her daughters will need to be screened frequently for the rest of their lives. Under the Affordable Care Act, these potentially lifesaving screenings are covered, and Patricia and her daughters are not penalized for having a preexisting condition. Why on Earth would you want to go back to a world in which those two things weren't true?

Patricia wrote:

A genetic mutation is not caused by an unhealthy or careless lifestyle, as some members of Congress seem to think. You can do everything "right" and still end up with cancer or another debilitating disease.

So she urged me to consider all the people who would be affected by the new healthcare bill, not just looking out for the rich and the healthy.

Another group who came out against this was the American Association of Retired Persons, the AARP. This bill may have changed, but the results are

the same. The results are higher costs and less coverage for older Americans. Why would you want to do that? And this isn't just language from the AARP; it comes home again.

Lisa from Pascoag, up in northern Rhode Island—a bucolic, rural part of Rhode Island—wrote to share her experience with the Affordable Care Act. This is her and her husband's third year on their ACA plan. Like many Rhode Islanders, they qualify for financial assistance to help them afford their health insurance. You would think that would be a good thing. Lisa thinks it is a good thing. She wrote to me that she thanks God every day that they have quality health insurance they can afford.

Her husband is a welder fabricator—a job that takes a toll. He has had several blood tests this year and recently began seeing a hematologist. Lisa knows that this type of specialty care would have been out of reach for their family without their current coverage, and so she is worried. She is frightened by the Republican health plan.

She and her husband are 56 and 62 years old. They are within AARP's interests. And she understands that because of their age, under the Republican plan, their premiums could go up five to eight times what they are paying today—five to eight times what they are paying today—and the tax credits that have been proposed, in Lisa's words, "won't cut it."

Doctors know a little bit about healthcare, and the American College of Physicians has come out in opposition. "The BCRA . . . will not preserve and improve essential coverage, benefits and consumer protections, and access to care" is their concern. Of course, why would you want to listen to the doctors about healthcare when you have a little pack of creepy billionaires who are telling you what to do? Never bother to listen to the doctors.

Well, Judith from Riverside, RI, is a doctor. She is a physician who works at a community mental health center in Providence. Judy told me that she sees the benefits of the Affordable Care Act every single day. She treats patients with serious mental illnesses, and they have what she called "tremendous" healthcare and social service needs. Prior to the Affordable Care Act, almost all of her patients were uninsured, and she spent her days scrambling to try to find different avenues to get them free care, to get them whatever they could scrounge. Since the expansion of Medicaid under the Affordable Care Act, she said, almost all of her patients have health insurance and they are able to get the medical care they need. As Judy put it, with all of their life challenges, at least they don't have to worry that they can't afford care.

Planned Parenthood is a favorite target of our Republican friends, and Planned Parenthood is strongly opposed to these measures. Women get a lot of their healthcare from Planned

Parenthood. Planned Parenthood said: "With this latest version of TrumpCare, women will pay the biggest price of all."

Olive is a young woman living in Providence who shared her experience with me about how Planned Parenthood has been a reliable source of healthcare for her throughout her life. As a college student, Olive went to Planned Parenthood for birth control and well-woman care. She had a routine exam, and a doctor at Planned Parenthood found a lump in her breast. Twenty years old and far from her family, Olive said she was worried but never felt alone. Planned Parenthood connected her with the followup care and testing that she needed. She was treated by their doctors. Fortunately, the mass turned out to be benign, but Olive says she is forever grateful to Planned Parenthood for their help to her during a scary situation for a young woman.

Olive is still a patient at Planned Parenthood, and she even volunteers at their health clinic in Providence. She knows firsthand how important Planned Parenthood is for healthcare for millions of men and women across the country—particularly women—and, like the other people who have written to me, she is afraid of what will happen if Republicans succeed in defunding Planned Parenthood.

Small business folks have spoken to me about this. There is a lot of talk about how you need more freedom not to have insurance and freedom to be told you can't have insurance if you are sick. That is not the kind of freedom I think we really want to support around here. The freedom we want to support is for somebody to be able to follow their dreams, and over and over again, I hear from people who are able to get free of being linked to their employer healthcare plan and go out on their own because of the Affordable Care Act.

Laura is a small business owner in our capital city, Providence. She and her husband own an architectural design and construction firm that builds homes around Rhode Island. Construction is not a line of work you want to be in without health insurance. Well, because of the Affordable Care Act, Laura and her husband have affordable health insurance and dental coverage, and they have it for the first time. They can see the doctors they want to see, and their out-of-pocket costs are reasonable.

The Affordable Care Act has allowed small business owners like Laura and her husband to pursue their professional dreams, boosting our local economy and creating jobs for others without having to risk their livelihoods and life savings if an illness or an injury befalls them.

Just last night, I was in Narragansett, RI, and a woman came up to me to say: When you get back down there, please fight for us on the Affordable Care Act.

She said: The Affordable Care Act has given me two things. One, it has given me my freedom. Because of the Affordable Care Act, I was able to leave my employer-supported program and have the confidence to go out on my own and become an illustrator.

Her business is so successful that she has actually started hiring people to support her business.

She said: That freedom to be an entrepreneur, to succeed, would never ever have happened if I had been chain-locked to my employer program and did not have an affordable option like the Affordable Care Act provides.

Second, she said: Once I did this, once I started my business, I then went for checkups. I was able to get tests that I could not have gotten before, and what they found was a tumor behind my eye. Luckily, it was not cancerous, but had they not caught it, she said, I would have lost my sight.

If you are an illustrator, being blind is a very tough proposition. She said: I have my freedom, and I have my sight because of this law. SHELDON, fight for me.

Janice from Cranston is the last person I will mention tonight. She wrote in to share how important the Affordable Care Act has been to her and her husband and how important our Rhode Island marketplace has been for her.

She said: There may be marketplaces that aren't working in different places around the country. Fine, go fix those. Don't mess with mine.

It is working in Rhode Island, and Janice is one of the beneficiaries of it. She is now retired. She lives with her husband Bob in Cranston. Before the Affordable Care Act, she tried to buy health insurance in the individual market, and it was quoted to her at \$800 per month—not affordable to her, not with limited income like that. So Janice and Bob have quality affordable insurance through Rhode Island's health insurance exchange, and they are happy about it. Don't disrupt their lives.

Janice actually told me that her health insurance premium actually went down this year, and so she splurged with the savings and bought dental insurance as well. That was a success. She wrote to me: "I wouldn't have been able to afford healthcare if it wasn't for ObamaCare."

Like so many of these other people who have written in, Janice says that she and Bob are scared to death that they will lose their insurance if the Affordable Care Act is repealed. She doesn't understand how some Members of Congress can claim to care about their constituents and still try to repeal their healthcare coverage. Janice said: "They have money and they have good insurance, and they must not know what it is like for people like us."

Well, we need to remember those real people out there who are getting the Medicaid benefit, who are getting affordable insurance through the ex-

changes and getting help with the premiums and the people who are on private insurance but no longer have to face lifetime caps or annual caps or preexisting conditions. Even people who are still on Blue Cross have gotten a benefit from this. Why would we want to take that all away?

The last thing I want to mention is this. Those are all personal stories, and it is really important to remember that behind this creepy billionaire effort to perform some kind of ideological experiment on people by taking away their healthcare, there are actually real people who are really going to suffer in their real lives, and it will have been deliberately done to them by people here who simply couldn't say no to the creepy billionaires.

There is another piece of this. It is a little more complicated, but I will close on this.

I love to use this graph. I use it all the time. This axis of the graph shows how long people live in different countries. The range is from 72 to 86. This part of the graph shows how much people pay in different countries for healthcare per year. Virtually everybody that we compete with is right in here—Japan, Greece, United Kingdom, Germany, and France. They are right in here. They do pretty well on life expectancy, and here they are in this cross of the \$2,000 to \$6,000 per year range. The most expensive other country in the world is Switzerland, at \$6,000 per year. Look at where the United States is. We spend \$8,500 per year—way more, double more than what the average is of the other countries we compete against. For that we get super killer life expectancy. I guess killer life expectancy isn't the right phrase to use. But do you get great life expectancy on that vast expenditure of healthcare? No. We compete with the Czech Republic. We compete with Croatia. Part of what the Affordable Care Act did was to try to focus on this.

Here is the punch line. One of the things we do in the Budget Committee is that we look at things in 10-year chunks. If you look at the 10-year chunk from 2018, which is this year right here, to 2027, here is a 10-year period. What this graph shows is that, back here in 2010, the Congressional Budget Office did a prediction of what the healthcare costs for the country was going to be in this 10-year period. They said this is how much we are going to have to spend on Federal healthcare.

What happened is that we passed the Affordable Care Act and costs started to go down. They came in below expectations. Around here, they rebooted the test, and they did a new projection based on the new information for this same 10-year period. As you will notice, the costs that we have projected for that 10-year period from 2018 to 2027, inclusive, have fallen. They have fallen by \$3.3 trillion.

If you want to talk about savings on our debt and deficit, if you want to

talk about savings in healthcare, this red line was projected before the Affordable Care Act, and the green line—the difference—was the projection after the Affordable Care Act was law and after the results began to come in.

I can't promise you that every single one of those \$3.3 trillion in savings was a direct result of a provision in the Affordable Care Act, but when we have delivered \$3.3 trillion in savings, why would we never want to talk about that? Why would we want to put any of that at risk? Why would we want to go back to the preexisting condition of this prediction and pile \$3.3 trillion back into that out-year period? It makes no sense.

So whether you are a person who has constituents who are real and who are going to suffer, who are going to suffer in real life as a result of the decision and the vote that you cast tomorrow, or whether you are a propeller-headed budget hawk who just wants to figure out how you can reduce America's costs, why would you vote for a bill and put any of this at risk? Why the fear of your constituents? Why the \$3.3 trillion in savings? It makes no sense.

I will end where I began. If people will come to their senses and want to do this in a bipartisan fashion, during regular order—boy, did we hear a lot about regular order until regular order wasn't wanted any longer—we are here. We want to work with you. There are tons of ideas out there. We can work to improve the healthcare system for the real people in the real world, and not just do what we are told by a cabal of creepy billionaires who are yanking the chain of the Republican Party.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, a few weeks ago the Senate Republicans had to cancel a vote on the healthcare bill because the number crunchers over at the Congressional Budget Office, or the CBO, pointed out that the Republican bill was going to take away health insurance from 22 million people and drive up the costs for millions more. So Senate Republicans started throwing new plans together, one after another, rolling the dice and hoping the CBO would come back with a better number.

Here is a quick guide to what the Republicans have tried since the last time they canceled their vote on this bill. First, there was a bill that was, basically, the same as the first version but that included a little bit more money. CBO said it still knocked 22 million people off their healthcare coverage.

Second, there was a bill to simply repeal the Affordable Care Act, with no replacement whatsoever. CBO said that one would knock 32 million people off their healthcare.

Third, there was a proposal by Senator CRUZ that would let insurance companies offer insurance at one price to people with no preexisting conditions and another price for anybody who had anything wrong. We don't

even have a CBO score for that one because CBO had trouble figuring out how many people with preexisting conditions who really needed insurance would never be able to pay for it under that bill.

Why is it that the Republicans have so much trouble coming up with something—with anything—that would improve healthcare in America? The problem is that the Republicans' real motivation behind all these healthcare bills is not to improve healthcare. It is to give giant tax cuts to the richest families and corporations in this country. When the goal is a big tax cut, it is hard to come up with something that actually also improves people's healthcare.

The Republican healthcare bills have gone from bad to worse to embarrassing. What makes this so painful, however, is that the health—even the survival—of real people hangs in the balance.

A couple of weeks ago, I met with families who said they hoped—they said they prayed—the Senate would not pass this terrible health bill. Each of these families had a small child who had been born with complex medical needs.

I met Baxter, who is only 3 years old and has cerebral palsy. I met Tom, who was born 4 months prematurely and needed multiple surgeries to help correct his medical conditions. I met Brody, who was born with his organs growing outside his body in a protective sac. He spent more than 7 months at Boston Children's Hospital, undergoing complicated surgeries to fit his organs back inside his body.

I met these children, and I have to state that all of these kids are fighters. Every one of them has endured great pain and shown courage and determination. Every one of them has needed help from Medicaid for hospital bills, breathing equipment, special feeding tubes, physical therapists, speech therapists, and nurses to help train the family on how to clean a blocked IV line or how to deal with seizures. Medicaid means these children get the medical care they need, and it means they can live at home instead of in an institution. It means their families don't have to go bankrupt. It is that simple.

Without this help, these families would be destroyed. These children and their families are the face of Medicaid, and we fight every day to protect them.

Just to be clear, Baxter's mother said to me that, without the help that Medicaid provided, Baxter would have died. They are good, hardworking parents with jobs and insurance, but they didn't have the millions of dollars it took to keep Baxter alive or the money to buy the equipment and support they needed to keep Baxter at home. Yes, this is about life and death, and if anyone doubts it, call Baxter's mom and ask her to explain it to you.

The Republican plan isn't just cruel. It is immoral, and it is not who we are as a people. We are better than that.

We shouldn't even be holding this vote tomorrow. The American people have begged Republicans to stop. Governors from red States and blue States alike have told them that this bill will be deeply harmful. Patient groups, the American Medical Association, pediatricians, nurses, hospital groups, nursing homes, and the AARP have all sounded the alarm, saying these bills would do irreparable damage to our health system and to families that are trying to take care of their loved ones.

I urge Republicans to stop the politics. People across this country—Democrats, Republicans, and Independents—don't want you to repeal healthcare for millions of people. Listen to those people. Listen to Baxter and Tom and Brody. Listen to all the people who love them.

I know there is a lot we could do to make healthcare more affordable in this country. I know there is a lot we could do to make our delivery system work better. We could work together and build something better for all of America. But we can't even start down that path if we rip away healthcare from millions of Americans. We just cannot do this. It is wrong.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I thank my colleague from Massachusetts for her good words and her advocacy.

I rise to join her and my colleagues on the floor in sharing the concerns I continue to hear every single day in my State, whether it is just simply walking the parades, as I did in Stillwater, MN, where people would come up off the sides, or, on the Fourth of July, when a family with a child with Down syndrome just came off the side of the parade and grabbed me and said we need healthcare for our son, that we cannot cut him off, that we cannot make these drastic, draconian reductions to Medicaid—because he is the face for Medicaid.

Right now, as far as I know, we have many versions of this healthcare bill. I think I heard this version referred to as option C. I was thinking that is not really correct because we have had options A and B. Those were the two House healthcare bills. We had options C and D, which were the two Senate healthcare bills. Then we went to option E, which was back to the idea of repealing without having a replacement. Now, as far as I know, after doing A, B, C, D, and E, we are at plan F. My mom was a teacher her entire life, and I learned from her that you cannot get much lower than F, right? I think it is time to set a new course, and that is to work together for a better grade for the American people and for a better healthcare plan, which means working across the aisle to

make changes to the Affordable Care Act.

