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Senate

The Senate met at 12 noon 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.

Gracious God, Ruler of all nature, Your strong right hand continues to sustain us.

Lord, remind our lawmakers of their accountability to You. Provide them with such a passion to please You that they will maintain a conscience void of offense toward You and humanity. In the flurry of legislative activities, may they not forget those on life's margins.

Lord, guide our Senators to perform those actions that bring the greatest glory to Your Name. Remind them of that Golden Rule, which states: What you don't want done to you don't do to someone else. May integrity and honesty protect them as they put their hope in You.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. MORAN). Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

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

The senior assistant legislative clerk read the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

HEALTHCARE LEGISLATION

Mr. MCCONNELL. Mr. President, yesterday, Senate Republicans gathered down at the White House for another discussion on the way forward on healthcare. We had a productive conversation. I appreciate the administration's engagement, and I look forward to more discussions in the days that lie ahead.

We will continue working so that we can bring legislation to the floor for debate and, ultimately, a vote. We know that we cannot afford to delay on this issue. We have to get this done for the American people. That is a sentiment that is widely shared in our conference, and I think I speak for everyone in acknowledging, once again, that the ObamaCare status quo is unacceptable and that it simply cannot continue.

ObamaCare has caused premiums to increase by an average of 105 percent in the vast majority of States on the Federal exchange. Next year, premiums will again increase across the country—by as much as 43 percent in Iowa, 59 percent in Maryland, and 80 percent in New Mexico.

ObamaCare has led to 70 percent of our counties having little or no choice of insurance on the exchange this year. Next year, dozens of counties are projected to have no choice at all, which could leave thousands trapped, forced by law to purchase ObamaCare insurance but left without the means to do so. Seven years after Democrats forced ObamaCare on our country, these are the painful realities for countless families across our country.

It is unfortunate that our Democratic colleagues have refused to work with us in a serious way to comprehensively address ObamaCare's failures in the 7 years since they passed it. I regret that they continue to demonstrate an unserious attitude about all of this today, but it is increasingly clear that ObamaCare's negative trends will only get worse, hurting even more Americans all along the way, unless we act. This should not be acceptable to anyone.

Sitting on the sidelines and accepting the status quo will not bring help to anyone's constituents. We have the opportunity to provide relief to those struggling families, and we should take it. Senators will have more opportunities to offer their thoughts as we work toward an agreement, and every Member will have the ability to engage in a robust debate out here on the Senate floor.

But, if one thing is clear, it is this: ObamaCare is a direct assault on the middle class. It is getting worse, and we have to act to finally move beyond its failures.

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

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

Mr. DURBIN. Mr. President, the Senate will be going home this week for the Fourth of July recess, and most of us will be back in our homes with our families and in our hometowns and

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

moving around. I still think the topic of conversation is going to be healthcare.

I think this conversation and debate in Washington has really touched a lot of families and businesses and individuals across this country. The reason I say that is because about 6 years ago, I voted for the Affordable Care Act, what is known as ObamaCare. For the longest time, I was sure it was the right vote, and I am still sure today, but I wondered why people didn't appreciate it because what we tried to do—and we achieved some success—was to provide health insurance for a lot of people in America who didn't have it. In my State of Illinois, we cut the percentage of uninsured people in half because of the Affordable Care Act. A large number of them are now covered by Medicaid, and a large number are able to buy health insurance through private insurance exchanges.

But for the longest time, when we asked people across America ''What about ObamaCare? What about the Affordable Care Act?'' we got mixed reviews. Less than a majority supported it.

Then we embarked on this conversation, this debate in Washington in the Senate over the last 6 months, and an interesting thing happened. When the Republicans, who are in the majority in the Senate and the House, who were determined to repeal ObamaCare, set out to do it, they found out it was a big, heavy lift.

So now, today, we have an interesting thing that has happened. For the first time in the last several weeks, a majority of the American people support the Affordable Care Act. All of those years after we passed it, when we were talking about the good things it did, people were skeptical, but when the notion of repealing it came up, people started saying: Well, what would I lose if you repealed it? And when they thought about what they would lose, they decided those things were valuable to them personally and to their families. And what were those things? Some pretty basic things—first, that you would have access to health insurance.

I have repeatedly told the story of my friend Judy. Judy is in hospitality. She works in a motel down in Southern Illinois that I have stayed in from time to time. She is a sweetheart of a lady. She is 62 years old and has had jobs that don't pay a lot of money, but she goes to work every day—there is not a lazy bone in her body. She is 62 years old, and Judy had never had health insurance in her life until we passed the Affordable Care Act. Now she qualifies for Medicaid, and thank goodness she does because she has been diagnosed with diabetes, and she needs a good doctor she can count on, and she needs good medical advice.

So when we said that we were passing the Affordable Care Act so that more people would have access to health insurance, it happened.

We also said we were going to change the health insurance policies you buy so that you don't get tricked into buying something that is going to provide protection but only enough and not enough when you really need it.

For example, there used to be lifetime limits. People would buy health insurance and say: I am going to keep the premium low. I will sign up for a lifetime limit. How could I ever need health insurance for more than $100,000 a year?

Well, it is an eye-opener, but there are many diagnoses or accidents that could happen to you next week that would cost more than $100,000. So a lot of people found themselves facing personal bankruptcy because they had a limit on their health insurance policy and faced a cancer diagnosis and knew they would have to spend $150,000 or $200,000 for the most basic care.

We also said: When you sell health insurance, you can't discriminate against people because of a preexisting condition.

Well, it turned out that insurance companies defined ''preexisting condition'' to include everything, such as acne when you were a teenager or asthma—you name it. In fact, they went so far as to say that being a woman was a preexisting condition. Some of those things made no sense, so we said: That is over. We are not going to let that happen anymore.

One out of three Americans has a preexisting condition. You can't discriminate against a person because they are of a family with a child who has survived diabetes or is living with diabetes or a spouse who survived cancer surgery. So we said that from now on, under the Affordable Care Act, when you buy a health insurance policy, it is going to cover the basics.

We did something else that I want to mention because I don't want it overlooked. There used to be a Senator who sat back here in the last row, in the second seat, named Paul Wellstone of Minnesota. Paul Wellstone was a great guy. You couldn't help but love him whatever your politics. Over here was Pete Domenici, and he was a conservative Republican Senator from New Mexico. Wellstone from Minnesota, Domenici from New Mexico—what would those two have in common? What they had in common was that each of them had someone in their family with a mental illness, and they watched what happened to their loved one in their family. The two teamed up and said: From this point forward, when you buy health insurance in America, it is not going to be just physical health that it is going to cover, it is going to cover mental health as well.

So many families are touched by mental illness, some very serious forms, some not so serious but need medical help, and they all should be covered. So they put that provision in the Affordable Care Act so that now, when you buy a health insurance policy in America, it is not hit or miss; it covers mental illness, as it should.

Then they added a provision that most of us didn't pay attention to, and we should, and we do now: mental illness and substance abuse treatment. Think of this opioid and heroin epidemic and the people who are dying right and left. Think of families who are absolutely consumed by the addiction of a child, of a teenager, wondering if they can get them into treatment so they can save their lives. For many of them, that health insurance plan is paying for that treatment—treatment that otherwise would come out of their pocket if they could afford it.

So we put all of these things into the law, and the law took place, and when the Republicans said they were going to repeal it, people stood up and said: Wait a minute. I have to face lifetime limits again? I have to face preexisting condition prejudice again? I am not going to have mental illness covered automatically or maternity care covered automatically?

Well, when people reflected on this, they realized their vulnerability. So simple repeal was not enough; the Republicans needed to replace. If they were going to eliminate ObamaCare and all the people protected by it, they needed to replace, and that is when the process fell apart. In the House of Representatives, they went through a process of writing the replacement. When it was all over, they didn't wait for the Congressional Budget Office to analyze it because they knew what was coming. The Congressional Budget Office announced that some 23 or 24 million Americans would lose their health insurance because of the plan that passed the House of Representatives. They also knew that people could again face discrimination based on preexisting conditions. They knew basic health insurance didn't include the protections all of us really need to count on.

Do you remember the provision in the Affordable Care Act that said your son or daughter could stay on your family health insurance plan until you reached the age of 26? It is pretty valuable, isn't it? That son or daughter, whom you like a lot and helped get through college, doing internships and looking for a job—you wanted to make sure they have health insurance, didn't you? That was part of the Affordable Care Act, and we want to make sure the guarantee remains in any future change of the law too.

The House of Representatives passed their measure, and, unfortunately, it was a partisan roll call; only Republicans voted for it. It passed by four votes. If two Republican Congressmen had changed their votes, it would not have passed.

Then the measure came over to the Senate, as we remember from our civics lessons, and the Senate had its chance. So what happened? We had a chance to take this question to the committees of the U.S. Senate—Labor

and the Health and Education Committee, which is chaired by Senator LAMAR ALEXANDER, a friend of mine, Republican of Tennessee, and the ranking member, Senator PATTY MURRAY of Washington. We had a chance to take the bill to the committee and to debate a better approach in the Senate, to have public hearings and witnesses. But we didn't do that.

Instead, the Republican majority said: We are going to do this on our own. We don't need any Democratic input. Thirteen Republican Senators will meet in a room and write the alternative to the House healthcare replacement bill, and they did. It went on for weeks, and no one saw it. There were no reports of what it included and what was inside of it. Then, 6 days ago—6 days ago—it was announced. We took a look at it, and it wasn't that much different from what the House had done.

The Congressional Budget Office released a report on Monday of this week and said that 22 million Americans would lose their health insurance under the Republican healthcare plan—22 million. And—this part was really troubling—there would be a dramatic increase in premium costs for people between the ages of 50 and 64. Some of them would see increases of up to $8,400 a year in premium costs because of the Senate Republican plan.

What was the reaction of the medical professionals across my State to both the House Republican plan and the Senate Republican plan? It was the same reaction. They said: Senator, vote against it.

The Illinois Hospital Association said that if we cut back on Medicaid, hospitals—particularly rural hospitals and downstate hospitals—will have to cut back in services and may face closure.

The doctors in my State, the Illinois State Medical Society, came forward and said: Vote against the Senate Republican plan and the House Republican plan because we know what happens when people lose health insurance. They still get sick. They don't come to see us early on when we can prevent things from getting worse; they come to see us when things are pretty bad and pretty expensive and pretty dangerous.

So the doctors opposed it, the nurses opposed it, the pediatricians opposed it. Not one single medical advocacy group in Illinois supported the Republican bill, which was unveiled 6 days ago.

When it came to preexisting conditions, it wasn't just the medical groups that opposed the Senate bill. The cancer society, the heart association, the lung association—most of the major disease groups stepped up and said: The preexisting condition provisions in this bill are unacceptable, and, sadly, the policies that are going to be sold may not cover the basics that people absolutely need.