The Minnesotans whom I have heard from do not like A, B, C, D, E, or F. On Friday, in fact, I received a letter that was signed by 121 different Minnesota healthcare organizations, and it talked about these past proposals.

They wrote this:

Minor changes or amendments will not change the ultimate impact of these bills and their deep and devastating impact on Minnesota and its citizens.

What were these groups?

They were pretty mainstream groups, those being the AARP Minnesota, our children's hospitals, the Autism Society of Minnesota, our nursing homes, the Minnesota Hospital Association, the Minnesota Nurses Association, Mental Health Minnesota, our Catholic Health Association, our addiction treatment professionals, and many more.

As different as these groups may be in their missions and in the work they do and who belongs to them and where they live, what they have in common is that they are dedicated to taking care of the health and well-being of Minnesotans. They are scared about what would happen if any of these proposals—A, B, C, D, E, or F—were to pass.

They have seen that the nonpartisan Congressional Budget Office estimates that with a number of these bills, it would mean that over 20 million people, if not all of them, would lose their health insurance, that Medicaid would get cut by more than \$700 billion, and that out-of-pocket costs would skyrocket. Deductibles for a benchmark plan could reach \$13,000 by 2026. They have seen that the Congressional Budget Office has found that a repeal bill without a replacement would be even worse, as 32 million people would lose their coverage, and premiums would double.

I understand why these Minnesota healthcare organizations are scared about these bills, but the people who are even more scared are the citizens of my State who depend on the Affordable Care Act for their healthcare.

As I said, we all knew, on the day it passed, that the Affordable Care Act was a beginning and not an end. You cannot pass a major piece of legislation like that without making changes over time. Unfortunately, with the exception of a few minor things, we have been, basically, blocked from making changes because we are always having thrown at us this idea of simply repealing everything and causing chaos. After the sentiment of the American people has been made quite clear—and you do not have to look at a poll to know that; all you have to do is walk down the Main Street during any parade in our State—now is the time for us to work across the aisle and make some positive changes.

What are those changes? For one, we know we must bring some certainty to the exchanges and stabilize the market.

I see the Senator from New Hampshire here who is the former Governor of New Hampshire. She knows, along with her colleague Senator SHAHEEN, we need to have more certainty in the marketplace. That is why we support the bill that would do that. We should vote on that bill.

I also support Senators Kaine and Carper's legislation—the Individual Health Insurance Marketplace Improvement Act—to reestablish a Federal reinsurance program. This bill would lower premiums by providing support for high-cost patients.

Now, the Republican legislature in my State—both houses are Republican—joined with the Democratic Governor in our State and passed a similar State-based reinsurance program.

I know Alaska, which, by all accounts, is a red State, has passed a reinsurance program that recently got approval from this administration. Just last week, as Senator HASSAN knows, New Hampshire announced its plans to pursue one as well.

So we can and we should come together to pursue this as one change we can make positively for the Nation.

Another is, it is long past time to do something about the rising cost of prescription drugs. I have a bill—and I see my colleague from Minnesota here as well, Senator FRANKEN. We have worked on this issue together on both bills, which is similar to this issue of harnessing the negotiating power of 41 million seniors who are on Medicare in order to bring drug prices down. Right now, Medicare is literally banned from negotiating on behalf of 41 million seniors. The last time I checked, the senior citizens in my State had a lot of power, and 41 million people, especially seniors, is a lot of negotiating power. Let's harness that because it will not just help to bring drug prices down in the Medicare Program, but it will help down the line for all citizens.

There is the bringing in of more competition. One way you do that is by dangling the prospect of competition from other countries. You can do it with a trigger that is based on the number of competitors you have in a certain market. You can do it based on an increase in price or you can just do it.

I and Senator MCCAIN, who is certainly in our thoughts and prayers this week, have long had a bill to allow Americans to bring in safe, less expensive drugs from Canada. That is very similar to that of the U.S. market. As I have often noted when I talk about this bill, we can see Canada from our porch in Minnesota. We can see those lower prices right across the border.

When we have developed so many lifesaving drugs, when we have done the research, when we have put government money—taxpayer money—into the research, why in this country do we have the most expensive drugs in the world?

I can tell you why. It is that we have not done anything about it here be-

cause, for too long, the pharmaceutical companies have been able to have their way when it comes to legislation. This is the end of that. Finally, the American people are starting to see this as not just campaign rhetoric but as a real problem when 4 out of the top 10 best selling drugs have gone up over 100 percent in just the last 10 years.

Here are some more ideas.

Senator LEE and I have a bill—bipartisan, across the aisle—that would again allow the temporary importation of safe drugs that have been on the market in another country for at least 10 years when there is not healthy competition for that drug in this country.

Generics. I and Senator GRASSLEY, a Republican from Iowa, have a bill to stop something called pay for delay, which is when big pharmaceutical companies actually pay off generic companies to keep less expensive products off the market. That is an outrage. I would challenge any Senator to vote against that. I do not think one will. That is why we need a vote, and that is a perfect example of a bipartisan bill that could be included in a package of measures that could be improvements on the Affordable Care Act.

How about this one? It is the CREATES Act, which is another bipartisan bill with me, Senator GRASSLEY, Senator LEAHY, Senator FEINSTEIN, Senator LEE, and many others that would put a stop to tactics in which pharmaceutical companies refuse to provide samples that the generic companies need to develop new drugs. According to the Congressional Budget Office, this legislation would save taxpayers \$3.5 billion, and the one I just mentioned on pay for delay would save taxpayers \$2.9 billion.

Why would we say to the taxpayers of this country that we will not do that, that we will not even allow it to come up for a vote?

These are votes the Senate should and must take. Bringing up a bill that devastates the Medicaid Program or that repeals big parts of the Affordable Care Act, without having a replacement, does the opposite. It does nothing. These bills—A, B, C, D, E, or F—do nothing in terms of bringing down pharmaceutical prices.

What is this really about? It is about the identical twins whom I met yesterday from Cambridge, MN, which is a small town—a town similar, I am sure, to the towns the Presiding Officer would find in his State or to the towns in New Hampshire or to the towns Senator WHITEHOUSE would see in Rhode Island.

This is about identical twins. One of the twins is a pitcher, and one of the twins is a catcher on their softball team. One of the twins found out, just in the last year, that she has juvenile diabetes. It is a very dangerous, dangerous thing to have at that young age. The other twin is perfectly healthy. Of course, the family had to go immediately to the doctor. They bought in-

sulin, and the insulin had gone up three times what it should have in just the last few years. It is very difficult for them to afford now. They got the strips. They had to do all of this, and the price kept escalating. To add to everything else, now this mom is worried that one of her daughters, not two, will have a preexisting condition and be kicked off of the insurance.

Think about that. They are identical twins. It could be either one. You do not know which one. Is it the catcher? Is it the pitcher? It is a lottery. If you do not have healthcare like the Affordable Care Act in place, it is like a lottery. You do not know which one of them is going to be kicked off the insurance, not have insurance, and get very sick and possibly die. That is what we are talking about here.

That is not what this country is about. It could happen to anyone—to anyone in this Chamber, to anyone up in the Gallery, to anyone at home. You do not know when it is going to happen to you or your sister or your brother or your neighbor or your dad or your mom or your grandma or your grandpa. That is why we have affordable healthcare insurance.

This debate is also about our seniors and our rural communities. As Senator FRANKEN knows, we have heard time and time again from our rural hospitals—from Aurora to Gilbert, to Tower. I was up there recently, and that is what I heard about—the rural hospitals and how difficult it is going to be for them if any of these bills pass.

I know it is something our Republican colleagues, all of whom are from rural States—Senators Collins, Capito, and Murkowski—have expressed real concerns about with regard to the impact of some of the proposed Medicaid cuts and what they would do in their States.

Opioids. Both the Senator from New Hampshire who is here with me today, Senator HASSAN, and certainly Senator WHITEHOUSE have been leaders in this area. That is why we passed the Cures Act. That is why we put a bunch of funding from the Cures Act into opioid addiction treatment. That is why we passed the Comprehensive Addiction and Recovery Act on a bipartisan basis—one of the few bills that made it through last year.

You cannot just run TV ads on it, and you cannot just put it on campaign brochures and then go out 6 months later and cut Medicaid, which provides the treatment for 32 percent of opioid medication-assisted treatments we have in our State. You cannot do that. You cannot give beautiful speeches and go to press conferences and then make those kinds of cuts. I know my colleagues on both sides of the aisle understand this.

This is a time when we can chart a different path forward, when we can end up where we should have begun but still standing, and that is by working together to find some positive changes to the Affordable Care Act for the

American people. Again, I said it on the day it passed—it is a beginning and not an end. Let's seize this moment, open the door, and work together for the American people.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, I rise to talk about the effort by Republicans in the majority to rip apart our healthcare system and jeopardize the protections for people with preexisting conditions and to throw millions of people off their health insurance.

Now, it is deeply troubling at this point that with less than 24 hours until the expected vote, we don't even know which version of repeal the Republicans hope to pass. Do Republicans support the Better Care Reconciliation Act—the bill that according to the Congressional Budget Office, would cause 22 million more Americans to become uninsured, which would drive up healthcare costs and dismantle the Medicaid Program? Do they support the Cruz amendment, which would bring back junk insurance plans that offer virtually no protection and drive up out-of-pocket costs for vital services or will they rally behind their backup option, a plan to repeal the Affordable Care Act and replace it with nothing—that is, nothing—an approach that would add 32 million more Americans to the ranks of the uninsured and cause average premiums in the nongroup market to double or will it be something else entirely? We don't know.

This is reckless. This is irresponsible. The American people deserve better.

Let's be clear. A vote for the motion to proceed is a vote to move forward with conceivably any one of these bills, and all of these bills are terrible. They jeopardize lifesaving care and treatment for millions of American families, especially those with preexisting conditions. They tear apart our safety net and give tax breaks to powerful corporations.

Let me remind my Republican colleagues that a vote in support of the motion to proceed will have real-world consequences for your constituents who may lose their health insurance. Perhaps these are people you have met; people, many of whom may be losing sleep out of justified fear that their children or their parents, their loved ones or they themselves are at risk of losing their healthcare.

I have talked to so many people in my State about these dangerous proposals. There is Kristi. Kristi is a young farmer in Greater Minnesota whose husband and two kids relied on Medicaid to access care when their farm was struggling.

There is Sandy, whose mom is in a nursing home and who doesn't know how she will pay for the round-the-clock care her mother needs if Medicaid, which covers more than 6 in 10 nursing home residents nationwide, scales back coverage.

Then, this is Sheri, who said that if it weren't for Medicaid, her son Brandon, who has cerebral palsy and hydrocephalus, probably wouldn't be here. I met Brandon. I think he is 18 or 19. He was born 15 weeks early, in Minneapolis, about a pound and a half. They took him to the Mayo Clinic in Rochester. The Mayo Clinic said: We can't handle him, so they sent him back to Minneapolis to Gillette Children's Hospital, which could. They told Brandon's parents: He is going to require \$1 million in care the first day to save his life.

Brandon has had, I think, 37, 38 surgeries. He spoke at a meeting we had on Medicaid a couple of weeks ago in Minnesota, and he stood—he had a walker. He had just gotten an A-minus in his first college course. He was actually, in a way, the last person in the room I was worried about because his resilience—this guy, this kid is going to be amazing. I don't think he would be here if we didn't have the kind of Medicaid we have and the kind of Medicaid my colleagues on the other side of the aisle are talking about limiting in a way that will affect so many people I have met across my State.

This is one of those votes that will go down in history. It is one of those votes that all of us will be answering for wherever we go for the rest of our lives.

The former Republican Senator from Minnesota, David Durenberger, outlined some of the reasons Senators should not vote for this consequential legislation in an excellent op-ed, a piece he wrote, and it was in USA TODAY today. Senator Durenberger—again, a Republican from Minnesota and someone whom I talk to a lot about healthcare—wrote this piece, saying resist the bullying, don't vote for a mystery healthcare bill.

I ask unanimous consent to have printed in the RECORD Senator Durenberger's op-ed.

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

FORMER GOP SENATOR: RESIST THE BULLYING. DON'T VOTE FOR A MYSTERY HEALTH CARE BILL

There will be no do-overs on this. Take it from me: a no vote this week is the only one that will be defensible in the years to come.

What do you do when you are a U.S. senator and the president wants you to vote for a health care bill that could radically change health care?

You ask questions. You hold hearings. You understand what it would mean to your constituents. You listen to those who know the system. And when it doesn't add up, you vote against it.

The year was 1979, and I was a freshman Republican senator from Minnesota. Inflation was driving the already high costs of health care through the roof. President Carter wanted to use Medicare and Medicaid to limit increases in hospital budgets in the face of rapidly inflating costs.

Ultimately, I decided to vote against it as it would end up hurting the people of my state and was inconsistent with my beliefs. And then, after the vote, we—Democrats and

Republicans—launched an effort to learn how best to change the cost curve of the entire health system by focusing on how we pay for Medicare.

This week, the Senate once again is set to vote on a health care bill that will radically change how people get coverage and who can afford their care. But unlike normal times, Senators, you are being asked to approve a Motion to Proceed to a vote:

Without knowing what will be in the bill.

Without knowing what the non-partisan Congressional Budget Office will say about the impact of major amendments and the final bill on coverage and premiums.

With full knowledge that the Senate parliamentarian, who rules on what can and can't be allowed in a budget bill, has said that the Senate must remove provisions intended to prevent an insurance market death spiral

Without knowing the details of the secret state Medicaid waivers the Trump administration insists will make the bill work.

Without knowing how your own state budget will be impacted.

Without knowing how you will defend the provisions you will only learn about later, including the payoffs and other things that will be sneaked into the bill at the last minute.

Without even knowing which bill you are being asked to vote on, what the defining amendments will be and how much time you will have when being pressed for a final vote you'll be stuck with. Forever.

A vote in these circumstances will rightly provoke anger and distrust unlikely to abate. Take it from me: A no vote on the Motion to Proceed this week is the only one that will be defensible in the years to come.

I have had my arm twisted by the best of them—presidents and Senate leaders and party whips alike. I know how uncomfortable it can be. Usually, they were able to attempt a convincing argument about what is good about the bill for the country or my state. But I never would have voted for something so far reaching without knowing the answer to all the questions above.

Never in all my years did I experience the level of bullying we see today. It doesn't look good in Minnesota, and I suspect it doesn't look any better in your state.

I know that some of you ran for office vowing to repeal the Affordable Care Act, hoping to improve coverage and decrease costs. As public opinion polls tell us, voters do not believe this bill does the job. The good news is we haven't run out of time to ask questions and to work together to fix what needs fixing if we take the time to return to regular order and hold hearings.

Seven years ago, Democrats supported a bill far from Democratic orthodoxy. It did not provide for single payer, nor Medicare for all. Not even a public option. They handed Republicans a chance to build a health system that plays to our unique strengths as a nation, not to our weaknesses.

As someone whose efforts earned the support of both Presidents Ronald Reagan and George H.W. Bush to reduce health care costs without leaving anyone behind, I know our party can do much better. But it should be obvious to all of you listening to your constituents that voting on this hodgepodge of mysterious bills is not the way.

Because there are no do-overs. The vote for the Motion To Proceed is likely a vote for final passage, and the House clearly stands ready to pass the Senate bill unchanged.

There is no making good on all of the issues later. Once the funds for health coverage are gone, it will take new tax increases to replace them. And what's the likelihood that will happen?

There will be no hiding this vote. Let me assure you, as the official scorekeeper, the

CBO will eventually score the entire bill, and that's what your vote will be evaluated on.

For those who worry about re-election politics, I can assure you that going into a campaign confident that you've done what's best for every one of your constituents, not just for those who want to stick you with a stale slogan, is the best medicine you'll ever have prescribed for you.

Mr. FRANKEN. Mr. President, there aren't many votes like this in a Senator's career so let's just lay this out. If you support the vote tomorrow, the following are some of the specific consequences that could follow and in many cases would follow.

First, it is a vote that would open debate on bills that would undermine protections for people with preexisting conditions. This could happen in one of two ways. This vote could open debate on the potential Cruz amendment, which would allow insurance companies, as long as they offer ACA-compliant plans on the exchanges, to also sell bare-bones, skimpy plans outside of the exchanges, with almost no consumer protections. Under this amendment, insurers would be allowed to deny coverage and charge higher rates to women, older adults, and individuals with preexisting conditions. To my Republican colleagues, I ask: Do you know someone who is pregnant? Do you know someone who has diabetes? Asthma? Depression? Cancer? Multiple sclerosis? Substance use disorders? Arthritis? Dementia? Sleep apnea? Parkinson's? All of these people could be denied coverage under the Cruz amendment, just as they were prior to the ACA.

The Cruz amendment will also bring back annual and lifetime limits, coverage exclusions, and more.

When I was campaigning in 2008, and I would go around Minnesota—cafes, VFW halls, bars—there would be a flyer up for a family who had gone bankrupt for someone who had gotten sick. This would bring back those annual limits, those lifetime limits. Do we really want to go back to that?

The Cruz amendment is intended to deceive. The amendment is designed to make people think it would lower premiums since it would allow insurers to offer stripped-down plans that don't comply with the ACA's consumer protections, but what it actually does is skyrocket the price of insurance for people with preexisting conditions like epilepsy, Crohn's disease, and stroke, while eviscerating the quality of insurance for those who don't yet need, or know they need, such coverage.

In fact, America's Health Insurance Plans, which is the national political advocacy and trade association of companies that sell health insurance to Americans, and the BlueCross BlueShield Association have said this proposal is "simply unworkable in any form and would undermine protections for those with preexisting medical conditions, increase premiums and lead to widespread terminations of coverage for people currently enrolled in the individual market."

The fact is, these high-deductible, bare-bones plans are a dangerous rip-off, and many people will not even realize what garbage insurance they have until it is too late.

Here is the thing. Even if the Cruz amendment were removed from the bill, the Better Care Reconciliation Act would still undermine protections for people with preexisting conditions. That is because the bill would allow, and even incentivize, States to waive ACA protections like the guarantee of coverage for basic essential health benefits.

If you are allowed to offer plans that don't cover basic services like mental health, prescription drugs, and maternity care, then you have a backdoor channel to charge people who need those services more than those who don't. Not only that, States that seek waivers and end the guarantee of essential health benefits bring us right back into the world of annual and lifetime limits—a world where your care would end not because your doctor said so but because the insurance company would stop paying for it. This could be true even for people who get their health insurance through their employer. In fact, even if you work in a State that hasn't taken this waiver, your employer could have gotten their health insurance from a State that had.

In short, with or without the Cruz amendment, the Better Care Reconciliation Act breaks President Trump's promise to protect people with preexisting conditions.

Second, yes, tomorrow is a vote to end Medicaid as we know it. Medicaid is a lifeline, providing health insurance and access to care for more than 70 million Americans. That is about one in every five Americans. It includes seniors, pregnant women, people with disabilities, families with children.

Senator KLOBUCHAR was right about this being a lottery. Any of us can be in an accident. Any of us can be diagnosed at any time. Any of us can have a child who is diagnosed at any time with something unexpected.

Healthcare really should be a right. I don't understand people who say: I am healthy. My kids are healthy. Why should I suffer? I am the victim here. Nothing has happened to me. Why should we have a system where I am paying for people with preexisting conditions?

Really? Is that the attitude my Republican colleagues are taking? Because that seems to be the logic.

Medicaid had been a bedrock of our healthcare system since 1965. It was and is a Federal promise made to States and to all Americans over 50 years ago. And most of all, Medicaid works. But the Better Care Reconciliation Act would gut it. It would end the program's coverage guarantee, leaving States to either roll back coverage or slash other vital programs in order to meet their citizens' needs.

Finally, a vote to support the motion to proceed to this bill is a vote to drive

up people's total healthcare costs. The Republicans' plans decrease or eliminate the ACA's tax credits, which help people afford their insurance—that was part of the construct—and it dramatically hikes premiums for older Americans, although ones younger than I—I am now 66, but from 50 to 64. It drives up deductibles and other out-of-pocket costs that many people have to pay in order to receive care.

Americans don't like these proposals. In fact, new polling shows that only 17 percent of Americans think they and their families will be better off under the Republican plans. That is 17 percent.

What Americans want is for Republicans and Democrats to work together to build on and improve the Affordable Care Act. So why do my Republican colleagues continue to push forward on these terrible bills? It doesn't have to be this way. There is another option. This body can reject the wrongheaded and ill-thought-out proposals and allow for an open, bipartisan process under regular order where we can work together and do the things the American people actually sent us here to do—expand coverage, lower costs, and improve care. We should have bipartisan hearings where we hear from non-partisan expert witnesses about the challenges facing the Affordable Care Act so we can work together to fix what isn't working in the ACA.

What we do know from the last few years is that coverage matters. This is important. Coverage matters. Just having coverage matters. Healthcare isn't really about these big, heroic emergencies. A person's health is about some of those events, but what it is really about is having coverage and getting continuous care throughout your life.

Rigorous studies have shown that for every 300 to 800 adults who get coverage, 1 life is saved per year. Research summarized by Atul Gawande and his colleagues in a recent *New England Journal of Medicine* piece finds that health coverage expansions have improved people's access to care, improved their financial security, meaning fewer bankruptcies and medical bills sent to collections, improved chronic disease care and outcomes, improved self-reported health, and more. Overall, health insurance has been shown to help Americans live longer, healthier lives. Now is not the time to roll back our progress.

I urge my Republican colleagues to think about what a vote for proceeding on this terrible legislation would mean for the American people.

Paul Wellstone said that politics isn't about winning; it isn't about money; it isn't about power; it is about improving people's lives. Our constituents sent us here to improve their lives. So I urge my Republican colleagues to vote no. Let's work together to fix what needs to be fixed in the Affordable Care Act and do all we can to

make sure people have access to affordable, high-quality healthcare when they need it.

Mr. President, I yield the floor to the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I thank my colleague from Minnesota for his words and his advocacy on behalf of the people of his State and all across our country.

I rise today to join my colleagues and once again speak out against the Senate Republican healthcare bill and the dangerous impact it would have on the people of my home State of New Hampshire and Americans from all walks of life.

This week, Senate Republicans are pressing ahead with plans that would increase health insurance costs, give Americans worse health insurance, and strip away health coverage from millions of Americans. Yet, despite statements that a vote will come tomorrow or in a matter of days, Senate Republican leadership will not tell even their own Members what proposal we will vote on, let alone hold a hearing on the impact of the bill.

As version after version of this bill has emerged from behind closed doors, somehow each time it is even worse than the last, and every version would be devastating for people across New Hampshire. These bills would lead to higher costs for worse coverage. In fact, the nonpartisan Congressional Budget Office has said we would see even higher deductibles than the ones we already see. This proposal would decimate the Medicaid Program and end Medicaid expansion. It would take coverage away from millions. The Congressional Budget Office has projected that between 22 and 32 million people would lose coverage, depending on which bill we vote on.

We know that rising healthcare costs are squeezing hard-working people across America. I have made clear to my colleagues across the aisle that I am willing to work with anyone who is serious about working together to build and improve on the Affordable Care Act, to lower costs, but unfortunately these Senate Republican bills would do just the opposite.

Over the past months, I have heard from people all across New Hampshire. They have shared their most personal stories, their frustrations, and their fears about what will happen if this bill becomes law.

Last month, Senator SHAHEEN and I held an emergency hearing in Concord to hear from our constituents about how proposals put forward by Senate Republicans would impact them. We held this emergency hearing at 2 p.m. on a Friday afternoon in the summer, with just a day's notice. Yet hundreds of people showed up, and more than 50 people got up and shared their most personal stories about the importance of healthcare, of how they have benefited from the important protections

provided under current law, including maternity care, prescription drug coverage, and coverage for substance use disorder services.

One of those Granite Staters was a woman named Maura from Exeter, NH. Maura told us that the Affordable Care Act has been a "financial life-saver" for her family. She explained to us how, when she signed up for health insurance through the Affordable Care Act, her premiums dropped by \$750 a month because of subsidies. As Maura described it, she and her family were able to put the extra \$750 each month toward childcare, food, and their mortgage.

On another recent visit to Granite State Independent Living in Concord, a nonprofit that provides a range of assisted-living services for Granite Staters, I also heard about the importance of Medicaid from a Granite Stater named Terry. Terry has physical disabilities and requires the assistance of personal care aides, who are paid through Medicaid. They help her with daily tasks, such as getting up in the morning and getting dressed and preparing meals. Terry said that without the support from Medicaid, she wouldn't be able to go to work, to her job, or do basic tasks, such as shopping on her own. Without Medicaid, she would need to burden her family in order to complete everyday, basic activities, and she wouldn't be able to go to work. Terry fears that this support could be taken away under this legislation, and she is right. It could be. She said that given the cuts to Medicaid and the provisions in TrumpCare, she "wouldn't get anywhere near what I need to survive."

Finally, I have heard from advocates and those in recovery from substance use disorders about how vital Medicaid expansion has been in helping them get the support they need in order to get well and back on their feet. In fact, those on the front lines of this epidemic have said that Medicaid expansion is the No. 1 tool we have in order to combat the heroin, fentanyl, and opioid crisis, which is the most pressing public health and safety challenge facing my State.

A few weeks ago, I visited Goodwin Community Health in Somersworth and heard from a woman named Elizabeth. At one point in her life, as a result of substance misuse disorder, Elizabeth was homeless and she had lost custody of her son. Elizabeth is now in recovery, and she works at the SOS Recovery Community Organization in Rochester, helping others get the support they need.

She said that she owes her recovery to Medicaid expansion and the Affordable Care Act and that holding on to Medicaid is essential because without it, many people who are in the throes of addiction would not be able to find help.

Elizabeth said:

I just really want to emphasize the ripple effect that recovery has on the community.

It's not just because I'm in recovery that I can help somebody else. Everyone around me is impacted. When we talk about the recovery revolution, it's about how everyone in the community is affected when someone gets into recovery.

Elizabeth is right. People who can get healthcare can get healthy, and that has a tremendous ripple effect. It lifts us all. It makes us productive and strong.

At the heart of all of these stories—Maura, Terry, and Elizabeth—and the stories that I hear all over my State is the basic fact that our communities, our families, and our entire country are better off when we give more people a chance to participate, to get the support they need, to live their lives with dignity, to contribute to our economy, and to thrive.

Unfortunately, if TrumpCare becomes law, the progress we have made will be lost, insurance costs will rise, and millions of people will lose the care that they need.

I am going to continue to stand with my Democratic colleagues and fight against this legislation until we defeat it once and for all.

I urge the people of New Hampshire and across our beloved United States of America to continue speaking out about how this legislation would impact their lives.

I yield the floor.

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

Mr. SANDERS. Mr. President, I do not know—and I don't know if anyone knows—whether the Republican so-called healthcare legislation will pass tomorrow, whether the beginning of the debate will take place or whether it will not. I don't know that, but this I do know. The legislation being proposed—and by the way, we still don't know what that legislation is. In general, what we do know is that the legislation being proposed is the cruelest, most destructive, and irresponsible piece of legislation ever brought to the U.S. Senate in the modern history of our country.

I know the media focuses on, do the Republicans have the votes, how is this Senator going to vote, how is that Senator going to vote? All of that is interesting to those of us inside the beltway. The far more important issue—which we don't discuss enough; the media doesn't cover enough—is what this legislation actually would do if it were implemented.

Right now, unique among major countries on Earth, we do not guarantee healthcare to all people as a right. The result of that is that we now have today—before this disastrous legislation—28 million Americans who have no health insurance and even more who have high deductibles and high copayments, preventing them from getting to a doctor when they should.

We have a bad situation now. It is better today than before the Affordable Care Act was passed, when we had over

50 million people without insurance, but no one suggested what we have today is where we should be. Yet we have 28 million people uninsured. The Republican solution to this problem is to throw another 22 million people off of the health insurance that they currently have.

I want the American people to, for one moment, put themselves in the place of someone tonight who may be watching what we are talking about here, who has cancer, who has heart disease, who has diabetes or some other life-threatening illness. Millions of people are in that position. They are struggling for their lives right now. They are under treatment. They are thinking, what happens if this Republican bill is passed? Will I live and continue to get the treatment that I need or will I die?

I think there are very few Members of the Senate who have met with their constituents on this issue, who have not seen people break into tears, asking: What is going to happen to me or my children or my parents?

We did a teleconference townhall a few weeks ago in Vermont. We had some 16,000 people on the line, and a woman whose kid has a very, very serious illness called. The cost of the prescription drugs are off the chart. She asked: What is going to happen to my child if this bill goes through?

Do you know what? I didn't have the guts to tell her what might happen to her child. I don't want to be on the phone telling any person in Vermont or in America that their child might die because of the legislation that might proceed tomorrow.

This legislation would cut Medicaid by almost \$800 billion over a 10-year period, taking healthcare away from lower income and working-class families, including many children with special needs, kids with Down syndrome, kids who have serious emotional problems, kids whose lives now depend on Medicaid. When you cut Medicaid by \$800 billion, many of those children will lose coverage entirely or receive significantly fewer benefits.