Then the other thing came out. What drove this whole debate, what started healthcare reform in the House of Representatives and in the Senate was not healthcare reform, but a tax cut. You see, the Affordable Care Act imposed new taxes, particularly on higher income individuals, and the money from those taxes went into sponsoring people into Medicaid and helping people pay their health insurance premiums. The Republicans in both the House and the Senate said: The first thing we will do is cut those taxes—about $700 billion worth of taxes. Ultimately, they took $1.1 trillion out of our healthcare system with this tax cut and other cuts. When you pull that kind of money out of healthcare in America, fewer people have health insurance, fewer people have a helping hand when it comes to paying their premiums.

The reaction to the Senate Republican bill over the last 6 days has been growing opposition—growing opposition, until yesterday. Senator MCCONNELL announced: We are not going to vote on it this week. We were supposed to, but we are not going to vote on it this week. He said that he may return to it when we come back from the July 4th recess.

Here is the point I wanted to make on the floor today. I am glad we have reached the point that these proposals from the House and the Senate are not going to move forward quickly to become the law of the land. Too many people would be hurt—too many innocent people. Too many families would lose their health insurance. The cost of health insurance would go up dramatically. The premiums would go up, particularly for people over the age of 50. We would see hospitals facing closure across our States. We would see cutbacks in treatment for mental illness and substance abuse. The list goes on and on. It would have been a terrible outcome, and certainly doing this in order to give a tax cut to the wealthy people of this country makes no sense.

Incidentally, how much is the tax cut? If your annual income is $1 million a year, under the Republican plan, your tax cut is over $50,000 a year. The people who are wealthy aren't asking me for that tax cut, and the people who will suffer because of it are folks who aren't making anywhere near $1 million a year.

Here is what we need to acknowledge: The current healthcare system in America needs to be improved. There are things in the Affordable Care Act that need to be addressed, and we need to do it in an honest fashion, and we need to do it on a bipartisan basis.

I have talked to some Republican Senators. Senator MCCONNELL has pulled this bill back, and they want to sit down and talk.

Senator MCCONNELL said that there will be no conversations with Democrats; Republicans will do it by themselves. I hope over the Fourth of July he reflects on that because there are Democratic Senators who, in good faith, want to sit down and make a better healthcare system for America so that more people have the peace of mind and security of health insurance and so that it is more affordable for families all across the board.

The biggest, toughest part of healthcare today is the so-called individual health insurance market; 5 or 6 percent of people who need to buy health insurance plans don't have it where they work, and they don't qualify for Medicaid. Those are the ones who are seeing their premiums spike. Can't we take the collective wisdom of Senators—Democrats and Republicans—and sit down and address that problem effectively? Of course we can, but we need to have a starting point.

So my plea to the Republican leadership is to listen carefully, as our Democratic leader, CHUCK SCHUMER, said yesterday. Once you take repeal off the table, once you take this massive tax cut for the wealthy off the table, we are ready to pull up a chair and sit down at the table.

Wouldn't it be a breath of fresh air in America in this day and age, in light of all that is going on, if Democrats and Republicans worked constructively together to make the healthcare system better, more affordable, and stronger for families and businesses across our Nation? I think that is why we were sent here. I think that is the reason we are supposed to be here, and I sincerely hope that happens next.

So we are ending the debate in the Senate this week, but we are not ending the debate in America. I urge those who think this is an important issue, and I am one of them, to speak up and to go home—I am going home soon—and to meet with people and have a conversation about where we go next as a nation. We can solve this problem, and I know we can do it in a constructive way.

If we show that kind of bipartisan leadership in the Senate, I think the House will join us. I think they will do the same thing. I think they can have a bipartisan approach too. What a relief it would be, with all of the breakdown in comity, all of the breakdown in communications politically, the warring camps that have become the American political scene. If we can show why there is a Senate and why there is a House and why people run for these offices—it is to solve problems, not to put out a press release, not to stake out a political position, but to solve a problem. This is a problem that needs solving.

I hope that over the next week, both parties will reflect on it, and when we return after the Fourth of July recess, we can roll up our sleeves and go to work.

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

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

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, yesterday afternoon, my friend the Republican leader announced that the majority would delay the vote on the motion to proceed to this particular Senate Republican healthcare bill. We Democrats take no solace in that fact. Unfortunately, the majority seems intent on continuing their efforts to pass this healthcare bill.

Over the next few days and weeks, I expect to see buyouts and bailouts, backroom deals and kickbacks to individual Senators to try and buy their vote. What I don't expect to see yet is a dramatic rethink of the core of the Republican healthcare bill, but I am hopeful we can get to that point.

So far, every single version of the Republican TrumpCare bill in the House and the Senate has the same basic core to it. The details have changed a bit around the edges, but the core remains the same in each and every version: slash Medicaid to the bone in order to give a massive tax break to a very small number of wealthy Americans, cut support for Americans in nursing homes, those suffering from opioid addiction, and those with a preexisting condition to pay for a tax break for the wealthiest few.

The basic premise of every Republican healthcare bill so far is to cut back on healthcare for Americans who need it most in order to give a tax break to the people who need it the least. There is just no moral calculus to justify it. It doesn't fix any of the problems in our current healthcare system like high premiums, high deductibles, counties where there are not enough insurance options, and it is not what the American people are for. The American people are not for tax breaks to the wealthiest of Americans, nor are they for cutting Medicaid.

A USA TODAY poll this morning showed only 12 percent of Americans support this bill. At a level of 12 percent, even huge numbers of Trump supporters are opposed to this bill. The level of popular support is not going to change one bit with a tweak that wins over this Senator or that. A bill with this twisted idea at its core will fail time and time again. That is why the vote had to be pulled yesterday. You can be sure, if it were popular with the American people, it wouldn't have had to be pulled.

I make my friends on the Republican side and President Trump an offer. Let's turn over a new leaf. Let's start over. Let's abandon more tax breaks for the rich. Let's abandon cuts to Medicaid, and discuss what the American people are really concerned about: premiums, deductibles, the cost and quality of healthcare.

President Obama invited both parties, Democrats and Republicans, to Blair House to discuss healthcare reform in front of the American people early in his first term as President. President Trump, I challenge you to invite us—all 100 of us, Republicans and Democrats—to Blair House to discuss a new bipartisan way forward on healthcare in front of all the American people. It would focus on what you, Mr. President, have talked about in your campaign: lower costs, better healthcare, covering everybody—not on tax cuts for the rich, not on slashing Medicaid. President Trump, you said you wouldn't cut Medicaid. We don't want to either.

We Democrats are genuinely interested in finding a place where our two parties can come together on healthcare. We want to bring down premiums. We want to bring down deductibles too. We want to stabilize the marketplace. We want to control the outrageous costs of prescription drugs—another thing the President talked about in his campaign.

There is plenty of common ground for us to come together around. We believe our healthcare system has made important progress over the past 8 years, but it still needs to be improved in many ways. We admit the Affordable Care Act isn't perfect. There are ways we can improve on that law and on our entire healthcare system. So let's talk together about how we can achieve that in a bipartisan way.

If my Republican friends abandon cuts to Medicaid, highly unpopular with the American people; abandon tax breaks for the wealthiest few, highly unpopular with the American people, we Democrats are more than willing to meet with them and the White House to talk about how to improve healthcare for the American people, how to lower deductibles, how to provide better healthcare for more people at a lower cost because that is what we Democrats are fighting for: the average American family, not the wealthy few.

Today, we can turn over a new leaf and discuss healthcare legislation the way our Founders intended our government to discuss legislation: as a true debate between all of our country's representatives.

Yesterday, the majority leader reminded Republican Senators that if they failed on their partisan healthcare bill, they would have to negotiate with me, the minority leader, and by implication, our Democratic colleagues. When did the prospect of bipartisanship become a cudgel instead of an opportunity? When did bipartisanship become a threat? That is not how Congress is supposed to work. Negotiations with the minority to seek a compromise should be the first option, not the last resort.

Let's start over and get back to legislating in a way deserving of the grand tradition of the Senate as the world's greatest deliberative body. Providing affordable and quality healthcare is an issue we should grapple with, all of us together. It is one of the most important things we can do for our country. We can do it but only if we do it together and put the partisan ideology aside.

So I challenge the President, invite us all to Blair House. Let's see what we can come up with. Let's try. We Democrats have, on several occasions, sent letters to our Republican colleagues asking for bipartisan talks on healthcare. So far we have been rebuffed. Now, with the demise of this bill yesterday—its inability to get enough votes to proceed—we have an opportunity to go back to the drawing board.

We are willing to debate and compromise on healthcare, but we have to be included, and it has to be a discussion on how to actually improve our healthcare system for the American people, not slash Medicaid to pay for tax cuts for the wealthy. We can meet, and we can try or the Republicans can stick to the same partisan approach on healthcare, which so hurts working families and so benefits millionaires.

President Trump, my Republican friends, the choice is yours.

Thank you.

I yield the floor.

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

Mr. DONNELLY. Mr. President, for all of the discussion about delays, politics, the process, vote counts, budget scores and analysis, it is critical we remember that this healthcare debate is first and foremost about people, our friends and neighbors, and their families. It is about moms and dads, sons and daughters, sisters and brothers, grandmas and grandpas.

We all agree everyone needs access to quality, affordable healthcare. Regardless of how healthy you are today, everyone needs the peace of mind that if they get sick, they will be able to get the care they need. We all know someone who has fought cancer, diabetes, multiple sclerosis, or has a child battling a chronic condition or disease.

In our shared experiences and relationships are shared values. Each of us wants our loved ones to be healthy and to live long, full, happy lives. We want what is in the best interests of our families, our friends, and our neighbors.

I have seen these values firsthand through the stories of Hoosiers who recently wrote to me out of desperate concern about the Senate healthcare bill. I have heard from everyone—from working parents to students, to seniors—that access to quality and affordable healthcare is critical to their ability to raise a healthy family, to contribute to our communities, and to live our final years in dignity.

Take Conor, who is a lawyer, and Sarah, a nurse practitioner, and their family in Fort Wayne, as an example. In 2015, Sarah was diagnosed with multiple sclerosis, an autoimmune disease that attacks the nerves in her brain and spinal cord. As Conor wrote me, ''Like everyone else who suffers from MS, my wife didn't make this choice.

She did not choose this disease . . . sometimes people get sick or are diagnosed with chronic conditions through no fault of their own.''

If untreated, she would become severely disabled, and her condition would get progressively worse. The best possible outcome for Sarah is controlling the disease and limiting the spread of the symptoms because there currently is not any cure.