This legislation, when we cut Medicaid by \$800 billion, will have a severe and dramatic impact on nursing homes all over America. A lot of people don't know this, but if your mom has Alzheimer's and is in a nursing home or your dad has a terminal illness and is in a nursing home, guess what: Medicaid pays almost two-thirds of the costs associated with nursing home care in America. What happens to the people in nursing homes when you slash Medicaid? How many of them will get thrown out of the nursing homes? Where do they go? Are families in America, working-class families, going to be forced to make the choice of whether they take care of their parents or whether they send their kids to college? Those are the choices that working-class families may have to make if this horrific legislation gets passed.

This legislation would dramatically decrease funding for the opioid and her-

oin epidemic that is sweeping this country, including my State of Vermont, including Kentucky, West Virginia, New Hampshire, Ohio, and States all over the country that are struggling with the opioid addiction problem.

The program that provides the most funding to help deal with addiction treatment and addiction prevention happens to be Medicaid. What happens to our efforts to try to get a handle on this terrible, terrible epidemic sweeping our country when you make massive cuts to Medicaid?

I found it amusing that when Donald Trump ran for President—oh, he was a great friend of the working class. He was going to stand up for the working class. Let me mention to workers all over this country who are in their sixties that if this legislation passes, your premiums are going to go up dramatically. That is one of the reasons the AARP strongly opposes this legislation.

If you live in Baltimore, for example, where I was this morning, speaking to the NAACP—in Baltimore, if you are 60 years of age and you make \$40,000 a year, your average health insurance premiums will go up from about \$4,000 a year now to \$8,800 per year, more than double. If you are a 62-year-old worker, making \$40,000 a year—not a lot of money—how are you going to pay that?

Remember, all that Donald Trump said about what a great friend of the working class he was. This legislation would defund Planned Parenthood.

I get a kick out of hearing my Republican friends talk about choice, freedom. Oh, my goodness, they love choice and freedom. They want the American people to go to any place they want to go. It is all about what America is about. Two and a half million women have made a choice, and the choice they have made is that they want to get their healthcare from Planned Parenthood. That choice, that freedom would be taken away from them, starting tomorrow, if this legislation is passed.

When you think about insurance, you think that insurance is about covering you in your time of need. Before the Affordable Care Act was passed, many millions of the American people could not get the health insurance they needed to address their particular healthcare crisis. If you had a heart disease, if you had breast cancer, if you had diabetes, the insurance companies would say: We are in the business of making money. Why on God's Earth would we want to insure you if you had breast cancer 5 years ago and it is possible it might recur? That is a losing proposition for us.

That is what insurance companies want to do. They are not in the business of providing healthcare. They are in the business of making money. They denied, unbelievably—think about how crazy this is; they actually would deny coverage to people who had preexisting conditions.

I have problems with the Affordable Care Act. It is far, far from perfect. It did end that obscenity of allowing insurance companies not to cover people who had preexisting conditions—something that is quite unbelievable.

Guess what. If this legislation is passed, in all likelihood, many people in this country with preexisting conditions will not be able to get healthcare that they need at a price they can afford. We don't quite know how many of them will die. Nobody can make that prediction.

I want to read for you a very interesting article that appeared from an institution called PolitiFact. PolitiFact is an entity that tries to keep a check on what politicians say. They look at you and you make a statement, and they say: Is this true or is this guy not telling the truth? I was on a TV program called "Meet the Press" a number of weeks ago. I said: Well, you know, if this Republican legislation is passed, thousands of Americans will die.

And my Republican colleagues and the rightwing media said: BERNIE SANDERS is engaging in hyperbole. He is exaggerating. Who wants to see anybody die?

I know nobody here wants to see anybody die. Of course not. No Republican does. No Democrat does. No Independent does. But we have to look at the consequences of what we do.

So what PolitiFact did was take a look at the studies to see whether I was telling the truth.

Mr. President, I ask unanimous consent that the PolitiFact article be printed in the RECORD.

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

[From www.politifact.com, June 27, 2017]
BERNIE SANDERS' PROJECTION OF THOUSANDS' OF DEATHS FROM LOST HEALTH COVERAGE IS WELL-SUPPORTED

(By Louis Jacobson)

During an interview on NBC's Meet the Press, Sen. Bernie Sanders, I-VT., didn't hold back in his criticism of Republican efforts to roll back the Affordable Care Act: He said such legislative efforts will literally be deadly.

"What the Republican proposal (in the House) does is throw 23 million Americans off of health insurance," Sanders told host Chuck Todd. "What a part of Harvard University—the scientists there—determine is when you throw 23 million people off of health insurance, people with cancer, people with heart disease, people with diabetes, thousands of people will die."

Sanders continued, "I wish I didn't have to say it. This is not me. This is study after study making this point. It is common sense."

Even if it seems like common sense that insurance would save lives, would it be on the scale of "thousands," as Sanders said? And would legitimate studies show that?

STUDYING THE STUDIES

When we contacted Sanders' office, spokesman Josh Miller-Lewis cited two sources.

One is the "Harvard study" Sanders mentioned—published on June 22, 2017, by the liberal Center for American Progress. It was

coauthored by a Harvard professor of social epidemiology; two medical students who graduated from Harvard's T.H. Chan School of Public Health, and two policy specialists at the Center for American Progress.

To come up with their estimates, the authors of the Harvard-Center for American Progress report adapted the results of a peer-reviewed 2014 study of the Massachusetts state health care law—a law that was a model for the Affordable Care Act. The 2014 study was lead-authored by Harvard professor Benjamin D. Sommers.

The Harvard-Center for American Progress study projected that there would be one excess death for every 830 people who lose coverage as a result of the AHCA. Using Congressional Budget Office projections of the impact of the House version of the bill, the authors estimated an additional 217,000 deaths over the next decade, or 21,700 per year.

The second piece of evidence Sanders' office cited was an op-ed by yet more health policy specialists who are affiliated with Harvard—David Himmelstein and Steffie Woolhandler, who are professors of public health at Hunter College-City University of New York as well as lecturers at Harvard Medical School.

The op-ed—published on Jan. 23, 2017, well before either chamber's Republican health care bill was introduced—used as its basis a different study lead-authored by Sommers. This 2012 study tracked what happened after states expanded Medicaid.

Adapting the findings of the 2012 study to a scenario in which 20 million Americans lost coverage—which turned out to be lower than what the CBO found for the House bill—Himmelstein and Woolhandler estimated that there would be 43,956 deaths annually due to the GOP's health policy changes.

It's worth noting, however, that both of these projections come from the ideological left. As we noted, the Center for American Progress is a liberal think tank. And Himmelstein and Woolhandler are founders of Physicians for a National Health Program, a group that advocates for single-payer national health insurance—a proposal that is even further to the left than the Affordable Care Act.

So can Sanders' assertion be supported by the peer-reviewed literature alone?

WHAT PRIOR STUDIES SAY

In our previous fact-checking of this issue, we found at least seven academic papers that detected a link between securing health insurance and a decline in mortality. Here's a rundown.

In 2002, a panel of more than a dozen medical specialists convened by the federally chartered Institute of Medicine estimated that 18,000 Americans had died in 2000 because they were uninsured. In January 2008, Stan Dorn, a senior research associate at the Urban Institute, published a paper that sought to update the IOM study with newer data. Replicating the study's methodology, Dorn concluded that the figure should be increased to 22,000.

A 2009 American Journal of Public Health study concluded that a lack of health insurance “is associated with as many as 44,789 deaths in the United States, more than those caused by kidney disease.”

Three studies looked at state-level expansions of Medicaid and in each case found “significant” improvements in mortality after such expansions of coverage. These include a 2012 New England Journal of Medicine study of New York, Maine, and Arizona by Harvard researchers, and a 2014 study of Massachusetts by researchers from Harvard and the Urban Institute. (These were the two articles that formed the basis of the analyses cited by Sanders' staff.)

A 2014 study published by the blog of the health policy publication Health Affairs looked at states that, at the time, had declined to expand Medicaid under the Affordable Care Act. It estimated that the 25 states studied would have collectively avoided between 7,000 and 17,000 deaths.

A 2014 study in the Journal of Clinical Oncology found improved survival rates for young adults with cancer after securing insurance under the Affordable Care Act.

A 2017 study in the journal Medical Care looked at a provision of the Affordable Care Act that allows young adults to be covered under a parent's policy. The study found a decline in mortality among this population from diseases amenable to preventive treatment. (Mortality from trauma, such as car accidents, saw no decrease, as would be expected.)

We found two papers with results that were more equivocal.

A paper published in April 2009 in HSR: Health Services Research. In it, Richard Kronick of the Department of Family and Preventive Medicine at the University of California (San Diego) School of Medicine, raised questions about the conclusions of the seminal Institute of Medicine study from 2002. Kronick's study adjusted the data—as the IOM had not—for a number of demographic and health factors, including status as a smoker and body mass index, and found that doing so removed the excess number of deaths found in the original study.

A 2013 paper in the New England Journal of Medicine coauthored by Katherine Baicker of Harvard University compared about 6,000 patients in Oregon who got coverage through a 2008 Medicaid expansion and about 6,000 who didn't. While the study found improvements in out-of-pocket medical spending and lower rates of depression among those who got coverage, key benchmarks for physical health—including blood pressure, cholesterol, and blood sugar—did not improve in such patients.

But even the two lead authors of the more equivocal studies have told us that the scholarly record demonstrates that having health insurance saves lives, and that not having insurance can lead to additional deaths.

We asked several of the authors of these papers whether they believe Sanders' assertion of “thousands” of deaths is generally supported by the scholarly evidence. We heard back from three of them.

“‘Thousands’ is completely fair,” Dorn said.

Baicker agreed. “It is of course difficult to pin down an exact number of deaths that would be caused by a specific new policy,” she said. “But a number like ‘thousands’ does not seem unreasonable, based on the available evidence.”

And Sommers—whose work formed the indirect basis of the studies cited by Sanders—concurred.

“I agree that it's challenging to pin down an exact number on this,” Sommers said. But overall, the academic evidence “certainly gets you into the range of thousands of deaths per year.”

OUR RULING

Sanders said, “When you throw 23 million people off of health insurance—people with cancer, people with heart disease, people with diabetes—thousands of people will die. . . . This is study after study making this point.”

Sanders' statement on Meet the Press was phrased generally enough to be defensible. We found ample evidence in the academic literature to suggest that legislation on the scale of the House bill would produce “thousands” of additional deaths.

That said, we can't say with any specificity how many deaths will occur. It's im-

portant to note that the studies provide estimates only, and each study found a slightly different result. On balance, we rate the statement Mostly True.

Mr. SANDERS. One of the studies my office cited was published on June 22, 2017, by the Center for American Progress. It was coauthored by a Harvard professor of social epidemiology, two medical students who graduated from Harvard's T.H. Chan School of Public Health, and two policy specialists at the Center for American Progress. I won't go through all of the details, but I will say this, quoting from PolitiFact:

The Harvard-Center for American Progress study projected that there would be one excess death for every 830 people who lose coverage as a result of the AHCA.

The Republican bill.

Using Congressional Budget Office projections of the impact of the House version of the bill, the authors estimated an additional 217,000 deaths over the next decade, or 21,700 per year.

That is not BERNIE SANDERS; that is a study done at Harvard.

The second piece of evidence Sanders' office cited was an op-ed by yet more health policy specialists who are affiliated with Harvard—David Himmelstein and Steffie Woolhandler, who are professors of public health at Hunter College-City University of New York as well as lecturers at Harvard Medical School.

Adapting the findings of the 2012 study to a scenario in which 20 million Americans lost coverage—which turned out to be lower than what the CBO found for the House bill—

They estimated 23 million would lose coverage—

Himmelstein and Woolhandler estimated that there would be 43,956 deaths annually due to the GOP's health policy changes.

Quoting again from PolitiFact:

So can Sanders' assertion be supported by the peer-reviewed literature alone?

Then they cite some studies.

In 2002, a panel of more than a dozen medical specialists convened by the federally chartered Institute of Medicine estimated that 18,000 Americans had died in the year 2000 because they were uninsured. In January 2008, Stan Dorn, a senior research associate at the Urban Institute, published a paper that sought to update the IOM study with newer data. Replicating the study's methodology, Dorn concluded that the figure should be increased to 22,000.

A 2009 American Journal of Public Health study concluded that a lack of health insurance “is associated with as many as 44,789 deaths in the United States, more than those caused by kidney disease.”

And on and on it goes. This is not BERNIE SANDERS talking; this is scientific and medical study after medical study saying what is obvious—that if you have a life-threatening disease and cannot get healthcare, you will die.

So I would hope that my Republican colleagues, as they vote tomorrow, understand the consequences of their vote. I know no Republican—nobody here—wants to see anybody die, but when you take 23 million people off of the health insurance they have, many thousands of those people will die.

I think most Americans would think that when you are dealing with an

issue like healthcare, which impacts, by definition, every single person in our country, and when you are dealing with an issue that impacts about one-sixth of the American economy—over \$3 trillion a year—that you just might want to have some serious discussions on that issue. You might want to ask—here is a radical idea—doctors what they think about this legislation. What is it going to mean to their patients? Wow, that is a pretty radical idea when dealing with healthcare for all the American people. You might want to have one hearing, maybe, and say to doctors: Doctors, what do you think about this bill?

What about hospitals? How will this bill impact hospitals, especially rural hospitals in Vermont, Virginia, and all across this country? You might want to talk to a hospital administrator. You might want to talk to a patient advocate, maybe somebody from the American Cancer Society or somebody who is active in the diabetes effort. You just might want to talk to the experts on healthcare as to how this legislation might impact the work they do. But, amazingly, in an unprecedented way, this legislation was written behind closed doors. I think it was 12, 13 Republican Senators who wrote this bill. Most Republican Senators don't even know what is in this bill, let alone Democrats and let alone the American people.

How do you write legislation that impacts every American, one-sixth of the economy, and not have one public hearing to hear from those most knowledgeable about healthcare in America? But that is exactly what the Republican leadership has done. I know why they did that. It is not a secret. If you had a horrific piece of legislation, trust me, you would want as little public discussion as possible. You would try to hide what this bill does. I understand that. Yet, despite all of that, it turns out that virtually every major healthcare organization in America opposes this bill.

I don't know how you can go forward with legislation that has had zero public hearings, that is opposed overwhelmingly by the American people—last poll that I saw from USA TODAY had 12 percent support for this legislation—and go forward with legislation opposed by every major healthcare organization in America. This bill is opposed by the AARP, the largest senior group in America. It is opposed by the American Hospital Association, the American Medical Association, the American Cancer Society, 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. In other words, virtually every major

healthcare organization does not want to see this bill passed.

The American people overwhelmingly do not want to see this bill passed. So how come it might pass? People don't want it. Healthcare organizations don't want it. Who wants it? I will tell how wants it—people who are going to get tax breaks. They think it is a great idea. Billionaires who got \$200 billion in tax breaks from the House bill think it is an extraordinary idea. So what if 23 million people lose their health insurance from the House bill. The top one percent will get \$200 billion in tax breaks. Large healthcare corporations like it. The insurance companies and the drug companies are going to get a combined hundreds of billions of dollars.

I will tell you who else likes it: those people associated with the Koch brothers who are spending hundreds of millions of dollars on elections. They like it because their ideology, their philosophy is that government should play no role in the concerns of the American people. Mark my words—if this bill, which would cut Medicaid by \$800 billion, passes, Medicare will be next. And in the House, they have already passed legislation that would voucherize Medicare. Social Security will not be far behind. That is the ideology of the Koch brothers and the people who fund the Republican Party. Their concern is with large campaign contributors, not the American people.

I hope very much that tomorrow when we assemble here—I gather in the afternoon—for a vote, the Republicans will think more about people in their own State, about their children, the elderly, the sick, and not just about their campaign contributors.

Thank you very much, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise this evening to help deliver a message from American families to my colleagues on the other side of the aisle. The American people have sent a clear message to Washington. The message is that they do not want us to go forward with this partisan—and mean—healthcare repeal bill. But, incredibly, we are today about to embark on a vote to do the exact opposite.

What is happening in Washington this week is that we are completely ignoring the message that Wisconsinites and the hard-working American families across this country have sent for us to hear. Haven't you been listening?

To my colleagues on the other side of the aisle, have you been listening to the calls pouring in from families in your States? Have you been listening to the voices of parents and their children, the schoolteachers and doctors, and the working people who are daily struggling to get ahead? These messages have been sent to Washington. They have been sent loudly and for too many months—in fact, for too many months for you to possibly not have

heard them. The American people don't want to pay more for less care. They don't want the age tax or the higher premiums this plan is offering. People with preexisting conditions don't want to be thrown into a high-risk pool or priced out of the coverage they have today. They don't want bare-bones insurance that doesn't cover the essential services and lifesaving care they may need. They don't want their loved ones who depend on Medicare for nursing home care or their disabled children who rely on Medicaid funding at school to have their care put at risk through caps and cuts. The American people don't want a plan that will make things worse.

It is hard for me to believe that Washington hasn't heard this message because I have been listening.

I have been listening to people like Jean. Jean is from Baraboo, WI. She told me that she is scared because her Crohn's disease would cost her a fortune if her preexisting conditions were not covered. She told me that she needs the healthcare she has today because "my husband ruptured a disk in his back that prevented him from getting a job that promised us coverage. So now he works multiple jobs."

I have been listening to Mary from Kenosha, WI. I met with Mary recently, and she told me about her son Kyle. Kyle, at a young age, was diagnosed on the autism spectrum and was never expected to learn to even speak. When Kyle was 7, medical professionals spoke with Mary and said that Kyle might have to be removed from his home and left to be cared for in an institution. But Mary had hope, and thanks to Medicaid, Kyle was able to receive some very specialized medical therapy for his autism, and he was able to remain at home. He was able to receive an education. He was able to get his driver's license, and now Kyle is attending college.

Mary is terrified, nonetheless, that this bill's drastic cuts to Medicaid would rob Kyle of the care he needs to achieve the independence that he has worked so hard for during his entire life. Mary told me about her concern for so many other families with similar situations.

I have been listening to Greg. Greg is from Stoddard, WI. He has no idea how he and other older Wisconsinites will be able to afford higher costs for healthcare. Greg's sons, both of whom have diabetes, are already struggling with skyrocketing insulin prices.

I have been listening to the Schaumburg family in Seymour, WI. Their daughter Zoe was born with a congenital heart defect. She had to have open heart surgery at 5 days of age. Now, Zoe is guaranteed coverage without being denied or charged more, but Zoe's parents are scared that this repeal plan will make things worse. When Zoe's mom, Chelsey Schaumburg, was told about how this plan would weaken the guaranteed protections and care that people have today, she said

this in her letter to me: "To me, it's like they're taking the American Dream from her . . . kids in Wisconsin with preexisting conditions . . . are counting on you to protect that right."

This isn't right. This isn't fair. It is not who we are.

If my colleagues who have been drafting this plan behind closed doors have not been listening to the messages of fear and anxiety from the American people, maybe they will listen to why this proposal is very personal to me.

When I was 9 years old, I got sick. I got really sick. I was in the hospital for 3 months. Following getting out of the hospital, I required significant follow-up care for nearly a year before I regained my full strength and fully recovered.

But when it came to health insurance, it was like I had a scarlet letter. My grandparents, who raised me, couldn't find a policy that would cover me, not from any insurer and not at any price. They had to pay for my care out of pocket, and I can tell you they made some major sacrifices to do so, all because I was a child who had been branded with those terrifying words "preexisting condition."

So what are we doing here? It is time to stop the partisan nonsense. The people of Wisconsin did not send me to Washington to take away people's healthcare. They sent me to fight for people like Zoe, Kyle, and Jean. What I hear from people in Wisconsin is that they want us working together to protect the care people have and to make it more affordable.

We should be working together to lower costs like skyrocketing prescription drug prices. We should be working together to strengthen the insurance market and give people more options. But we should not be working on partisan repeal legislation that will make things worse, that will leave millions uninsured, that will make healthcare more expensive, and that will price families out of the care they have today.

It is time we listened to the messages that are being sent to Washington. It is time we worked together across the partisan aisle to do our jobs—the jobs the American people sent us here to do on their behalf.

I hope the congressional majority will join me and my colleagues to work together to strengthen healthcare and to move our country forward.

I thank the body.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Virginia.

MR. Kaine. Mr. President, I thank my colleague from Wisconsin and also my colleague from Vermont. Their words have been very powerful.

I also rise to talk about healthcare. We are told in the Senate that tomorrow we vote, but we don't know what we will be voting on. We will bring up a House bill that, by virtually every account, is not going to be the bill that we will be voting on, but we don't yet

know which version of healthcare we will be voting on if we proceed to the debate.

It is like a three-card monte game. There are all sorts of different versions that are out there on the table. One version would take health insurance away from 22 million people, one from 25 million, and one from 32 million, and we are not being told which one we will vote on.

When I was a kid, there was a TV show we used to watch, "Let's Make a Deal." One of the features of the show was this: What is behind door No. 1, and what is behind door No. 2? The contestants would have the opportunity to pick. One would be great, and one would be a disaster. That was the fun of the game show: What is behind door No. 1? What is behind door No. 2?

But this isn't about a game show. We are not participating in a game show. We are participating in a decision about the most important aspect of any person's life—their health—and about the most important expenditure they ever make with a dollar—a healthcare expenditure—and about the largest sector of the American economy—healthcare.

Instead of treating the issue with the gravity it deserves, there is a secret plan and a mystery vote without any hearings, shutting out the committees, including the HELP Committee, where I serve, shutting out the minority party, which represents 48 of the 100 Senators in this body, and, most importantly, shutting out the public. As the Senator from Vermont mentioned, in this body, the greatest deliberative body in the world, we have not had a single hearing. We have not heard from a single doctor, a single patient, a single hospital, a single nurse, a single insurance company, or a single medical innovator. We are about to take a vote on the most important expenditure in anyone's life and the largest sector in the American economy following a completely closed process where it has been the will of the majority to keep the door shut.

This isn't a game show.

Let me tell you how real this is. I did something on Friday that I often do. I started doing this in 2002. I live in Richmond, but I drive a number of hours to Wise County, VA, which is a county on the border between Virginia and Kentucky. It is a county where my wife's family is from. She grew up in Roanoke, but her dad is from Big Stone Gap, VA, in Wise County, right across the border from Pike and Hazard Counties in Kentucky.

There is a fairground in Wise—the Virginia-Kentucky fairgrounds. Back in the late 1990s, a Catholic nun, Sister Bernie, and two other wonderful nurses who have become friends—Teresa and Paula—decided to try to offer healthcare for people who didn't have health insurance at this county fairground. They just set up with a few volunteers, and they said: If you live in Appalachia, if you don't have health

insurance, if you need medical care or dental care, just come and we will see what we can do. They do this every July, for one weekend a year.

Here is what this has grown into. I first went when I was Lieutenant Governor in 2002. People start to arrive. I have talked about this on the floor. I just did it Friday, and I want to share some stories. They start to arrive Tuesday or Wednesday in cars. They camp in the campground. Now, it is July, and this weekend was the hottest weekend in the summer. They start camping with their kids, often in cars. Some are sleeping in cars. Some are throwing blankets out on the lawn next to a chain-link fence. They wait in the tens, in the dozens, in the fifties, in the hundreds.

Then they open the door at 6 a.m. It is Friday morning, and the people who have waited for days come in and get a number to see if they can get healthcare on Friday, Saturday, or Sunday from volunteer doctors in the richest Nation and the most compassionate Nation in the world.

When they opened the door on Friday morning, I was down there. I do what I do. I go and I work the registration booth, and I talk to people and register them so they can get healthcare. I got there a little late. They had opened the door at 6 a.m., and I got there 8 a.m. They had already given out numbers to 1,200 people in the first 2 hours. Over the course of the weekend, they serve thousands of people.

They come in to get dental care. For most of them, their teeth are too far gone. So it is just a matter of pulling their teeth. Some come in to have most of their teeth pulled, and then they can get dentures. They get an eye exam and find out: Wow, I should have gotten glasses 5 or 10 years ago. No wonder I have been such a poor student all the way through school, or no wonder I have had such a hard time on my job. I needed glasses.

They get a cancer screening. Sometimes they get something caught early, and sometimes they get something caught very late.

It is an amazing spectacle. It is uplifting because of the volunteers who turn out—doctors, dental hygienists, nurses, and the Lion's Club, which comes to do vision screenings. That is uplifting.

It is depressing and it is heart-breaking to see people sleeping up against chain-linked fences and sleeping crunched over in their car for days so that they can get a little bit of free healthcare in the richest Nation on Earth.

When I work the registration booth, I have to ask people a series of questions so that they know who they can go see when they are there. I worked the booth for about an hour and a half. Here is a question you ask everybody: How long has it been since you have seen a doctor? How long has it been since you have seen a doctor?

I had a mother of four kids. The kids were 12 and under, and they were sort

of buzzing around. The mom was sitting in a chair. You know what happens if you are a mom with kids that young. Your kids pick up something in school. They bring it home, and you get sick. This is what happens to parents. I have a colleague here with young kids, and he knows what I am talking about.

I asked the mother: How long has it been since you have seen a doctor?

I am not really sure.

So I was kind of going through my checklist. Have you seen a doctor within the last year?

No, not within the last year.

Have you seen a doctor within the last 2 years?

Not within the last 2 years.

Have you seen a doctor within the last 3 years?

I might have seen a doctor in the last 3 years.

That was a mother of four young kids.

I had somebody sitting across from me, and I asked her another common question: Are you employed? You ask everybody this. Part-time? Full-time?

I am not employed, but I am about to get my nursing license back.

Well, that is interesting. So you are in healthcare.

Well, I used to be. I am about to get my nursing license back.

Well, what happened?

Now, this wasn't on the questionnaire, but I couldn't resist asking her: What happened?

Well, I was a nurse. I had a great career. I had a great life. But then a doctor prescribed me opioids for arthritis, and the bottom fell out of my life. I got addicted to opioids, and I lost my license, and I lost virtually everything in my life. Now I am unemployed, but I am working as a counselor at a church, trying to help people who are also opioid addicted. I am about to get my license back, but I am not working yet, and I don't have insurance yet, and that is why, even though I am a nurse and I am a healthcare professional, I have waited in line for a couple of days to come get healthcare.

There was a woman from Maryland who had been laid off as a supervisor at McDonald's a number of months ago. She was unemployed. She had horrible dental problems that were way past being solved. She just needed to get a bunch of her teeth pulled to ease her pain. So get what this woman did. This is about an 8 or 9 hour drive from her house. When her teeth got so bad and so painful after her firing and she needed to have her teeth pulled, she couldn't go anywhere. She didn't have anybody to do it.

She said: I think there is this free clinic in Appalachia. Now, it is a couple of months out. So I am going to have to suffer through the pain for a while, but I also have to save up some money.

She saved up her money like most people would try to save money for a summer vacation. She saved up her

money so she could put enough gas in the car and pay for one night at a hotel and so she could drive for 9 hours to Wise County, VA, and wait in the line for days and come and get a bunch of her teeth pulled in the richest and most compassionate Nation on Earth.

By the way, I had another guy, and I asked him the question: What are you here for? Are you here for medical services, are you here for dental services or are you here for vision services?

He said: I am actually here for all three, but the problem is, it is the hottest day of the year. It is 95 and humid, and I am so sick, I can't sit out in the Sun all day. So I got to do two out of three. I can't do all three.

I said: Which are the two worst, is it the medical and dental or vision and dental or vision and medical? He said: Look, I will do dental and medical, but even though I have glasses and I need to get an upgrade, I can't wait around because I am so sick out in the hot Sun for so long. So you are just going to have to give me two out of the three. I can't wait all weekend. I can't wait all day in this dusty fairground on the 21st of July to get healthcare.

These people need us. They need us to be at our best. They need us to be thinking about them.

The first time I went to this clinic in Wise, I was struck by the magnanimity of the volunteers, I was struck by the need, but what really hit me was when I went into the parking lot. I expected to see cars from Virginia and Kentucky because Kentucky is 10 miles away from the fairgrounds. I might have expected to see cars from West Virginia, which is 100 miles away, or Tennessee, which is 40 miles away, but North Carolina is 150 miles away, South Carolina is 350 miles away, Georgia is 400 miles away, Alabama is farther, and Oklahoma is farther. People drive from all over the Southeast in the United States, in the richest nation on Earth, in the most compassionate Nation on Earth, to wait for days in a dusty campground in the heat of the hottest part of the summer so they can have their teeth pulled because they don't have healthcare.

The Affordable Care Act has cut the uninsurance rate to one of the lowest in recorded history, but we haven't gone far enough. We have to do better by these people who are sleeping in their cars or up against chain-link fences, who are traveling for 9 hours to get their teeth pulled, not worse. We want to have fewer people like this and fewer folks who need to do this, not more.

The vote we are going to have about whether it is 22 million or 25 million or 32 million people who lose health insurance, that is going the wrong way. We have to go a different way. We have to do better, not worse.

Most of the things we talk about in this Chamber are about issues. This isn't about issues, this is about who we are. This is about who we are as Senators. This is about who we are as

Americans. This is about who we are as thinking, feeling, breathing, believing human beings. It is about who we are.

A great teacher, a great teacher once laid out the yardstick: "I was sick and you took care of me." That is one version of the New Testament. There are other phraseologies from the 25th chapter of Matthew: I was sick and you visited me. I was sick and you cared for me. I was sick and you looked after me. The Teacher basically says, the way you treat someone who is sick is the way you treat the Creator.