Conor and Sarah worry that under the Senate healthcare proposal, they would be subject to annual and lifetime caps, making Sarah's treatment unaffordable. Through the Senate healthcare bill, States could seek waivers that would allow them to get rid of essential health benefits and implement annual and lifetime caps, even for health insurance plans that people receive through their work, just like Sarah does. For Conor and Sarah and others who suffer from conditions like MS, the reforms that prohibit limits on coverage allow them to have the peace of mind that they can live full lives, despite their disease and their diagnosis.

It is stories like Sarah's and Conor's that remind us why this is such an important debate. It is inherently personal. It is about the health, the well-being, and it is even about the life and death of our loved ones. It is about not going to the ER just to visit a doctor. It is about financial security. It is about financial security so our families aren't one illness or one sickness away from bankruptcy.

Take, for example, Beth and Brad from Plainfield, IN. They are the proud parents of Kyle. Kyle has special needs, and he relies on Medicaid, not only for his healthcare but literally to help keep the family together. Beth recently wrote me:

Kyle is on a home and community-based Medicaid waiver, which is not mandated. If Medicaid is cut, Kyle and others like him are in real danger of losing coverage for home nursing and nutrition among many other things. Without home nursing, Brad or I will also have to quit working. And without enough income to pay for it ourselves, we'll be placed in the horrific situation of either not being able to give our child what he needs at home, or institutionalizing our precious boy. We want to care for our son at home. We want to work and pay for his primary insurance that reduces the amount of Medicaid money needed. We want the independence, freedom and responsibility that the minimal supports through Medicaid allows.

And Lori from Kokomo, IN, wrote to me about her 3-year-old daughter Savannah:

She has a long list of medical issues. She has had 2 open-heart surgeries, 8 heart catheterizations, 1 pacemaker placement, and countless other procedures. Her medical bills, at 3 years old, are in the millions, and she still will need more cardiac surgery in the future. Her annual care—just her medications, appointments with specialists, therapies, etc—are more than our annual income, despite my husband working 3 jobs. The Senate GOP bill puts her life in grave danger.

Lifetime limits and waiving of Essential Health Benefits means she will lose her private insurance. Allowing alteration or waiver of Essential Health Benefits will be catastrophic for Savannah and others with pre-existing or chronic conditions. I will be forced to look at my child and say, ''I'm sorry honey, Mommy and Daddy don't have enough money for your surgery.''

As a dad, the health and well-being of my family is on my mind every day, and I know that every mom and dad across our country feels the same way. My faith teaches me that we are all God's children, and every man, woman, and child should have a shot at being able to live up to their God-given potential. We will move Heaven and Earth to take care of our kids. These values are shared across Indiana and across our entire beloved country.

My faith also teaches me that we all deserve to live with dignity.

Claudia from Muncie wrote to me:

I am a 55-year-old, medically-retired flight paramedic and RN. My career was cut short when I was diagnosed with ALS—Lou Gehrig's Disease—in 2005. Without Medicaid and the waiver I would be institutionalized. Because of the things Medicaid covers, I am still able to be a mother.

For two decades, I was the person who came to the aid of others. Please, don't fail me or my family now.

This bill would fail Claudia and millions of others. It would force Claudia's family and families across the country to pay more, not less, or to even put critical healthcare out of reach. You don't have to take my word for it, though.

The American Heart Association calls this bill ''heartless.'' The Catholic Health Association says the bill is ''devastating.'' The American Academy of Pediatrics says it ''fails children.'' The American Cancer Society says the bill could ''greatly harm millions of cancer patients, survivors, and those at risk for the disease.'' AARP, the American Medical Association, the American Hospital Association, and Catholic Charities oppose this bill.

Here in the Senate, we have been hired by the people we represent to continue the proud American tradition of leaving our children a country that is even better than when it was given to us. We owe it to the people we serve to ensure they have healthcare that is affordable and accessible.

Ohio's Governor, John Kasich, recently said, when he talked about the challenges with our healthcare system, that this will never, ever be solved with a one-party approach. He is right.

In order to strengthen our healthcare system, we would be a lot better served by working together with a bipartisan effort and with input from those who provide healthcare every single day—the doctors, the nurses, the hospitals in urban communities and in rural communities all across our country. Most importantly, we need to remember the patients and the caregivers who rely on our healthcare system. We can do this together, and a big dose of Hoosier common sense would be a huge part of it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, I have always believed that elected officials should do more listening than talking.

The breadth of issues that we address here in the Senate is as vast and diverse as our Nation. We rely on input from experts, from stakeholders, and from constituents to craft responsible, meaningful policy. In the past month alone, I have had the opportunity to attend bipartisan hearings on cyber security, countering violent extremism, self-driving cars, rural broadband, nuclear defense policy, and the posture of our Armed Forces, just to name a few. These issues are vital to our economy and our national security, and they are worthy of the time and effort that went into convening these very important hearings.

But over the same timespan, the Senate did not hold a single hearing on healthcare, while a handful of Republican Members drafted a flawed healthcare bill behind closed doors.

Healthcare policy is unique. It is very complex, while also being deeply personal. Throughout our lives, doctors and nurses are with us for some of our most significant moments. Whether it is responding to trauma in an emergency, helping us live with chronic conditions, devising treatment plans for an ailing parent, or delivering a newborn child, our medical professionals are there for us when we are at our most vulnerable.

We are all vulnerable. Life does not discriminate. Anyone can get in a car accident and need months of physical therapy. Anyone can be diagnosed with cancer and require surgery, radiation, or chemotherapy. Anyone can have a son or daughter born with cystic fibrosis. But in this great country, I believe no one should ever go bankrupt because they get sick, and no one should ever die because they cannot afford quality health insurance.

I believe healthcare policy is very complex, and we have to work very hard at it, but I am also guided by a very simple moral concept: No matter who you are and no matter where you live in this country, no citizen should ever be forced into bankruptcy because they are sick and no one should ever die because they can't afford quality insurance.

I urge my colleagues to use the coming days to think about their goals for healthcare in our Nation and be guided by their own moral conscience. Passing a politically expedient proposal that can get 51 Republican votes after significant arm-twisting so that the Senate can move on to tax reform is not in the best interest of the American people, and I believe it is simply irresponsible.

I believe that we should provide the best care possible to as many Americans as possible while making sure that it is affordable. Now, I honestly can't say whether my Republican colleagues share these goals, but I can say

that the Senate healthcare bill that we saw this week does not hit the mark. I urge my colleagues to use the coming days to really think about what this bill will mean for the families in their State.

I feel fortunate that Michiganders have been willing to share their heartfelt stories with me in recent years. They are fearful that repealing the Affordable Care Act will not only put them in jeopardy but also their friends, family, and neighbors.

I have heard from Amy from Metro Detroit. She is 53 years old and has type 1 diabetes, also known as juvenile diabetes. Amy is a self-employed small business owner. Before the Affordable Care Act, insurance companies viewed her diabetes diagnosis as a preexisting condition and were able to charge her more because of it. After the Affordable Care Act was implemented, Amy was able to shop around and find a much more affordable plan with the same level of benefits that she had before. While Amy does not qualify for subsidies to help purchase insurance, she was still able to cut her healthcare costs in half because of the Affordable Care Act. Amy fears—and rightfully so—that if the Republican healthcare bill passes, her costs may skyrocket, jeopardizing her business and everything she has worked her entire life for.

I have heard from Tammy, who lives in Marne, MI. Tammy's daughter Erin is 10 years old. Erin was diagnosed with cystic fibrosis at 18 months. She takes 23 pills and does 2 hours of breathing treatments each and every day. She is a fighter, and her whole family has pulled together to support her, but they are also very worried about her future. Erin's family has private insurance, but they supplement the high cost of her care through Medicaid. Tammy is afraid that the $800 billion cut to Medicaid will jeopardize their ability to afford Erin's care and would cast an absolutely devastating blow to their family.

Finally, take Stefanie from Livonia, MI. Stefanie worked her entire life in the customer service industry, primarily in retail and in restaurants. She was never offered health insurance by her previous employers, and, until the Affordable Care Act, she never had health insurance as an adult. Then, in December 2015, Stephanie's third floor apartment caught fire, and she was left to make a horrific decision about whether to jump from her third floor apartment or die inside the burning building. Well, Stefanie jumped from the window to save her life, and she sustained serious injuries, including a broken back and a shattered foot. Because of the Affordable Care Act, she was able to receive treatment for her injuries, which included a month's stay in the hospital, multiple surgeries, and absolutely excruciating physical therapy to finally heal in the end. Stephanie's treatment came in close to $700,000, an amount that would surely bankrupt nearly any American.

These stories and many more are what health insurance is truly about. For people like Stefanie, Amy, and Erin, we should do more listening than talking. We should listen to Stefanie, Amy, and Erin, and we should listen to the hundreds of healthcare experts who have expressed their strong opposition to this bill and the impact that it will have on the healthcare system in this country.

I would urge my colleagues to listen to the AARP, the American Academy of Pediatrics, the American Diabetes Association, the American Hospital Association, the American Heart Association, the American Medical Association, the Children's Hospital Association, the National Alliance on Mental Illness, the National Breast Cancer Coalition, and the National Council on Aging, just to name a few.

I am not just hearing from these national groups. I am also hearing from local healthcare professionals all across my State. Hospitals and community clinics in Michigan—particularly, the ones in the rural areas—are telling me this bill could cause them to close their doors. This will jeopardize access to care in communities that are already medically underserved. Costs will go up for seniors and individuals with preexisting conditions, like Amy.

No one chooses to get sick. But when we are confronting a disease or injury, health insurance is a lifeline. It allows us to get better, to get back on our feet, and it simply allows us to keep living.

In American society, healthcare coverage is our promise that if you work hard and you play by the rules, you will have the healthcare you need when you need it the most. As I have already said, no one in this great country should be forced into bankruptcy because they are sick, and no one—no one—should ever die because they can't afford quality insurance.

The Republican healthcare bill is irresponsible. This bill will strip away health insurance from 22 million Americans. This bill would put more and more Americans at risk of financial ruin from unpaid medical bills, and it would put more Americans at risk of dying because they can't afford the care they so desperately need.

This bill cannot and should not be salvaged with minor tweaks and armtwisting to win a few votes.

I urge my colleagues to go back to the drawing board and begin an open, bipartisan process where we all listen to our constituents, hold hearings with experts, and work together to keep what works and to fix what doesn't. Let's let common sense rule the day and not partisan ideology. We should do what is best for our folks back home and ensure that everyone has access to quality, affordable healthcare. Michiganders and all Americans deserve nothing less.

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

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

Mr. BARRASSO. Mr. President, I come to the floor today as the pain of ObamaCare around the country continues to worsen. Healthcare prices continue to rise. ObamaCare is collapsing, basically, more and more every day. People in every State of this Union have seen their healthcare costs skyrocket. It has happened everywhere around the country.

We must do something to help the American people who are suffering under the heavy weight that ObamaCare has placed on their lives.

I was at a hospital this past weekend in Casper, WY, my hometown, and I talked to doctors, nurses, and patients. What I hear at home in Wyoming is that there is an urgent need to do something about the high costs and the limited choices under the Obama healthcare law. We are having discussions right now about the very best way to do that. Whatever we come up with, it is going to be a fundamental change in a direction away from ObamaCare. That is what America wants. That is what America needs. It is what the American people are asking us to do.

One of the biggest steps we need to take is to get rid of the ObamaCare mandates and penalties. I hear about it day in and day out. I heard about it in my office yesterday from a woman who was in town visiting on another matter, but she talked about her experience with the ObamaCare situation where her premiums have gone way up, and the deductibles are up so high that even though they are counted under ObamaCare as having insurance, her husband would tell you that he will not go to a doctor because, with a $6,500 deductible, he feels he cannot afford to. But he is counted under ObamaCare. He wants more choices. He wants more control of his own life. And he wants to eliminate the taxes and the mandates.

I am sure the Presiding Officer hears this at home: People hate the fact that there is a mandate that says they have to buy insurance that Washington says they have to buy—that the Democrats have said they have to buy—rather than what might work for them and their family and be cheaper and work better for them and be more tailored to their family's needs.

There are more than 19 million people across the country who have decided that they are going to pay a penalty to the IRS or they received a waiver so they didn't have to get ObamaCare insurance—either pay the penalty or get a waiver. These are people who made the fundamental decision that ObamaCare insurance was not a good deal for them.

The second thing we need to do, I believe, is to repeal the burdensome and

expensive ObamaCare taxes. Healthcare costs have been soaring under ObamaCare. One of the reasons is because the healthcare law added almost $1 trillion of additional taxes on to the backs of hard-working Americans. These are the taxes that specifically raised the cost for people needing health insurance and healthcare. They put taxes on things needed by people who are in need of medical care. Somebody who needs a pacemaker, someone who needs a walker, a wheelchair, an artificial joint—additional taxes on all of these users of medical devices, medical supplies, of over-the-counter pain medicines, over-the-counter medicine for fever, sore throat, as well as prescription medications. The taxes are on just about everything, and then, of course, the tax on health insurance itself. So if you buy health insurance, you have to pay a tax on that. What is that going to do to the cost of health insurance? It is going to raise the cost for people who have health insurance.

When the Democrats were debating and voting in support of the ObamaCare law on this floor of the Senate, they conveniently failed to mention all of these new taxes to the American people.

The third important thing that Republicans are committed to doing is to give much more flexibility to the States when it comes to making and developing healthcare solutions for the future.

I served 5 years in the Wyoming State Senate. We always felt that we could do a lot better job if we just had a little more local control, a little less in terms of government mandates, and make that same amount of money work that much better and go that much further and take care of that many more people.

Medicaid is the prime example. I had a State legislator in from Wyoming today, and in the office we were talking about Medicaid and what role the States play and what role the Federal Government plays, how to make dollars go further at home. ObamaCare increased the amount of money that Washington sends to States that chose to expand their Medicaid Programs. Of course, that is taxpayer money. Then ObamaCare paid a bonus—a bonus—to States that decided to not focus on the area where Medicaid was intended originally to be focused, which was on poor women, children, and the disabled. They didn't get a bonus—not at all. No bonus money to help those people. The bonus money went to help able-bodied, working-age adults. That is not whom Medicaid was set up to help in the first place.

Why should Washington collect money from people at home and then send it back out to the States with all of these new Washington mandates and restrictions on how the money is spent? I have much more confidence in the people of my home State of Wyoming and in the people of the Presiding Officer's State of Arkansas than I do in any bureaucrat in Washington, DC. When it comes to developing good ideas about improving America's healthcare, I always believe in more flexibility and local control and patient control. The more we are working with doctors and communities, working with State legislators, the better. We need more flexibility in every State; we don't need Washington telling all of us what to do. If we give people and States more options, there will be more affordable options for insurance as well as for care.

Democrats tried their goal of a one-size-fits-all, Washington-mandated approach. That is what ObamaCare was all about, and it did not work.

I want to talk about one other thing Republicans are committed to doing with our healthcare reform plan, and that is stabilizing insurance markets while other reforms can take effect.

The ObamaCare exchanges are completely falling apart. Week after week, there is another story, another headline about the disaster that is ObamaCare. We look at a headline in a Chicago paper: ''Another Obamacare rate shock.'' ''Another'' and ''shock'' with rates—that is what people are seeing around the country.

Last week, we learned that another 77,000 people in Indiana will lose their ObamaCare plans. Two more insurance companies are leaving the market there. Across the country, there are more than 40 counties where no one will be selling ObamaCare insurance next year—no one.

Premiums have already doubled because of ObamaCare in the last 4 years. Next year, people's rates may go up another 40 percent, 50 percent—well above that in other places. We cannot allow this to continue. The American people cannot afford it, it is not good for our country, and it is not good for the people living in this country.

We need to make sure we help support people who do need help paying their premiums. We need to give insurance companies more flexibility to offer the kinds of plans that people actually want to buy. We need to give States the ability to support their markets in ways that make sense for people in that State.

The discussion draft of our plan includes ideas to help keep the individual market going in a much stronger way than it is under ObamaCare today. It stabilizes the markets.

The insurance company Anthem put out a statement on Monday. The company said that these kinds of ideas ''will markedly improve the stability of the individual market and moderate premium increases.''

Anthem has been dropping out of exchanges across the country because the markets are unsustainable under ObamaCare. That has to be one of our goals as we continue to discuss legislation—stabilizing the markets and reducing premiums. There are a lot of good ideas on ways to do it. We are committed to exploring those ideas and putting together a plan that will help give people the care they need, from a doctor they choose, at lower costs. That is what the American people want us to do. That is what we are working on.

There are limits under the Senate rules that keep us from doing some things we would all like to do. If Democrats are ready to work with us and to be part of the conversation, I think we can do some things to make this bill even better. But the situation we have today in this country for healthcare is not working. ObamaCare has collapsed. Healthcare is in a state of crisis. Those who supported ObamaCare and voted for it have caused it. We are just trying to clean up the mess.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, after weeks of secrecy, after not engaging with the public, after an effort to prevent not only Democrats in this body but women in this body from participating in putting together a new healthcare bill, last week we saw Senate Republican leaders put forward their bill to repeal the Affordable Care Act.

Like its companion bill in the House, this legislation imposes draconian cuts to Medicaid, our Nation's principal program for insuring children, people with disabilities, and seniors in nursing homes. It drives up costs for middle- and low-income Americans while delivering huge new tax cuts to the wealthiest in this country.

I start with the premise that you can't take health insurance away from 22 million Americans and call it reform or better care. I think President Trump was accurate when he described this approach simply as mean. The fact is, this legislation is a direct threat to the health and well-being of millions of Americans, including tens of thousands in New Hampshire.

The opioid epidemic in the country and in New Hampshire is the worst public health crisis in modern history. In New Hampshire, thanks to the expansion of Medicaid, done by a Republican legislature and a Democratic Governor, my colleague from New Hampshire who is now in the Senate, who is here with me today—thanks to their bipartisan work, nearly 11,000 Granite Staters have been able to access lifesaving treatment under the Medicaid Program for substance use disorders. By completely reversing the Medicaid expansion, the Senate bill released last week would cost who knows how many lives and would be a crippling setback in our fight against the opioid crisis.

Medicaid covers one out of three children in New Hampshire, as well as people with disabilities and seniors in nursing homes.

In concert with the President's budget, this bill being proposed by the Senate would cut Medicaid funding in half by the year 2027. Cuts of that magnitude simply cannot be done without

having devastating effects on children and other vulnerable people across New Hampshire.

Then, of course, this legislation blocks all Federal funding for Planned Parenthood. We have more than 12,000 Granite State women and men who depend on Planned Parenthood for essential health services, including cancer screenings.

According to the nonpartisan Congressional Budget Office, nearly 45,500 Granite Staters would lose coverage under the Republican leader's bill. These are people who rely on that coverage for basic care, as well as for treatment of cancer, heart disease, diabetes, and other chronic illnesses, and they are deeply afraid that they will be among the 22 million Americans who will lose their health coverage if the Senate bill becomes law.

Last Friday, Senator HASSAN and I convened an emergency public field hearing in Concord. We wanted to hear directly from Granite Staters who would be affected by the Senate bill. I have to say—and I am sure my colleague agrees with me—it was an extraordinary event, with over 200 attendees. They overflowed the overflow room. This is a picture of the room where we held the hearing, and we can see people lined up on either side of the room, waiting to take their turn to testify.

Senator HASSAN and I heard firsthand from healthcare providers, from people in recovery from substance use disorders, from parents of children with chronic diseases and disabilities, and so many others who are concerned about this legislation. We listened to emotional, heartfelt statements about the uncertainty, anxiety, and anger this Senate bill has caused. I was especially moved by testimony from parents who are worried their children will lose access to the lifesaving treatment they need that for so many of these kids is the difference between life and death.

People like Paula Garvey, of Amherst, NH, who talked about her 19-year-old daughter Rosie, who was diagnosed with cystic fibrosis just 2 weeks after birth. Rosie also suffers from juvenile rheumatoid arthritis. Rosie must follow a strict regimen of medications to keep the cystic fibrosis under control. Paula fears that the repeal of the Affordable Care Act and cuts to Medicaid will leave her daughter without coverage for her preexisting condition and that insurance companies will once again impose a lifetime dollar limit on benefits.

For Paula, and for any parent, the prospect of not being able to access lifesaving care for a child is profoundly upsetting. Paula said: I don't know what I am going to do if the Affordable Care Act goes away. What will Rosie do when she is off of our insurance and she is not able to find insurance again?

Sarah Sadowski of Concord, NH, testified about her 9-year-old daughter who has cerebral palsy. She said:

> The Affordable Care Act was a huge moment of hope. I cannot face what life would look like with pre-existing conditions, lifetime limits, and countless hours on the phone with insurance companies.

At the field hearing, we also heard important testimony about others who rely on Medicaid. For example, Medicaid provides coverage for more than 10 million Americans with disabilities and nearly 6 million seniors in nursing homes. In fact, these two groups alone account for nearly two-thirds of all Medicaid expenditures. Yet the Republican leader's plan to cut Medicaid funding in half over the next decade would have dire consequences for these Americans.

Brendan Williams, CEO of the New Hampshire Health Care Association, told our hearing that 63 percent of nursing home residents in New Hampshire rely on Medicaid. As was reported on Sunday in the New York Times, the deep cuts to Medicaid included in the Senate bill would force many retirees out of nursing homes or lead States to require residents' families to help pay for care. For many families, this is just not an option. They don't have the finances to be able to do that. So what happens? Their loved ones get kicked out of their residential care.