It is important to be compassionate to somebody who is sick, and anybody who is hearing these words, you don't have to think for a second to think about somebody in your family who is suffering from cancer or dementia or mental illness or who has been the victim of an accident. There are faces appearing in your minds right now because we all have this in our families. The way we treat people who are sick is not just a measure of us, it is a measure of what we think about the Creator. When a great teacher said, "I was sick and you took care of me," he was giving an instruction to us about the way we should behave.

In the last week, I am struck by the fact that this body has been jolted by the news about two of our colleagues, both of whom who have had cancer diagnoses. Last week, we were shocked and saddened to hear about our colleague from Arizona, Senator MCCAIN, who is my chairman on the Armed Services Committee who is suffering a very tough form of cancer, and cancer is going to find a match in Senator MCCAIN.

This touches us in this body. A week or two before, we heard about another colleague on the Armed Services Committee who sits next to me at every committee hearing, Senator HIRONO, who just announced she has kidney cancer and just underwent surgery. I was chatting on the floor with her earlier tonight. I don't think she would mind me saying, she is strong and she is a fighter, like Senator MCCAIN is a fighter, but she is worried about it just like Senator MCCAIN would be. This touches everyone.

It touches the powerful, it touches the powerless. It touches the wealthy, it touches the poor. It touches men, it touches women. It touches the young, it touches the old. It touches everyone, and the way we treat people who are sick, the way we treat people who are anxious about their health is the way we treat the Creator. That is what we are taught. So let's live up to that standard.

Why would we do otherwise? Why are we here? Why did we run? Why do we serve? What do people expect of us? I was sick, and you cared for me. I was sick, and you visited me. I was sick, and you looked after me. I was sick, and you took care of me.

Is it that hard? Is it so important to rush it through and not have hearings and not have committees and not engage the Democrats and not listen to

the people sleeping against chain-link fences or driving 9 hours to get their teeth pulled?

We can't afford to get this wrong, and the talent of the people in this body convinces me beyond a shadow of a doubt that if we take the time, we can get this right. If we can get this right, why will we not take the time to get this right?

So I would plead with my colleagues, let's stand together on behalf of the sick, let's stand together on behalf of those who are counting on us.

Another part of the New Testament is the Letter of Paul to the Hebrews: "Because we are surrounded by such a great cloud of witnesses, we have got to do the right thing." We are surrounded by a great cloud of witnesses who want us to do the right thing, and I know we can, and I pray we will.

With that Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, I was really glad to be on the floor to hear the remarks of my great friend Senator KAINE.

It is gut-check time in the U.S. Senate. The legislation we are going to consider tomorrow would hurt a lot of people in ways I think that are very hard to fathom. One of our colleagues said: I didn't come here to hurt people.

Everybody came here with designs on how to make their community, their State, their Nation a better place, and we are on the verge of taking a vote on a bill that objectively will rain a level of devastation down on this country that is really hard to fathom.

I can't match Senator KAINE's eloquence talking about the personal stakes here. We take for granted the fact that as employees of the U.S. Senate, we get a health benefit that makes sure that if we do fall ill or if our children fall ill, we will not have to think about whether we have the money to be able to afford treatment, but that is not how it is for all of those families who lined up in Virginia to receive care. That is not how it is for those who come to a similar event in Connecticut that is targeted just for dental services but has a line that begins the night before and is oversubscribed before the event begins the next morning.

That is not how it was for the millions of American families who used to go bankrupt because, when faced between a choice of personal financial ruin and the death of a child or a loved one, they chose financial ruin. Until you have been faced with that choice, I don't think there is any way to understand it. It certainly is a choice no one in this Chamber will ever have to make.

In Connecticut, the Burger family made that choice. Before the Affordable Care Act was passed, in the 2-week period of time where Mr. Burger didn't have healthcare insurance, their son was diagnosed with cancer, and when he got on his new plan, it was a pre-

existing condition so it wasn't covered, and the Burger family lost everything. They went through their savings account. They lost their house. They went bankrupt. They were one of thousands and thousands of families who made that choice. That rarely happens any longer. The number of personal bankruptcies in this country has been cut in half because of the Affordable Care Act.

The Affordable Care Act hasn't made healthcare magically affordable for everyone, but it has meant that people don't have to make that choice any longer. The scope of the pain we are talking about, if any of the three versions of this bill get the vote, is really hard to fathom. Under the original version of the bill, 23 million people would lose insurance.

I amended this chart when a series of changes were made at the last minute that CBO scored to reduce that number to 22 million, but this is the entire population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota and West Virginia, all losing healthcare at the same time, and the majority of that happens in the first year. So of the 22 million, 14 or 15 million of those people lose insurance next year. The scope of that devastation—12 months from now, 15 million less people having insurance, 15 million more people showing up in emergency rooms to get care—is something I don't think any of my colleagues really can get their head wrapped around.

For all the times President Trump said the Affordable Care Act is dead, that ObamaCare is in a death spiral, that is not true. It is a lie. It is a lie because the Congressional Budget Office says the death spiral only occurs if you pass any of the versions of the legislation we are considering; that if the Affordable Care Act stays in place, 28 million people will not have insurance—which is far too many—but if one of these bills go into effect, at the end of 10 years, we will have 50 million people without insurance.

A new report from the Kaiser Family Foundation found that the ACA markets are not collapsing despite what the White House says—despite the lies they perpetuate. Early results from 2017 suggest the individual market is stabilizing and insurers in this market are regaining profitability. "Insurer financial results show no sign of a market collapse." That is the Kaiser Family Foundation's finding which mirrors the finding of CBO.

The collapse in our insurance market only happens if one of these bills pass, and it is not just the number of people who lose healthcare. The folks we should care most about—the people who are making just enough money so they don't qualify for Federal programs but not enough money that they can save for retirement and pay for their kids' college bills and do all the things you need to do in order to lead

a respectable life—those people are going to be hurt worst by this bill.

If you are a 64-year-old getting ready for Medicare coverage, you are making \$56,000 a year, you are going to pay 170 percent more under this bill just in your premiums, never mind the extra money you are going to pay in copays and deductibles.

The CBO says that if these bills are passed, a single policyholder who purchases a plan at a 58-percent actuarial value in 2026 would have a deductible of roughly \$13,000 for medical and drug expenses combined, which is absolutely unaffordable.

By every metric, whether it be the amount of money that you pay or the number of people who do not have healthcare coverage, the CBO answers this question: Who gets hurt under the GOP healthcare plan? Pretty clearly, everybody, unless you are an insurance company, a drug company, or rich. If you are affluent and you can afford your own healthcare, you will be fine. If you are an insurance company or a drug company, you are going to get a big tax cut out of this. But everyone else will get hurt and get hurt really badly.

I have watched my Republican friends process this information. I have watched them, largely, stay silent. The Democrats are the only people on the floor of the Senate these days who are talking about healthcare. Most of my Republican friends are not willing to come down and defend any of these products, but those who have been have shifted their rationale.

Republicans who have been willing to come down and defend their plan concede that millions and millions of people will lose insurance, and they concede that rates will go up for most Americans. So they cling to one last value that underpins the Republicans' healthcare plan. In their words, that value is freedom—the freedom not to be insured. The Republicans suggest that you should not really worry about 32 million people losing insurance because those people really did not want insurance and now they will be free not to have it. That is just not what the CBO says. The CBO says that millions and millions of these people who will lose insurance desperately want it; they are just not going to be able to afford it.

It is also not true that the bill grants that kind of freedom. Insurance is compulsory under the Republican healthcare plan just like it is under the Democratic plan. It is just compulsory in a different way. The Republican plan says that as a penalty for not having insurance, you will be banned from purchasing insurance for 6 months. The Affordable Care Act says that if you do not purchase insurance, you will get a penalty on your tax form. Either way, it is a penalty.

Yet a new wrinkle has been thrown into this debate because last week it was ruled that, in a reconciliation, the Republicans cannot include this penalty provision. Without it, the entire

bill falls apart. Markets would collapse.

For all of the Republicans' talk about the freedom not to purchase insurance, they included a requirement in their bill that people buy insurance. They know they had to because they know that without it, the entire insurance market would collapse. Why is that? If you require insurance companies to charge the same thing for sick people as for non-sick people, then you have to encourage people who are not sick to buy insurance. If you do not, folks will just wait until they are sick to buy insurance, and the only people who will have insurance will be the people who have acute conditions. That will make insurance itself unaffordable, and insurers will stop offering products, or they will jack up rates to the point that it will be totally unaffordable for everyone.

In the Affordable Care Act, that is what led to the individual mandate. In the Republican healthcare bill, that is what led to this provision that locks you out of insurance for 6 months. But that has been ruled veritable. That has been ruled essentially out of order under reconciliation.

The Republicans are going to be faced with a choice if they are able to get on this bill. They will either remove that provision and guarantee the collapse of the entire insurance market in this country or they will have to strengthen that penalty in order for it to be allowed under reconciliation, but that will essentially rob the last rhetorical argument that the Republicans had in favor of this bill. They cannot argue that it provides more people with insurance. They cannot argue that it helps with cost. They cannot claim that it increases quality. They know that. The only thing left that they could argue is that it allows some people to go without insurance if they do not want it. In truth, their bill does not do that, and the rules of the Senate are going to require that they increase that penalty even more if they want any plausible, workable version of this bill to survive.

It leaves us in a place in which there is no argument to do this. It does not advance values that Republicans hold dear, like personal freedom, it does not improve people's healthcare experiences, and it does not increase the number of people who have healthcare insurance.

It really does beg the question: Why are we doing this? Did anybody come to the Senate with the desire to hurt this many people?

If I had told my Republican colleagues 4 years ago that their ACA replacement plan was going to drive up the number of people without insurance by 32 million and increase rates by 20 percent in year 1, would you have believed it? No. For 6 years, I took my Republican colleagues at their word. I did not agree with them that we should repeal the Affordable Care Act, but at least I thought they had the same

goals in mind as we did—more people having access to the healthcare system and costs being controlled for as many people as possible. It is now clear that we do not. The Republicans are about to vote on a bill that will inflict unthinkable amounts of pain on this country. Who gets hurt under the GOP health plan? Everybody.

I said this on the floor last week, and I will just say it again to close—that it does not have to be this way. We have accepted for so long that healthcare is a political ping-pong ball that gets tossed from one side to the other every 5 or 10 years.

Why is it so inconceivable that Democrats and Republicans could not sit down together and try to work out keeping the parts of the Affordable Care Act that are working and improving the parts that are not? Why couldn't the Democrats understand that the Republicans want flexibility of benefit design and give Republicans something on that if you understood that we want some certainty of these marketplaces? We do not want President Trump to be able to sabotage and undermine these markets. Why can't there be a compromise and a deal there?

There is still time. If this vote fails tomorrow, there is still the ability for us to come together, because in the end, there is the story Senator KAINE told about rural Virginia. Everybody here knows that story. Everybody here knows there is enormous work still to be done, and nobody out there is believing the lies about this bill, this wonderful healthcare plan President Trump is promising. Everybody in this country hates this bill. It has a 15-percent approval rate. These folks know there is virtually no one who is helped by this bill other than insurance companies, drug companies, and people who are very affluent and fortunate enough to be healthy.

We do not have a communicable disease on our side of the aisle. We are not going to physically hurt you if you get in a room with us. We actually do deeply desire to improve the healthcare system. You have just got to give us a chance.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I rise to address the Republican plan to have a vote to proceed to a healthcare bill tomorrow. The only challenge is that we have no idea what bill we are being asked to proceed to. This is hardly the way a democratic republic operates in which the leader of the majority says: We want to come to the floor with no committee deliberation, no consultation with healthcare experts, no dialogue with the public, no amendments in committee of any kind, and vote on a mystery bill.

The biggest mystery to me is how it is possible that the majority of Republicans are taking seriously a plan to rip healthcare from 20 million-plus Ameri-

cans in order to give fabulous giveaways to the richest among us. The bill they entertained previously would have given \$33 billion to the richest 400 Americans—\$33 billion. I have mentioned this number before. Some journalists have quoted it as \$33 million, and some citizens have said that I meant \$33,000. No. It is \$33 billion to the richest 400 Americans—enough funds to pay for Medicaid for 700,000 people.

What individual would say it is moral to rip healthcare away from 20 million people in order to give tax breaks to the very richest among us? In some misguided, mysterious way, something has gotten ahold of the hearts and minds of my colleagues and made them think this was some kind of good idea to do so much damage to so many.

In fact, we have been having this conversation since January. It was earlier this year, when President Trump was sworn in, when the majority said: We are going to come to the floor of the Senate, and we are going to repeal healthcare for millions of Americans in short order.

Here we are 6 months later, and it has not happened yet—in part because when people look at the details, they start to raise questions.

It took a long time for the House to send a bill over to the Senate, and then the Senate proceeded to work on this bill with a group of 13 secret Senators—working in a secret room, in secret meetings—with the public not allowed, with fellow Senators not allowed. They came up with a bill that looked very much like the House bill, and we will talk more about that later.

The President said in his campaign and throughout much of this year: You are going to have such great healthcare at a tiny fraction of the cost, and it is going to be so easy.

Well, it has not been that easy. We have seen the President back a plan from the House and invite everyone over to celebrate at the White House and get the champagne bottles out and say how wonderful it was that the House had passed this healthcare bill—this bill that would strip healthcare from more than 20 million Americans. Then, a couple of weeks later, someone explained to him what was in that bill, and he said: Oh, well, that bill is mean and heartless. Then the secret 13 here in the Senate meet, and they come out with a very similar bill. And now Trump is all excited; now we have a really good bill, except that in a single year, it would do even more damage to healthcare in America.

Along the way, the President moderated his dialogue a bit and said: Who knew healthcare could be so complicated? Well, Mr. President, most of the people in America realize we have a complicated healthcare system. We have an overlapping system of six different systems of healthcare. It really is quite messy and difficult. It would be great if we could, in fact, adopt a much simpler system. And I certainly have

been advocating for us to have a much simpler system, so just by right of being an American, you are born into this world and you have healthcare. That is the way most developed nations do it, but not here in the United States of America. We have a great healthcare system for the very wealthy, and we have a very complicated, stressful system for everyone else.

What are we going to vote on tomorrow? I wish the majority leader would come to the floor and tell us. Will we vote on a motion to proceed to a bill that looks like—what? What can you tell us? Is it TrumpCare 3.0? How does it differ from TrumpCare 1.0 or 2.0? Will it have the Cruz amendment in it for fake insurance, the provision that would do enormous damage on both ends of the insurance market, providing fake insurance policies to the young and the healthy and destabilizing healthcare and putting it into a death spiral for everyone else? Or, Mr. Majority Leader, maybe you could come and tell us if you are planning a straight repeal of the ACA—a straight repeal that would raise costs and premiums even higher and not just rip healthcare from 20-plus million people, but from 30 million-plus people, a plan that would be even more devastating than the previous plan. Is that what you want us to vote to proceed to tomorrow?