We also heard compelling testimony from healthcare providers who treat people with substance use disorders. Melissa Fernald is a private clinician in Wolfeboro, NH. She told us:

> For the majority of [Medicaid expansion] patients, it is the first time they have had health insurance. It allowed me to assist them in properly diagnosing their mental health conditions . . . and securing primary care providers to treat their medical needs. It has been a powerful experience to watch them heal and grow as a result of receiving proper care. . . . My clients are more motivated and capable of getting a job and gaining financial independence.

Again, if your heart is not moved by the morality of these kinds of stories and by the values I think we should have in this country to help people who need help, we should be moved by the economics of this. It is going to cost a whole lot more when we kick people with substance use disorders off of their insurance, when they go to emergency rooms to get their care, or when they die than to make sure they get the help they need.

The Senate bill to repeal the Affordable Care Act and radically cut Medicaid is a threat to healthcare coverage for people in New Hampshire and in every other State in this country. I am so grateful to all of those Granite Staters who attended our field hearing on Friday. I know that in other States across this country, large numbers of people are turning out to express overwhelming opposition to the Republican leader's bill. I heard this morning that polling shows that just 17 percent of Americans support this legislation. We need to listen. We need to stop this headlong rush to pass a cruel and heartless bill.

For ordinary people in New Hampshire—the people whom Senator HASSAN and I heard from on Friday—repealing the Affordable Care Act and gutting the Medicaid Program isn't about politics. It is a matter of life and death. We need to listen to the voices of ordinary people whose lives and finances would be turned upside down by this bill.

There is a better way forward for both the Senate and our country. It is time for Republicans and Democrats to put ideology and partisanship aside and come together to do what is right for ordinary working people in this country.

The majority leader's decision to delay a vote on the bill is an opportunity for all of us in the Senate. When we come back after next week's July 4th recess, let's come together in an open and inclusive process. The right way forward is for Republicans and Democrats to work together to strengthen the parts of the Affordable Care Act that are working, including Medicaid expansion, and to fix what is not working.

According to poll after poll, this is what the majority of the American people want us to do. It is time now to respect their wishes and to strengthen the Affordable Care Act so it works for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I rise today to join my friend and colleague, Senator SHAHEEN, to discuss the stories and concerns we heard from our constituents in New Hampshire about how they would be hurt if TrumpCare becomes law.

Even though Republican leadership has delayed a vote on TrumpCare this week, we know that the fundamentals of what is wrong with TrumpCare will not change.

TrumpCare would force Granite Staters to pay more for worse insurance, all to give billions of dollars in tax breaks to corporate special interests—including Big Pharma—at the expense of hard-working Americans and the programs they rely on. This is the basic principle of TrumpCare, and it is unacceptable.

TrumpCare would be a disaster for people in New Hampshire. Granite Staters know this, and they have been standing up and speaking out against this dangerous bill.

As Senator SHAHEEN discussed, we held an emergency hearing last week in Concord to hear from our constituents about how TrumpCare would impact them. We held this emergency hearing at 2 p.m., on a Friday afternoon, in the summer, and with just a day's notice. Yet hundreds of people showed up.

Over 50 people shared their personal stories about the importance of healthcare, of how they have benefited from the important protections that are provided under current law—including maternity care, prescription drug coverage, and coverage for substance use disorder services—of the protections against insurance company

abuses, of Medicaid expansion, and of traditional Medicaid. They told us what their lives were like and why TrumpCare would be devastating to them and their families. I wish to share some of those stories today.

We heard from Ariel, from Rochester, NH, a mother who is benefitting from substance use disorder services that are included in Medicaid expansion and would be taken away under TrumpCare. Ariel said:

I am a mother of 3 children and I have a substance abuse disorder. I come from a long line of women who never had much opportunity. With the opportunity to have Medicaid I have been given the chance of treatment.

Without the chance of treatment I wouldn't have been taught that there is a solution and a way to live a full, beautiful life as a woman in recovery . . . as a mother of 3 beautiful children. . . . As a woman of dignity and grace. . . .

If the opportunity of Medicaid is taken away, the chance of positive change in this world is going to drastically drop. . . . Women like me may never know a world outside of drug use and hopelessness.

She goes on to say:

Today because of the opportunity of change, I am able to be a positive role model to my children and most importantly our future.

When we met Ariel, she was pregnant with that third child, and she went into labor immediately following our field hearing. She told us over the weekend that she had a healthy baby boy. Because of the treatment Ariel received through Medicaid, she is in a better position to take care of that new baby boy.

Our Medicaid Program is not only critical to providing key support to combat the substance misuse crisis, but, as Senator SHAHEEN mentioned, it also helps seniors and those who experience disabilities get the care they need—services that would be taken away under TrumpCare.

This is something we heard from a Granite Stater named Jeff, who has a form of muscular dystrophy. Jeff said:

I am able to live a life that's independent in my own home, pursuing my own career, only by virtue of the fact that I am able to receive Medicaid services. Specifically, all this discussion about private insurance is well and good, but I think what some Senators aren't remembering or don't know is that private insurance doesn't cover many of the types of services that Medicaid does. . . . Especially personal care services that allow us to live independently in our homes and communities, which is where all of us would like to be, if we're able to. So, I'm concerned about that.

He continued:

I'm concerned about the fact that my understanding is that this bill would allow states to opt out of providing optional Medicaid services, many of which are the waiver programs here in the state that frankly are so vital to folks with physical disabilities, developmental disabilities, acquired brain injuries, and all sorts of other conditions. So that part concerns me.

Medicaid coverage makes it possible for Jeff and so many others to work and participate in their communities. Jeff also said that he was concerned about the fact that TrumpCare cuts and caps Medicaid, which we know is really just code for massive cuts that would force States to choose between slashing benefits, reducing the number of people who can get care, or both.

Senator SHAHEEN and I also heard from several Granite Staters who have benefited from the Affordable Care Act and who are concerned that TrumpCare would reduce the care they receive while raising their costs. One of these people was Enna, from Exeter, NH. Enna said:

I am self-employed and purchase health insurance through the Marketplace here in New Hampshire. The ACA had given me the opportunity to purchase affordable health insurance for myself and my family of four.

She explained:

We were unable to maintain insurance consistently prior to the ACA, and even when we did have it, critical preventative care—for myself, as a woman—was not covered by our previous policy.

She said this about TrumpCare:

[It] would make our health coverage less comprehensive and less affordable. I am certain that our risk of financial and/or health catastrophe would be significantly greater [under TrumpCare].

There is no doubt that we should all be working together in order to improve the Affordable Care Act, build on the progress we have made, and lower healthcare costs for all of our citizens. I am willing to work with any of my colleagues on bipartisan solutions in order to make that happen, but we know that TrumpCare is not the answer. While my Republican colleagues have delayed a vote on this bill, no one believes that TrumpCare is dead yet.

I am going to continue to share the stories of Granite Staters who would have to pay more money for less care under TrumpCare. I will keep working to ensure that TrumpCare never becomes law. I urge my colleagues to take the time to listen to their constituents who would be hurt under TrumpCare.

The people of New Hampshire have been so brave. They have come forward, and they have talked about their most personal, difficult, and challenging experiences. They have laid themselves bare before the rest of us so we could understand what they have gone through and so we could understand that if we are not committed to a healthcare system in which every American—citizens in a democracy—have meaningful, truly affordable access to the type of care that each of us would want for our own family, then we are not doing our job as a democracy at all.

We need to protect and defend what we have, and, then, we need to improve what we have. We need to come together and make sure that healthcare is truly available to every one of us, so that we can be healthy and productive and so that we can lead together.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. KING. 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. KING. Mr. President, I want to talk about the healthcare bill, the healthcare issue, and talk a bit about how we can find a solution and then what the solution should look like.

For the last 2 days, as a member of the Armed Services Committee, I have been in our markup. In that markup, we considered somewhere in the neighborhood of 250 to 300 amendments. Of those 250 amendments, approximately 210 of them were either compromised—an agreement was worked out between the proponents of the amendment and those who had reservations—and they were either withdrawn or became part of the bill by unanimous consent. Of the 25 or 30 that were left for votes, however, we had good debate. The members talked about their point of view. The people who opposed them gave their points of view. We had a vigorous discussion and debate and then we voted. The important thing to me—and I am pretty sure I am right about this, I kept a mental note as we went through the votes—I don't believe there was a single party-line vote in the Armed Services Committee on any amendment. The votes were sometimes more Republicans, more Democrats, but there wasn't a single party-line vote. In other words, the process worked as it was intended to work, as it should work, and as it can work.

So I have a radical suggestion for those who are seeking a solution to this healthcare issue; that is, submit a bill and put it before the requisite committees, have hearings, have debates, have information, get information from around the country, from experts, from people who know about the topic, and that is how we make good laws. A bill that doesn't go through any of that process, that is concocted in secret and sprung on the Congress at the last minute, almost by definition will not be a good bill. Bad process—bad bill, and that is what we had happen in this case.

I think this is a time—we are going into a recess at the end of this week. Let's take a deep breath, and instead of trying to tinker around and attract a few extra votes and find something that will barely pass by the skin of its teeth, let's step back and submit this issue to the Finance Committee and the HELP Committee. Let's try to work through to find a real solution involving both parties, involving all of the wisdom that has been accumulated in this country on this incredibly complex and difficult and incredibly important issue. We don't have to try to do it in the dark. Let's do it in the light of day. Let's have open hearings and considerations, votes and amendments, discussion and debate, and then as our system is designed, we can come to a good result.

Let's talk about the bill that is currently before us. I guess it is before us. It hasn't really been submitted to any of the committees, but I am told it is coming to the floor. It was going to be this week. Now it is going to be the week, I guess, after the recess—at least that is what we were told yesterday.

Why is this a bad bill? I have been watching some of the commentary on this bill, and there is a lot of discussion about the Congressional Budget Office analysis: Is it correct, did they use the right baseline, are they good at projecting how many people are going to sign up for healthcare, and all of those kinds of questions. People are questioning the Congressional Budget Office. I happen to think they tend to be pretty nonpartisan, straightforward, good, scientific, and quantitative analysts of these kinds of issues. They issued their report saying 22 million people lose their healthcare. This is about people. It is not about ideology. It is about real people.

There is a really easy way to cut through all of the questions about whether they analyzed it properly and who is going to lose and who is going to win; that is, to look at a simple chart that is on, I think, the third page of the Congressional Budget Office analysis. This is really all you need to know about this bill: Medicaid loses $772 billion over the next 10 years, and the tax credit and selective coverage provisions—that is the ACA—loses $400 billion. It is $1.1 trillion out of the healthcare system. You cannot take $1.1 trillion out of the healthcare system and not hurt people. You can't do it. We don't have to argue about how many here, what age, and all of that kind of thing. We are talking about a massive cut to the support that is enabling American people to get healthcare.

In Maine, if you cut all these numbers back, as near as I can tell, it is about $400 to $500 million a year. I was the Governor of Maine. I know that $400 and $500 million a year is huge. People talk about: Well, we are going to cut Medicaid back. We are going to trim the growth rate. We are going to lower the way it is calculated and make it a per capita cap, all of these things, and we are going to give the States flexibility. The magic word ''flexibility''—as if the flexibility enables you to somehow conjure up $1 trillion. What you are really giving the States is the flexibility to decide between the elderly and the disabled or children. That is what this is all about.

There is another option, by the way. The States can always raise taxes to make up for this difference, and that is one of the most frustrating things to me, again, as a former Governor. We are talking about this reduces the Federal deficit by $330 billion over 10 years. Yes, because you shifted almost a trillion dollars to the States. That is nice work if you can get it. That is balancing the Federal books on the backs of the States. If we want to make the Federal budget look better, why don't we just let the States pay for the Air Force? That is a Federal expenditure. Shift that to the States. That will help us with our budget deficit, but it is a fake balancing of the budget because you are simply shifting the cost over to somebody else—another level of government.

The shorthand for that is shift and shaft. That is what we are talking about, either the State government is going to be shafted because they are going to have to raise taxes or the people who are going to lose the support are going to be shafted. We are talking about real people.

Let me talk about Medicaid for a minute. Medicaid is sometimes characterized—and I have even heard some of my colleagues use Medicaid and welfare in the same breath, as if Medicaid is a welfare program. It is not. It is a critically necessary support for healthcare for people who need it, many of whom are not welfare people—as we would denote them—not welfare recipients. They are getting a lifeline, a true lifeline that is actually keeping them alive.

In Maine, 70 percent of the people in nursing homes are on Medicaid. Nationwide, the number is 62 percent. So when you talk about Medicaid and cutting Medicaid, you are talking about Aunt Minnie in the nursing home. You are not talking about some welfare recipient who is ripping off the system. You are talking about your relatives who are in nursing homes, and 70 percent of the people in nursing homes are being supported by Medicaid. In Maine, we call it MaineCare.

So you can't shrink this amount of money and think it is not going to have impacts on people, and that is why this bill is so pernicious. Here is what the bill is all about: a one-half trillion-dollar tax cut to the top 2 percent of wage earners in America. Let's be clear what is going on here. There is an equation of one-half trillion dollars of tax cuts and more than one-half trillion dollars of cuts to benefits—money to the wealthy; healthcare away from those who need it. That is the equation. That is what this bill is all about. This isn't a healthcare bill. This is a tax cut bill dressed up like a healthcare bill, and it is also an ideological bill because people don't like Medicaid.

Here is the problem: Our healthcare system is the most expensive in the world. We pay the most per capita for healthcare as anyone on the planet, by far—just about twice as much as most other countries. If you do the math and you take the annual healthcare bill and divide it by the number of people in America, you get about $8,700 a year per person. That is what we spend on healthcare. So for a family of four, that is $35,000 a year. That is what healthcare costs us. By the way, that is the real problem. When we are talking about Medicaid and Medicare, Anthem and private insurance, and all of those things, we are really talking about who pays. The deeper issue is how much we are paying. The problem is—and the reason we need Medicaid and the reason we need Medicare and the reason we need the Affordable Care Act—American people can't afford it without help. It is as simple as that. They can't afford it. The government has to provide some support. If it doesn't, it would break every family in America. We have to have the support. Right now, in the private sector, it is breaking our companies that are trying dutifully to keep up with the increase in costs of healthcare.

Don't fall for this idea that somehow the Affordable Care Act caused all the increases. I remember—again, harking back to when I was the Governor of Maine in the late 1990s, early 2000s—healthcare costs were going up 6 percent, 8 percent a year—10 years before the Affordable Care Act went into place. The private—the individual market for health insurance was already on a drastic upward climb. So to blame it somehow on the Affordable Care Act just doesn't wash in terms of the history.

The deep problem, as I say, is the overall cost of healthcare. We have to start talking about that issue. That is a separate issue from what we are talking about here as to who pays. We have to talk about different kinds of delivery systems. We have to talk about a huge increase in preventive care. We have to talk about helping people stay out of the hospital, stay out of the medical system. The cheapest medical procedure of all is the one you don't have to perform. So many of our diseases—our chronic diseases like diabetes—are based upon the choices people are making and their lack of adequate care early in the disease. That is a separate discussion. I think that is one we really have to look at. However this debate is resolved in the next few weeks or few days, we have to talk about the deeper issue of the overall cost. If we don't get a handle on that, then all of this other stuff is going to be—it is not going to solve the problem because the deeper issue is the enormous cost we pay in this country, which is almost twice as much as anybody in the world per capita.

You could say: But we have the best healthcare in the world. Yes, we do, for the people who can afford it. But for millions of people who can't afford it, who have either no or skimpy care, it is not the best healthcare system in the world.

There are no statistical indicators that tell us we are doing very well. On things like longevity, prenatal care, infant mortality, we are way down. We are like 17th, 20th. You would think that if we are spending the most money in the world, we ought to have great results. We don't. So that is something we have to talk about.

The cost of pharmaceuticals, the cost of drugs is higher here than anywhere else in the world. Why is that? That is a problem we have to discuss.

I had a tele-townhall Monday night. It was sponsored by the AARP of Maine. At the peak, they tell me there were 10,000 people on that call. I took questions, and the questions from seniors in Maine were full of concern—''fear'' may be too strong a word, although in several cases it wasn't, but very deep concern about what the effect of this will be on them, on their mothers, on people who are depending on Medicaid for their care.

One lady who called pays $8,000 a month for her chemotherapy drugs. If it weren't for her support under the Affordable Care Act and Medicaid, she said on the phone, ''I'd be dead.'' That is what we are talking about here. We are talking about real people.

The final sort of general point I want to make before I talk about some of the people who are going to be affected by this is that I hear sometimes the proponents saying: The free market is going to solve this problem. The free market is miraculous; it can solve all problems.

I am a huge believer in the free market. I am a thoroughgoing capitalist. I started a business. I ran a business. I understand the free market. The problem is that healthcare is not a free market. If you go to buy a car, that is a free market. You can go online and compare. You can test drive. You can find the prices at the four dealers that are in your neighborhood. You can do all of those things. That is a free market. You don't have that in healthcare.

No. 1, you don't know the price. You call your local hospital and say: What will it cost me to get my knee replaced? Nobody can tell you. You don't know the price.

No. 2, it is very hard to compare products. You can do it if you can really dig and get word of mouth on who is a good doctor and who isn't.

No. 3, you don't say what you want; the provider tells you what you need. Imagine going into a car dealership and the car dealer saying: I am going to tell you I think you need this Mercedes over here. I think that is what you need, and by the way, you pay for it.

Our system is set up such that providers are paid for delivering a service, not keeping you well. They get paid by procedures, fee-for-service, not for keeping you well. There is no money in prevention. We have to change that. We have to change that.

Now let me talk about people. These are some people I have talked about before, and I just want to sort of go through them.

You know who this is. This is a Maine lobsterman. This is a guy; his name is David Osgood. The ACA gave them a chance to get insurance. It gave them an opportunity to get insurance where before it was practically impossible. He said it has given them some comfort, some reassurance. He said: ''We'll be okay.'' That is the Maine way. ''We'll be okay.'' This is one of the most independent, toughest professions there is in this country, but he is not part of a big corporation, and he doesn't have somebody to pay part of his healthcare. He has to make it work, and the ACA gave him an opportunity that he didn't have before to give some confidence to his family and to his life.

By the way, there are about 75,000 people in Maine just like him who got coverage under the ACA, many of them for the first time, and those are the calls we are getting in my office.

This is Jonathan Edwards and Jen Schroth. This is sort of a funny story; it tells you what Maine is like. I know Jen's mother. I worked with Jen's mother in the early eighties. Maine is a big small town with very long roads. We all know each other. And it just happens that here we are, 25 years later, and I have become acquainted with Jen.

She and her husband are farmers. They are small farmers in coastal Maine. She thinks it is irresponsible to go without health insurance, especially when you have a family, but it was so expensive, they couldn't get it. They couldn't acquire health insurance in the individual market because they are not a member of a big corporation. The ACA gave them access to insurance for the first time—real insurance that covers what they need, not skinny insurance that only covers certain things and doesn't cover other things and just gives you the illusion of coverage until you go to make a claim.

Jonathan Edwards and Jen Schroth are farmers in Brooklin, ME—that is the real Brooklin, by the way, Brooklin, ME. Forget about that place in New York; this is Brooklin with an l-i-n. They are farmers in Maine to whom the ACA gave an opportunity to get insurance for the first time for their family.

Cora and Jim Banks from Portland raised four boys. This is amazing. They raised four boys, and every single one was an Eagle Scout. That is amazing. I mean, to be an Eagle Scout is a real achievement in this day and age. Cora worked at her home. She developed Alzheimer's in her late fifties. That is a tragic disease. When Jim could no longer care for her safely at home, she went to a nursing home, and Medicaid helped her be there. Medicaid helped her be there. If you start taking away Medicaid, what will become of Cora? What will become of Jim? He took care of her as long as he could. If she has to go home, if she has to leave that home, that will be a tragedy for her and for her family.

Again, as I mentioned before, 70 percent of the residents in nursing homes in Maine are on Medicaid. That is the kind of difference it makes in real life.

Here is Dan Humphrey. Dan Humphrey is a young man with autism who volunteers at local soup kitchens and delivers Meals on Wheels in Lewiston, ME. He depends on a Medicaid waiver to support his independent living. If it weren't for Medicaid, Daniel would be in an institution, or he would be with his parents. They wouldn't be able to work because he would need care 24 hours a day. He does need care and support 24 hours a day. Under Medicaid, he is able to lead a real life and feel good about it. You can tell he is a great guy; look at his smile. Medicaid is a lifeline.

I talked about Dan 2 or 3 weeks ago, and since then, I have had an outpouring from people across the country and especially in Maine, people who have children or relatives or friends with disabilities, on what this has meant for them and how terrifying it is that anybody wants to take three-quarters of a trillion dollars out of Medicaid, which is providing an opportunity for Daniel to lead a decent life. Why would anybody want to do that? I don't get it. I don't get it.

Of course it can be made more efficient. Of course the ACA can be made more efficient but not three-quarters of a trillion dollars more efficient. That is a huge amount—$450 million a year in Maine.