I can tell you that we shouldn't be voting to proceed to any version on healthcare, something that so affects the peace of mind and the quality of life of Americans. We should be operating like a democracy, like a democratic republic—holding committee hearings, holding a conversation. This is what we did when we talked about the ACA those several years ago. We had more than 100 committee meetings, roundtables, and walk-throughs here in the U.S. Senate. We had the single longest markup of a healthcare bill in the HELP Committee ever in the history of the United States. We had the second longest session marking up the bill in the Finance Committee. We had the entertainment of hundreds and hundreds of amendments, and we adopted over 100 Republican amendments. There was a very public, extended process, with a ton of time to go home and consult with healthcare experts and stakeholders in our own States and with the most important stakeholders—the citizens of the United States of America—the men and women and sons and daughters and grandparents. How did they feel about these changes?

Well, as everyone knows, President Trump did call the House bill mean and heartless, but we just keep getting bills that are meaner and more heartless. The House bill would kick 23 million people off insurance over the next decade and 14 million just next year. The subsequent bills don't look that different.

The secret 13 here in the Senate went and did their deliberations, adopted

pretty much the same thing as the Senate, only they made it worse. That June Senate bill would kick 15 million off in a single year, rather than 14 million. And then we had the brilliant idea of a repeal-only bill, which would do even worse, kicking 17 million people off in a single year and 32 million off within the 10-year period.

Then we have the bill that isn't even on here because we didn't get a Congressional Budget Office score on it; that is, the special Cruz fake insurance amendment bill—the one that would say: Hey, insurance companies, you can offer policies that are not worth the paper they are written on. Oh, they are very appealing. There is a health insurance policy. You only have to pay \$40 a month. Isn't that great? And then the policyholder who has it, they get in a car accident, they get a broken bone, and they find out the emergency room is not covered, the x rays are not covered, the cast is not covered, the doctor is not covered. Nothing is covered. That is why it is fake insurance. That is why it costs only \$40 a month. It might as well be 40 cents a month, for all we care, because it just doesn't cover anything.

Then, your spouse—your wife—has the great, joyful news that you are going to have a child together, and guess what. Maternity care is not covered. Can you imagine in this modern era not covering maternity care? Yet, before the Affordable Care Act, many, many policies in America didn't cover maternity care.

Well, in addition, these brilliant plans by my colleagues would cause premiums to skyrocket. Then, we have, of course, the fact that they do diabolical things to those who have pre-existing conditions.

Now, let me spend a little more time on the special Cruz fake insurance version of this. Yes, it gave those very cheap policies that aren't worth the paper they are printed on to the young and the healthy. But then, those who are older—those who are sick or have injuries or have preexisting conditions or are concerned that they may develop difficult medical issues—they need to buy a policy that actually covers the things that one would expect, that has an essential benefits package, the same as every single policy in America today has. But, because the young and the healthy are buying the fake policies, that means that the costs skyrocket on the policies with the essential care benefits. As a result of that, more people bail out who feel like they are not directly in danger of getting sicker or injured, and then the cost of the policy goes up even more. It is a death spiral for insurance: fake insurance at one end, destruction of the insurance market at the other end.

So my colleagues decided to not even share the Congressional Budget Office analysis of that bill. It was that bad.

Let's see what some folks said about this. Larry Levitt, senior Vice President of the Kaiser Family Foundation

said: "If there were a Joy of Cooking for insurance, this would be the perfect recipe for destabilizing the market and turning the marketplaces into high-risk pools."

That is his comment about the Cruz fake insurance plan.

Let's turn to a joint letter from Blue Cross Blue Shield and from America's Health Insurance Plans about the Cruz insurance plan, the Cruz fake insurance plan. Their letter says: "It is simply unworkable in any form and would undermine protections for those with pre-existing medical conditions, increase premiums and lead to widespread terminations of coverage for people currently enrolled in the individual market."

Or how about an article in the Atlantic by Vann Newkirk, published just a week ago, July 14 of this year: "The Cruz amendment creates almost a textbook scenario of wide-scale adverse selection—whereby riskier and more expensive patients wind up concentrated in risk pools—and entirely undermines any tools for managing that adverse selection."

That is a fancy way of talking about the death spiral in insurance for those who are not young and healthy.

Then we go to the conversation that CBO says is the worst option of all: 17 million would lose coverage in the first year and 32 million by 2026 under the repeal-only plan. Next year, in just 1 year, premiums would skyrocket above what they might have gone to anyway by an additional 25 percent.

Now, our majority leader likes to say that wouldn't actually happen because provisions in the bill don't go into effect for 2 years. Well, these estimates and these commentaries take that into account, because the destabilization in the marketplace begins immediately. Does anyone really think insurance companies are going to stick around the marketplace that they don't know is going to exist in 1 or 2 years?

This repeal-and-run strategy would throw our healthcare industry into chaos. If you think it is a good plan, well, I have some beachfront property in Arizona you might want to buy.

Every version of this Republican TrumpCare plan is worse and worse for the American people, yet these are the options that are being put forward. The majority leader wants us to vote to proceed to this set of undesirables tomorrow, these undesirable—in fact, "undesirable" is just too kind of a word for these policies. These are despicable. These are destructive. These are, as the President said, mean and hard-hearted.

Shouldn't we try to pursue options that will make our healthcare system work better? That is what we need to do. Let's start by nailing down the cost-sharing reduction payments, or CSRs. These payments are a lifeline to more than 12 million low-income Americans. They lower the premiums, and they lower the deductibles. They are important sources of stability for

insurance companies. But our President has said: I am not sure I want to release these CSR payments. So what happens with that? Insurance companies have to assume they are not going to get them, so they are raising their rates or perhaps bailing out of the market completely.

If these CSR payments are terminated, insurers may leave these exchanges altogether. For those who do stay in, the average premiums for silver plans would need to increase by 19 percent just to compensate for the loss of the CSRs. Because insurance companies are like any other business, they need to know how much they are going to be paid if they provide a product, and right now, they don't know.

Let's hear what some have had to say. When the insurance company Anthem pulled out of Ohio in June—last month—the company cited “continual changes in Federal operations, rules and guidance” as the main reason for exiting the marketplace.

The company also said that “the individual market remains volatile and the lack of certainty of funding for cost sharing reduction subsidies . . . does not provide a sustainable path forward.”

Then there is Brad Wilson, the president of Blue Cross Blue Shield of North Carolina, who said:

The biggest single reason for that rate increase is the lack of the federal funding for Cost Sharing Reduction Payments in 2018. We cannot assume nor should we that the money is going to be there based on what we know today.

At another point Mr. WILSON was quoted as saying:

The failure of the administration and the House to bring certainty and clarity by funding CSRs has caused our company to file a 22.9 percent premium increase, rather than one that is materially lower. . . . The rate increase would be 8.8 percent if the CSRs were guaranteed for 2018.

A single-digit increase versus more than a 20-percent increase, and they have to go with the higher increase because they don't know if the President is going to make the payments that he is obliged to make.

I think a piece from the Baltimore Sun from May 5 describes the situation we find ourselves in best, when it says:

It's not the problems in the Affordable Care Act exchanges that are driving the Republican effort to repeal Obamacare. It's the Republican effort to kill Obamacare that's causing problems in the exchanges.

President Trump and the Congressional Republicans are trying to exacerbate them. He closes by saying: “No wonder rates are going up.”

This really does make clear the situation. The President wants to say the exchanges have problems so we need to repeal and run or repeal and replace. Our answer to the exchanges having problems is to drive 20 million people-plus off healthcare, maybe 30 million people off healthcare. In fact, the exchanges are having problems because they are being sabotaged by President Trump and our Republican colleagues;

first, by wiping out the reinsurance proposal, which enables companies to go into a new area and compete but only if they have insurance against getting a disproportionate share of the really sick people. That is a very logical part of an insurance plan which encourages companies to go into new markets to compete, and my colleagues sabotaged it.

The cost-sharing reduction payments we just talked about, a very key part of lowering premiums and making the policies affordable so struggling, hard-working Americans can buy those policies and have lower premiums and lower deductibles, but my colleagues and President Trump have sabotaged it.

That is not a service to the American people. Maybe they feel they are doing a service—to whom? To the rich who can buy insurance without any of this effort to provide insurance throughout our society. Do my colleagues really want a world in which we only have wealth care? That is healthcare that only the wealthy can buy. Do they really want to denigrate, tear down, and destroy the quality of life of millions of their constituents by pursuing this path?

It was not that long ago that Franklin Roosevelt said: “The test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have little.”

But in their bills, my colleagues have been saying: We want to give massive tax giveaways to those who have the most by ripping healthcare away from those who are struggling, hard-working Americans.

It is the opposite. It is the opposite of the belief that we are all in this together, and we want a foundation for every family to thrive. I want a foundation for every family to thrive. That means peace of mind that if your loved one gets sick, they will get the care they need. It is the peace of mind that if your loved one gets sick, they will not end up bankrupt.

We are not just talking about ripping healthcare insurance away from more than 20 million people. We are talking about ripping peace of mind away from 20 million people. We are not just talking about those individuals. We are talking about undermining the rural and urban healthcare infrastructure which helps everyone.

I have been out in very rural, Republican parts of my State holding town-halls. I am hearing from those who are in clinics, and they have improved considerably. Some of them have doubled their number of employees over the last 8 years because of the support for healthcare clinics in the ACA and also because their uncompensated care—the number of people they were serving who couldn't pay their bills—has dropped enormously.

So not only have they been able to employ a lot more people providing healthcare in the community, but they

have been able to do additional things. They have been able to provide more preventive services, more mental health services, and so forth. So it has been a big win for rural America, and my colleagues want to tear that down. That just doesn't make any sense at all.

That is why everyone here should vote unanimously to oppose going onto a mystery healthcare bill tomorrow. There is so much we could do together if we want to improve healthcare: fix those CSRs; provide a fix to reinsurance; proceed to have a full enrollment period rather than cutting it short; retain and reinforce the individual mandates so those who have insurance are covered throughout the spectrum, from the young and healthy to those who are older; provide the sort of advertising that enables people to sign up and make the signup process a lot easier than it is right now. There is so much we can do together to make our healthcare system work better.

My colleagues have come to the floor tonight to say this really matters. Quit playing games with people's lives, quit trying to destroy the foundation for our families to thrive, and vote no on a motion to proceed to a mystery healthcare bill tomorrow.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, the Senate Republicans are about to take one of the most reckless actions in Senate history. They are going to vote to blow up the American healthcare system and do I don't know what next.

I want to be really clear about this. Never before has the Senate voted on major legislation that would reorder one-sixth of the American economy and impact tens of millions of American families without even knowing what the bill does. There has been no bipartisanship. There have been no hearings.

Let me just say something about hearings. This may seem like sort of a process or procedural complaint, but this very much matters. Hearings matter because it is how you get experts to tell you whether your bill is any good, whether it is smart or stupid, harmful or helpful. Hearings matter because they subject your bill and the process to public scrutiny. The media is able to report on what you are up to, and your constituents know what you are up to. So it is not a small thing to complain about no hearings. In fact, you can't be a good legislator without having hearings, and you can't be an effective legislative body without conducting public hearings. We never have major legislation without hearings, but that is exactly what they are doing, and there is one very simple reason for this. They are embarrassed by what is in this bill.

It is true we don't know exactly what is in this bill. There are lots and lots of versions and lots of notions being kicked around, but we can be sure of a few things.

First, we know this; that whatever problems there are with the Affordable Care Act, this bill doesn't even bother to try to fix them. To the extent that people are worried about high deductibles, it actually increases the deductibles. To the extent that people are worried about the lack of choices on the healthcare exchanges, it doesn't even try to fix that.

Second, we don't know exactly how much they are going to cut Medicaid, but they are going to cut Medicaid. Whether it is rolling back the Medicaid expansion or making these radical structural reforms, essentially block-granting Medicaid to the States, they are going to deeply cut Medicaid. This hurts people. It hurts people in nursing homes. It hurts people with drug addiction. Medicaid is a program that works and delivers care for millions of Americans, and it will be slashed massively tomorrow.

We also don't know whether they are going to keep the capital gains tax cut or get rid of it. In any case, they are going to get rid of most of the revenue in the Affordable Care Act. They are cutting taxes for the very wealthy, and the way they pay for that is to cut Medicaid. So under the guise of fixing the ACA, they do the thing they wanted to do all along—cut taxes, cut Medicaid. It has nothing to do with ACA: cut taxes, cut Medicaid. That is what the bill tomorrow will do. I don't care if it is the 2015 version. I don't care if it is BCRA. I don't care if it is a new Senate version. I don't care if it is CRUZ's. All this cuts taxes for the wealthy and cuts Medicaid. That is what this legislation does.

Americans are going to be hurt by this legislation; people with pre-existing conditions, families with a loved one struggling with opioid abuse, people in nursing homes, people who rely on Medicaid, people who rely on Planned Parenthood. The tens of millions of people who will lose their insurance almost instantly. That is why every single patient advocacy group, from the American Cancer Society to the March of Dimes, to the National Physicians Alliance, to disability groups, to the AARP—everybody hates this bill. Make no mistake, they hate every version of it.

It is not like there is a less harmful version. Either 22 million or 23 million or 32 million lose their healthcare. We don't have to do this to ourselves. We don't have to do this to the American people.

So there are lots of different versions of this legislation. What the leader is doing, very cleverly, is allowing people to believe that the thing they are moving to is the thing they may prefer. In other words, it is a blank canvas. It is just a motion to proceed. It is just a motion to begin debate.

Make no mistake, the vote tomorrow is to repeal the Affordable Care Act with no plan to replace it. That is what they are doing tomorrow, and they have been totally secretive because

they know the moment they start talking specifics, the whole thing comes crashing down.

There are core elements of this vote tomorrow that are true no matter what. It cuts Medicaid; it cuts taxes for the rich; it reduces patient protections; it reduces the number of people who have insurance; and it will all be done with no hearings, no Democrats, no experts in healthcare. This thing will be dropped on us without enough time to review it, without enough time to interact with our home State to figure out what the impact would be.

We are being asked to do one of the most reckless things any group of legislators has ever been asked to do, which is to jump off a policy cliff—a healthcare cliff, a political cliff—and eventually they are going to tell you it is going to work out. Make no mistake, the reason they can't tell you what is in the bill is the moment they do, this thing will come crashing down.