Daniel waited 8 years, under the current program, for the services he gets now. And if we put in caps and block grants—that sounds good in Washington: We are going to put in caps. Caps mean Daniel may not get his services next year or the year after or another guy like Daniel in Peoria or Philadelphia or San Francisco. That is a tragedy. These are real people. We are not talking ideology; we are talking real people.

Here is Lydia Woofenden. She lives near where I live. She just graduated from Mount Ararat High School in Topsham. Two of my boys graduated from Mount Ararat. She even has a job she was offered after years of volunteering. Everything she has achieved has been accomplished with help from her family and dedicated teachers and therapists almost exclusively funded through special education in the public schools and Medicaid.

By the way, having a child with disabilities has nothing to do with your income. You could be high income, low income, middle income. It has to do with the luck of the draw. It has to do with bad fortune, and it could hit anybody. So, again, this idea that Medicaid is some kind of welfare program is just not true. It is not true.

So, Mr. President, the reason I am here is because of these people. The reason I am here is to stand up for these people because they can't be here to do it themselves.

We can do better. The failure to get the votes to vote on this bill this week gives us all a chance to take a deep breath, to step back and say: Sure, there are things wrong with the Affordable Care Act. There are things we can debate. There are things we can argue about. We can have amendments. We can do what we did in the Armed Services Committee over the last 2 days and have a real discussion and debate. I know it is possible because I sat there and saw it happen. It can be done, and we can do it here.

Let's take a week not to try to browbeat and push and make special deals

to try to get 51 votes or 50 votes and then the Vice President breaks the tie. It goes to the House, and they don't even look at it—they will pass it. And then we will be embarked on a path that is really going to hurt the American people.

We have to have help. Healthcare is too expensive, and regular people in this country can't afford it. We have to have help, and this is the place where people are looking to find that help. Let's try to work together. I am certainly willing to work with anybody who will listen. But if they are starting from a premise of gutting Medicaid and giving somebody else a huge tax cut, that doesn't work. Let's talk about the real problem. You want to talk about healthcare, let's talk about it. Let's talk about how we can lower the cost of healthcare, how we can lower the cost of deductibles, how we can lower premiums, and how we can provide new options to people in the health insurance system. But let's not talk about what we are going to do that is going to have such tragic results on individuals and families and on the fabric of our society.

Mr. President, I believe we can do better. I believe we can do better, and we have an opportunity to do so. It sort of dropped into our laps this week. We have 10 days to work on this, to think about it, to try to come up with a solution or at least begin the process of a solution. There is no deadline here next week, but let's begin the process.

As we begin, I have this radical idea of referring these bills to committees here in the Senate, having hearings, getting expert opinions, listening to the country, listening to the hospital association that says this is a terrible bill. The American Medical Association says this bill violates the basic principle of the medical profession: First, do no harm. This bill will do harm.

There is no group whom I have heard of who is for it—only people who have an agenda to cut Medicaid because they don't like Federal support or people who have an agenda to change the Affordable Care Act because it has Obama's name on it. That is not a good enough reason to strike at the heart of our people, our communities, and our society.

One final point. I have been talking about people; let me talk about jobs. In Maine, in 8 of our 16 counties, the hospital is the largest employer. I talked to a hospital director an hour ago. They are desperate about what is going on down here because it is going to make it difficult for them to survive and serve their communities—the rural hospitals especially. I have met with them across Maine—in Farmington, Bridgton, Skowhegan, Lincoln. Maybe you haven't heard of those towns because they are small towns in Maine, but they have a hospital that is the heart of the community and the biggest employer in the community. They all told me the same thing. This idea of this bill, this approach, is going to kill them. It is going to cause them to at least shrink their services or close. In Maine, because we are a rural State with far-flung communities, that means people are going to be a long way from available care—1 hour, 2 hours—and that is a tragedy for our communities in terms of economic development, in terms of jobs, but mostly, as I keep saying, because of people.

People say: Why are you so impassioned about this, ANGUS?

It is because this is what the people of Maine sent me to do. They sent me down here to help them, not hurt them. They sent me down here to speak for them, not stifle their voices. They sent me down here to do the right thing, to do the ethical thing, to protect them when nobody else will. That is why I am here, and I believe that this Senate, this Congress, this government, can do better, and I hope we will.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

CONGRATULATING THE UNIVERSITY OF OKLAHOMA WOMEN'S SOFTBALL TEAM ON WINNING THE 2017 WOMEN'S COLLEGE WORLD SERIES NATIONAL CHAMPIONSHIP

Mr. INHOFE. Mr. President, this is a little out of character. Confession is good for the soul. One of my very favorite—maybe my most favorite—of spectator sports is, of all things, girls' softball.

Now, a lot of people don't even know anything about the sport. It is pretty incredible. I am pleased to tell you that Oklahoma City is the home of a very famous ASA Hall of Fame stadium, which is the world's No. 1 softball field. This is where the Big 12 Softball Championship and the Women's College World Series are held.

This past May, the Sooners won the championship game at the Big 12 softball tournament between Oklahoma and Oklahoma State, which also has a great team, at this impressive stadium. The Sooners won.

Then, on June 6, they became the 2017 Women's College World Series national champions in Oklahoma City.

After facing diversity in the earlier game against North Dakota State in the NCAA regionals, the Sooners proceeded to win 11 consecutive games—think about that, 11 consecutive games—ultimately achieving a 5-to-4 victory over the University of Florida Gators.

In the first game of the championship series, Oklahoma outlasted Florida in a recordbreaking—I was here; we were actually in session at that time—17 innings. It went until 3 o'clock in the morning. Of course, we won. It was the longest game in the history of women's college series of all time.

This win is the women's softball team's second consecutive national championship and the third in the last 5 years. This is a big deal. These girls come from all over the country and end up playing softball there. It is something where they are clearly national champions. It makes me very proud to see that they are doing so well.

I would like to take a moment to congratulate all of the players. Their hard work clearly paid off. It is important to thank the coaches as well. Thank you for your skills, your tenacity, and your dedication, which helped lead these ladies to victory.

Their remarkable head coach, Patty Gasso, has been with OU since 1995, and was inducted into the National Fast Pitch Coaches Association Hall of Fame in 2012. I bet you didn't even know there was such a thing, but there is. She and her staff have worked together over the last few decades to build a legacy that has a strong community following. These women will continue to make Oklahoma proud through their various roles as students, athletes, and leaders.

Just last week, junior pitcher Paige Parker was warming up before she threw the ceremonial first pitch of the game between the Kansas City Royals and the Boston Red Sox. It was during this warmup that the Royals players were able to see firsthand how impressive girls' softball pitchers are. The catcher even missed some of them and almost fell over.

I wish the best of luck to these players and the coaches for next year's softball season. Enjoy your success, and bring home another national championship next year.

Mr. President, I ask unanimous consent that the team roster of all the players and coaches, who made this a great championship victory, be printed in the RECORD.

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

The players: Kelsey Arnold, Falepolima Aviu, Caleigh Clifton, Alissa Dalton, Macey Hatfield, Shay Knighten, Mariah Lopez, Paige Lowary, Kylie Lundberg, Nicole Mendes, Melanie Olmos, Paige Parker, Nicole Pendley, Raegan Rogers, Sydney Romero, Hannah Sparks, Vanessa Taukeiaho, and Lea Wodach.

The coaches: Patty Gasso, Melyssa Lombardi, JT Gasso, Jackie Bishop, Lacey Waldrop, Brittany Williams, and Andrea Gasso.

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

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, over the last 10 days, I have conducted

emergency field hearings, giving my constituents in Connecticut an opportunity to be heard, a chance for their voices and faces to be part of considering the Republican healthcare or really, more accurately, wealth care bill. Indeed, that label or characterization of the bill came from one my constituents who said: This plan is not healthcare, it is wealth care because it produces a massive transfer of wealth from the poor and middle-class Americans, whose healthcare would be deeply harmed, to the richest Americans, who would enjoy the benefits of hundreds of billions of dollars in tax cuts.

That kind of voice and criticism deserves to be heard here. Yet my Republican colleagues and their leadership have gone from total secrecy to total chaos. They are in chaos because they have refused to heed the voices and faces of ordinary, average working people—middle-class people, the most vulnerable people—who would be deeply harmed by this proposal.

One woman at one of my hearings in Connecticut, knowing what would happen under this bill, said to me:

Do the right thing. Save the Affordable Care Act and save our lives.

She was not exaggerating when she said lives are at stake. She is right. This very eloquent woman, Amy Etkind, knows all too well what this bill means for Americans like her, and the man she described, literally, as the ''love of her life.'' She told me about him during a hearing in New Haven Friday afternoon—about how he has struggled with addiction, mental health issues, and now diabetes. He is alive today because of Medicaid, and he has access to the services he needs. As she said, ''If Medicaid were to go away, he would be literally dead in a very short period of time.''

When we say the Republican plan would cost lives—it would kill people—it is no hyperbole, no exaggeration. It is plain, simple fact. As Ronald Reagan said, ''Facts are stubborn things.'' The fact is, this bill would cost the State of Connecticut nearly $3 billion in Federal funding over the next 10 years. These cuts, mainly to Medicaid, cannot and will not be replaced, as the CBO has predicted. It would leave States like Connecticut in an impossible position: either raise taxes to pay the difference or cut Medicaid enrollment to insurers, putting people like Amy's husband at risk, literally, of death; putting out on the streets the senior citizens living in the Monsignor Bojnowski Manor in New Britain, where they are enjoying great care—a high-quality environment because of Medicaid. Many of them are middle-class folks who worked hard, played by the rules, and exhausted their savings. They are vulnerable now because of the cost of healthcare and their care, in particular. The focus ought to be on them, on the people who are affected, not so much the numbers, but we know from the numbers that the Republican plan would disastrously raise premiums by 20 percent and would cut enrollment impact on the individual market—premiums and enrollment, apart from Medicaid, on the individual market. These numbers are from the Center on Budget and Policy Priorities. They are fact. Facts are stubborn things.

We know also what the effects would be—what the numbers are for people who are middle income. The elimination of the tax credits for middle-income people paying their premiums would be nothing short of disastrous.

We focused on Medicaid. I talked to you about Amy and the love of her life and what the effects would be of the decimation of Medicaid, but here we are talking about the elimination of tax breaks that help middle-income people. I don't need to explain this graph. For someone with $26,500 in income, their premiums under the Senate plan would jump to $6,500 from the present $1,700. For somebody earning in the midfifties, the jump is even greater, and it is true even for people who are earning $68,200. They will have to pay more, a larger share of their income, and receive less. It is not only that the Senate plan is disastrous because it is more costly, it is also going to impact the quality of care by reducing the standards; eliminating the strict requirements on preexisting conditions, the protections on annual and lifetime caps for coverage, defunding Planned Parenthood, continuing the war on women's healthcare. The long and short of it is that this measure is bad for America.