What we have to do is make sure this thing comes crashing down anyway, and we have to do it for the tens of millions of Americans who depend on Medicaid and the ACA. We have to do it for our rural hospitals, we have to do it for people with preexisting conditions, and we have to do it for people without power, without money, without the ability to walk 200 yards from this Chamber to the U.S. Senate doctor, the best healthcare in the world.

Not only are we on the exchange—I have a Kaiser plan so we are on the exchange, we are in ACA—but also, anytime I want, if I have a headache, if I have a stomach ache, if I have something more serious, I can literally walk about 200 yards from here, go to the Senate doctor, and get whatever kind of healthcare I need.

I want you to understand how lucky the people who are voting on your future are and how privileged we all are in this literally gilded place, when people's lives and livelihoods and life savings are on the line tomorrow, and if I get so much as a hangnail, I get to call my staff and have them help me out. We are lucky people, and we need to think about whom we are representing. I will be fine. Every Member of this Chamber will be fine, but our job is not to take care of ourselves. Our job is to represent our constituents.

This bill has earned a really historic title: Most unpopular major bill in American history. Most unpopular major bill in American history. How that can get 20 votes, let alone 51, is beyond me.

I want to make one last point. We need to kill this bill, not just because of all the harm it is going to do to the country, we need to do it for the legislative branch of the U.S. Government. We just can't make laws like this.

Right now, the majority party is shortsighted because at some point Democrats are going to have the gavel. The temptation to follow this precedent being set this week, to enact major legislation without hearings and

without the other party, might destroy the Senate itself. There is still time. There is still good will. We can walk back from the brink and do the right thing.

I yield the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Georgia.

Mr. PERDUE. Mr. President, it is nice to see you here at 11 p.m. on Monday night. One of the privileges we have of being in the majority is that we get to preside over the U.S. Senate, so we can listen to all of our colleagues talk to this august body.

I have been in that chair for the last couple of hours. I can't go to bed tonight without putting the record straight in this body. I don't think there is a Member of the U.S. Senate who doesn't want America to have the best healthcare in the world. The problem is, we have a campaign of disinformation that is underway right now, and it is outrageous. I cannot let it stand.

My mission tonight, very briefly, will be to put some facts on the table, on the record, because we have a lot of innuendo right now, a lot of disinformation: Oh, my God, people are going to die.

Let me remind everybody, we are sitting here with a healthcare system that is collapsing. There is no other way to describe it.

Why are we here tonight at 11 p.m.? Before I get to healthcare, I want to remind the American public of why the U.S. Senate is open tonight. We also did this earlier in the spring because something historic is underway right now in the United States of America and that is this: For the first time in our history, the minority party has not waived a Senate rule that would bypass the time requirements when confirming a nominee by the President of the United States. Because of that, we today have confirmed only around 29 percent of this President's nominees. The prior President, at this very point in time, had over 70 percent—over 70 percent—almost 300 people. I think the number today is under 50 for this President. It wasn't until a month or so ago that he could even have a full staff meeting.

By the way, who is running America today? Holdovers from the last administration because we haven't been able to confirm the new nominees. Over 200 people right now stand in line, waiting to be confirmed by this body. It is outrageous.

The American people ought to be upset. They ought to be more than upset. Let's define who is doing that. It is not the majority. The minority party is dragging their feet because it slows down everything else.

Guess what doesn't get done this year if we continue with this schedule. Unless we are here every night, as we are tonight, we will not have time to get to taxes this year. We will not have time to get to what the American people are assuming we are going to get to. Consumer confidence is at a 13-year high

because they are anticipating that we are going to clean up some of this mess.

Let me quickly move on to healthcare and put a few facts on the record tonight before we close. There are five healthcare systems in America. We forget this. We talk only about ObamaCare right now, but there are five healthcare systems in America.

First, we have group policies. This is where almost the majority—the vast majority are in this. Anyone who works in a company or in a large organization has a group policy.

Then there is the individual market. The individual market is what ObamaCare addresses. It is only 13 percent of the entire healthcare system.

Then there is the VA.

Then there are Medicare and Medicaid.

There are five different systems of healthcare in the United States. What we are dealing with is the individual market and Medicaid—mostly the individual market.

Let me try to describe the situation as we see it today. In 2008, before the ACA, there were 48 million people in America who did not have insurance. That is a catastrophe by anyone's measure. In the richest country in the history of the world, we had 48 million people who did not have insurance. You could be precluded from having insurance because of a preexisting condition. You could lose your insurance. You couldn't transfer across State lines. If you changed companies, even in group policies, you could be denied coverage under the next employer's policy.

There were real problems. Both sides had responsibility for that, but today after the ACA, 28 million people, as we stand here tonight, still do not have insurance in America—28 million. Of the 20 million who got it, 16 got it only because of the expansion of Medicaid, not because of ObamaCare's work in the individual market; 16 million got it because of the expansion of Medicaid.

All that was, was bribery from the Federal Government to certain States that decided to take the money and run. They didn't do their citizens a full justice. What we see of the remaining 4 million of the 20 million who got insurance during ObamaCare—remember, 16 million got it because of the expansion of Medicaid; of the remaining 4 million, 2 million are like my wife and me.

Do you remember the day when President Obama said that if you like your insurance, you can keep your insurance and if you like your doctor, you can keep your doctor? Like most Democrats in the Senate and the House who voted on ObamaCare without reading it, he obviously didn't know what was in the bill because neither of those things were true.

I was canceled. In an individual policy before I ran for the U.S. Senate, my individual policy as a retiree was canceled, and the only policy we could get under the exchange in ObamaCare in-

cluded things like vision, hearing, drug rehabilitation. I have never had a problem with that. My wife hasn't either.

By the way, maternity—I met my wife in first grade. We are not having babies at this age. What is that? My rate is almost double because we had to take things in policies that we did not need.

Of the remaining 2 million, 1 million are the most destitute, low-income people who really do need our help, but we have disrupted the entire healthcare system because the Democrats thought that the bigger government approach would work.

How has that worked out in places like the VA? I hear talk now about single payer; I will get to that in a second. If you like the VA, you are going to love a single-payer system because that is exactly what it is.

Let me go on. I have heard a lot of talk in this Chamber tonight about, oh my God, the Republicans are going to hurt people in America—hurt people in America.

Let me talk about who is hurting people in America today. This is a travesty in itself. We cannot get the information from the IRS. We have just now gotten the information from the IRS. In 2014, the IRS, under the rules of ObamaCare, fined 8 million people \$1.8 billion.

Mr. President, I don't know about you, but I am outraged. I know you are too.

The irony of that is that 85 percent of the people who were fined in 2014—\$1.8 billion—85 percent made less than \$50,000, and less than half of them made \$25,000.

What our Democratic friends did was cram down the throats of Americans this thing called ObamaCare, and then they put fines on people who couldn't afford insurance, and they are the poorest people in our country.

Who is standing for those guys today—the Democrats? Don't you bet. They want a Big Government solution that gives them more power, and they could not care less about the very poor people they claim to champion. I have had enough of it. This is outrageous.

Twenty-two million people are going to lose insurance. That is what they tell us. Let's clean this up right now. The CBO's own estimate says that once you remove the mandate—forget about what else is available. If you just remove the mandate, because the policies are so expensive, 15 million are going to give it up. That is happening today.

By the way, do you know that CBO is using a March 2016 baseline to compare these numbers to? It is outrageous. In business, you would never accept this. Yet today they are determined to be the "holy grail" up here. I haven't seen a number come out of the CBO that I would depend on yet. In fact, in 2010, they overestimated the number of people who would sign up for ObamaCare by 12 million people. They missed the estimate by more than 50 percent. This isn't a rounding error. They don't know what they are doing.

Right now, today, we have the same problem. Fifteen million people say they will give up their insurance voluntarily because it is too expensive. That has nothing to do with the new plan. That is because ObamaCare is too expensive.

They also say that 4 million people will give up Medicaid. Medicaid is free. Why would somebody give up Medicaid?

They say ObamaCare is so good and so affordable that they are going to add 5 million people to it. There is no evidence today that would back that claim up. That is not a quantified model outcome. It is the estimate of a person who sits over there and makes this up. The other side is acting like, oh my goodness, this is the "holy grail."

Let's talk about this. The premiums under ObamaCare prior to this year, over the last 2 years, are up over 105 percent in America. They say that the reason premiums are going up is because of uncertainty coming out of the White House. This year's rates were determined last year, before we even knew this President was going to be a nominee. That is more disinformation.

What I am fed up with is that it sounds like a good story until you see the facts. The premiums in my State alone going into next year are going up 42 percent.

Here is the untold truth: In my State, 96 of 159 counties have only one carrier. That is a monopoly. They can do pretty much whatever they want. That is under ObamaCare, not anything else we are talking about. That is the reality today.

By the way, here is the real comeuppance. Today in my State—and you have the same problem in your State—300,000 people who make less than the poverty rate in my State cannot get insurance today under ObamaCare. Forget about what we are talking about to fix this mess. Today under ObamaCare, they can't get insurance—300,000 people in my State. That is true in every State in our country. That is the untold ugliness of ObamaCare.

ObamaCare is hurting people right now. I am tired of hearing the other side talk about how they care for people—they care for people—and then they fine the poorest people in America \$1.8 billion. Then they deny 300,000 people in my State access to healthcare. Enough already.

What are we doing about it? Six months ago, this President said that there were four objectives that any healthcare system in America and the individual market had to meet. The first was access. We have already talked about how ObamaCare is failing people who need access to it. The lowest income people in America are being denied insurance under ObamaCare. We fixed that. People who want insurance are going to get insurance.

By the way, premiums were the second thing we had to do to try to get costs down because it is becoming too

prohibitive. I have sons in the middle of their careers. They can't really afford the insurance they are being offered today. I feel it firsthand in my own life.

Premiums right now, though—if we put into place the suggestions we have on the table right now, the HHS Department has estimated just last week with a very credible model that rates could come down as much as 78 percent in the next 4 years. Has anybody heard the other side remind us of that data point? No. Why do those rates come down? Because the free-market system gets to act again, instead of being shackled in choices being removed. All of a sudden, now we move into it.

By the way, they talk about these made-up fantasy policies. Wait a minute. I had one of those made-up fantasy policies that you can't get today under ObamaCare. It is called catastrophic coverage. For some people with a high deductible, catastrophic coverage—that works. They are denied that today because Big Government knows more about what you need in your personal life.

The third thing we had to do—and this was very important. The second part of this problem is that Medicaid was not on a sustainable path. I am sorry. They have overpromised, and they cannot deliver. There is no way over the next 30 years that we can sustain Medicaid. Just as Medicare and Social Security are going bankrupt, we cannot afford to do what they are promising people we are going to do. They know that. They already know that.

Just like the Great Society, these Big Government programs that they promise all the time are going to work have never worked. The Great Society, the War on Poverty was going to remove poverty from America. I remember that.

I sit at a desk where that bill was signed by the then-Democratic leader of the Senate, Richard Russell, before it went to the White House. I am reminded every day of how Big Government has failed the American people. That war on poverty has spent trillions of dollars trying to reduce poverty in America. Yet, today, the poverty rate is fundamentally the same as it was in 1965 when that was signed into law.

Big Government does not work in situations like this. I lived under a single payer. My son lived under a single payer. This is the alternative they are after. I have heard it mentioned three times on the floor of the Senate to-

night. We cannot go there. It bifurcates delivery. It would add \$3.2 trillion. That is more than we spend on all of our mandatory expenses today—\$3.2 trillion every single year. That is impossible. If you think that would work, imagine this. Go home and look at your tax bill. Whatever you paid the Federal Government last year, double it. That is what that would mean. It is not workable.

The fourth thing we had to do was make sure preexisting conditions were protected. I worried about that through my entire career. If I changed jobs, if I had been sick or my family had been sick, I might have been denied insurance. We can't allow that. This bill doesn't allow that. We protected preexisting conditions. We put Medicaid on a sustainable path for the long term. We also bring premiums down. That was a major priority here. And we give everybody in America access to healthcare—period, end of the conversation.

That is not good enough. The other side is not going to be happy until this Federal Government steps in and takes over 18 percent of our economy called healthcare. They tried to do it in 1992 to 1994, under HillaryCare. They tried to do it here. I remember the Speaker of the House saying: If you want to know what is in this bill, you have to vote for the bill. We are not doing that today. This cloud of innuendo that the other side has perpetrated on the American people is just not true.

In 2010, not one Republican voted for ObamaCare. Not one amendment got to the floor of this Senate. Yet they want to talk about this great open policy. They had 7 years to fix this mess. People in my State have been hurt by it. It is unforgivable, and we can do something about it this week.

Senator JOHN MCCAIN is very sick. He is a fighter. He will take care of this. I hope he will be back this week to help us. If he can, I think he will. We are going to vote on it this week. We have to do this for the American people.

I want to remind everybody what is at stake here. If we don't pass this tomorrow, then we end up moving toward a single-payer system. Let me remind everybody of the other Big Government failures we talk about: the VA and the Postal Service. Fannie Mae and Freddie Mac are bankrupt. We talk about the ObamaCare failures. Then there is the Great Society of rural poverty. I want to remind everybody.

Let me close with this. I heard tonight that this is a reckless action, the

new policy. I heard New Testament examples about how to take care of your brethren. It is shocking to me that somebody on the other side would say that when they know these statistics of what they have done—8 million of the poorest people in America have been fined \$1.8 billion. Half of them make under \$25,000 a year. That is taking care of your brethren all right. I am embarrassed. We can fix that.

I believe we heard the rain of devastation: No one is helped by this bill; it is a reckless act. Here is the one I love: We want to work with you. We want to work with you to help fix this thing. Just a year ago, I didn't hear any speeches in here—I don't think you did from that Chair—where anybody on that side acknowledged that there was anything wrong with ObamaCare. You hear today: We want to work with you to help fix ObamaCare. It is 7 years too late, in my opinion. It would have been nice to have been included in the conversation in 2009 and 2010 when it was crammed down the throats of Republicans.

I believe this is a historic moment in America, not just for healthcare. Healthcare is very important, but it is bigger than that. This is about the direction of our country. Are we going to try to trust Big Government again and again until we can't afford it? We are already well down that rabbit hole. We cannot afford this chance again. We have already proven it doesn't work.

I hope that this week colleagues on our side will get together and we will vote this thing in. I welcome any Democratic support as well. I know we are not going to get it. This is a time to stand. I hope we will have that vote. I fully encourage my colleagues here to support that. Let's get on with business.

ADJOURNMENT UNTIL TOMORROW

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate stand adjourned under the previous order.

There being no objection, the Senate, at 11:19 p.m., adjourned until Tuesday, July 25, 2017, at 12 noon.

CONFIRMATION

Executive nomination confirmed by the Senate July 24, 2017:

DEPARTMENT OF THE INTERIOR

DAVID BERNHARDT, OF VIRGINIA, TO BE DEPUTY SECRETARY OF THE INTERIOR.