Tia spoke to me at these hearings about the opioid epidemic. If there is one example that breaks our hearts and wrenches our guts, it is the effect on people who are trying to recover from opioid addiction and abuse. Their recovery would be shredded—maybe stopped—by gutting Medicaid coverage.

Another woman who spoke at my hearing, Donna Sager, called herself ''the perfect example as to why our healthcare plans must include preexisting conditions and not punish people like me with high premiums.'' Donna, as she told me, is 63 years old and not yet eligible for Medicare. When she was 36, she was diagnosed with a rare form of hereditary colon cancer. For 27 years she has been undergoing major surgeries, constant screening, doctor visits to make sure she can remain as healthy as possible. Then she told me about her husband, a man in his seventies, and she said this:

He would like to retire, but how can he with all my medical expenses? I am frightened what I will do if the Republican healthcare bill gets passed. Changes to preexisting coverage will be extremely damaging to me, how will I pay these costs and high premiums? The republican healthcare plan wants to punish me for having cancer.

She closed by saying:

It is as though Washington wants to punish me again for having cancer and being older. . . . I never would have expected that the greatest country in the world would treat me like this.

There is a path forward, and it requires our Republican colleagues very simply to start over, to work with Democrats, to abandon this misguided, myopic effort to repeal, repeal, repeal. That mantra simply is not a policy for American healthcare.

What is needed is to build on the Affordable Care Act, to improve it, to correct its defects. We can do it if we work together and if we focus on the rising costs of medical care and try to bring them down, if we focus on the regulatory barriers to entering insurance markets and seek to eliminate them, if we focus on the FDA drug approval process and seek to responsibly and safely expedite new drugs coming to market, if we enable Medicare to negotiate drug prices as the VA does. Those examples of improving the present system are doable. They require leadership, which has been lacking and most particularly lacking at the White House.

Yesterday, we saw a picture that is worth a thousand words: the President of the United States sitting with Members of this body, but only Members of this body from the other side of the aisle—only Republican Senators. It was almost the entire membership on the Republican side. Not a single Democrat was invited, not a single Democrat consulted, not a single Democrat involved in the continuing process now of producing yet another plan behind closed doors in secrecy.

The majority leader announced it just today. The effort is to have another version to be submitted to the CBO by Friday, but that process simply continues the present fatal flaw in my Republican colleagues' thinking, which is that they can do it with only one party. I want to give credit to our Republican colleagues who had the courage and strength to say no because they saw it was bad for America.

In closing, I want to say that my Republican colleagues will be going home this weekend. They have been looking at themselves in the mirror, at their consciences, and they have been seeing something they don't like—a moral failing in this bill, not just a political failing or a policy defect but a real moral failing.

Healthcare is a right, and even if my Republican colleagues disagree on that point, they have to recognize that taking away healthcare, decimating Medicaid, waging war on women's health, depriving children of the preventive care they need so they can go to school and learn properly, evicting seniors from nursing homes, putting the burden of billions of dollars on my State of Connecticut and every State represented in this body, and other grotesque, cruel, costly impacts of this bill are the wrong ways to go. They know that when they look in the mirror, but they will know it even more powerfully when they look in the eyes of their constituents this week—if they have the guts and courage and heart to do so.

This wealth care plan is doomed to failure. Even if it passes, it is doomed to fail America. It is a moral failing, not just a policy failing. The health of our consciences, as well as our physical well-being, hangs in the balance.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. UDALL. 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. UDALL. Mr. President, I rise to defend the essential healthcare that 300,000 New Mexicans and millions of Americans depend on.

Leader MCCONNELL calls his TrumpCare bill the Better Care Reconciliation Act, but actually the bill will mean worse care for seniors, children, the disabled, rural communities, and working families all trying to make ends meet. It will mean no care for 22 million people, according to the latest Congressional Budget Office report. The bill cancels health insurance and slashes Medicaid funding, all so Republicans can give big tax breaks to the richest Americans.

President Trump called the original House bill mean. The Senate Republicans' healthcare bill isn't just mean; it is cruel. It is cruel to take away nursing home care that seniors depend on, cruel to take away necessary medical services from disabled children. Make no mistake, this bill will cost lives.

This version of TrumpCare is a massive redistribution of wealth from working families, seniors, and the disabled to the wealthy. But the Republicans' bill is not Robin Hood in reverse. TrumpCare doesn't just take money away from the poor to give to the rich; it takes away people's healthcare and robs families of their health and ability to work, care for their families, contribute to society, and lead happy and healthy lives.

This bill was drafted in secret. Only a handful of Republicans and their lobbyist friends got to see the bill. It is no wonder the American people hate what TrumpCare would do to them and to their families. TrumpCare is cruel; there is no doubt about it.

It is good that Leader MCCONNELL decided not to call a vote this week on this terrible bill, but I am by no means satisfied. We need to hear from the Republican leadership that they are ready to work with Democrats to improve the Affordable Care Act, not gut it, and to truly improve our healthcare system. This is what the American people are demanding, and this is what we in Congress should be working toward on a bipartisan basis.

We created Medicaid in 1965 to serve a critical need. Since then, Medicaid has become one of the most successful programs for making sure low-income people get the healthcare they need. People get treatment for illnesses that once were a death sentence.

The American people support a government that doesn't leave its most vulnerable to suffer and die, but the current Senate bill cuts Medicaid by more than $770 billion. Let's be clear, these cuts have nothing to do with better healthcare. They are a ruthless tactic to fund tax cuts for the wealthy.

On the campaign trail, the President vowed not to cut Medicaid. He said it a number of times. Last week, he tweeted that he is ''very supportive'' of the bill. Yesterday, he met with the Republican caucus and told them to pass the bill. By supporting this bill, the President breaks the promise he made during the campaign.

Medicaid expansion has allowed millions of Americans and over 265,000 people in my State to see a doctor. Many of these folks work but don't have health insurance through their jobs or can't afford private health insurance. Medicaid expansion is literally a lifeline, but TrumpCare wipes this out. I can't believe that our Republican friends are doing this to New Mexico children and families.

Take 1½ year old Rafe—this is Rafe. Rafe is here with his mom Jessica and his dad Sam, a veteran. They are from Albuquerque, NM. Rafe was born with cortical visual impairment—a kind of legal blindness—and significant developmental delays. He faced monumental medical challenges. But Jessica and Sam have been able to access the intensive medical care, early intervention services, medical equipment, and therapies he needs through a combination of their military insurance and Medicaid.

Now Rafe's parents are scared he will lose his Medicaid services. Their military insurance alone doesn't cover all the services and equipment Rafe needs. They need Medicaid. Without it, Rafe's chances for a better life are threatened. They worry about—and this is their quote—''dealing with insurance, finding healthcare, tracking down specialty doctors, keeping up with therapy appointments and doctor's appointments.'' They worry whether Rafe will be able to walk, feed himself, graduate from high school, and get a job. Now they must worry whether he will get the medical care he needs to give him the opportunity to do all of those things.

Let's talk about Carmen and her three children. Carmen is a single parent. She serves Native American students as a teacher, a coach, dorm parent, and higher education administrator. The small nonprofit organization Carmen works for doesn't offer health insurance. For the past 4 years, Medicaid has helped pay for the healthcare for her two sons.

Her kids are healthy, but two have nut allergies and need EpiPens at school and at home. According to Carmen, ''When I renewed their EpiPen prescription for school this past fall, I was astounded that the price sky-rocketed to $741 to fill one prescription!''

Now Carmen is worried; she doesn't know whether her kids will lose Medicaid or how she will pay for prescriptions. She asked me: ''Please continue to fight for the Affordable Care Act because you are fighting for me and my family's well-being.''

It is cruel to threaten Rafe's chances for a healthier life, cruel that Carmen might not be able to pay for EpiPens for her kids. TrumpCare threatens these two families and millions more.

TrumpCare will hurt seniors, so it is not surprising that AARP strongly opposes it. AARP opposes the TrumpCare age tax that allows insurance companies to charge seniors up to five times more for their premiums. The age tax, combined with reducing tax credits for premiums, will price seniors out of health insurance needed to supplement their Medicare. AARP is calling on every Senator to vote no on the Senate Republicans' bill.

Medicaid pays for an astounding 62 percent of all nursing home care. By cutting Medicaid, the Republicans threaten our mothers, our fathers, and our grandmothers and grandfathers in nursing homes. States can't bear the burden of these costs. Republicans want to shift them.

I know the State of New Mexico can't handle this. This cost-shift sets States up to cut reimbursement rates and reduce eligibility for services at nursing homes. Medicaid pays 64 percent of nursing home care in my State. New Mexico's 74 nursing homes will be impacted by these cuts.

Many of the folks in nursing homes are middle-class Americans who worked all their lives, paid taxes, and saved for retirement. They did everything right, but because skilled nursing care is so expensive, they have outlived their life savings, and now Medicaid pays the cost of care at the end of their lives, allowing them to live with dignity.

Senate Republicans may say that one improvement in their bill over the House bill is it protects people with preexisting conditions, but the American people shouldn't be fooled. People with preexisting conditions are not protected under the Senate bill the way they are now protected under the ACA.

The Senate Republican bill still allows States to waive the essential health benefits that all insurance companies must now provide under the ACA. These benefits include prescriptions, hospital stays, rehabilitative services, and laboratory services. If States waive these benefits, people with serious illnesses would have to pay out of pocket for these services or buy additional insurance, or if these services are covered but are not essential health benefits, insurance companies can put annual or lifetime limits on the services, and people with serious illnesses could end up with no coverage or be priced out of services.

All this sends us back to the time when people faced not getting care or going bankrupt if they got sick. We passed the ACA because the American people agreed no one should go broke to pay for lifesaving care and that insurance companies shouldn't be able to place limits on the care someone could get in their lifetime. Why do Republicans want to take us back?

Finally, the steep cuts to Medicaid would devastate hospitals, especially rural hospitals. Make no mistake—rural hospitals are already struggling. Medicaid cuts will force some to close their doors if TrumpCare becomes law.

In New Mexico, our rural hospitals are often an economic anchor for the community. Hospital administrators in my State are very worried. Medicaid has helped the Guadalupe County Hospital cut its uninsured payer rate from 14 percent to 4 percent from 2014 to 2016. Its uncompensated care decreased 23 percent in the same period. The hospital's administrator, Christina Campos, fears what might happen if TrumpCare becomes law. She is urging me to protect access to care in rural areas.

I will fight hard to keep residents in our rural areas insured and to keep rural hospitals open in New Mexico and across the Nation.

The President and congressional Republicans want to take us back to the days when healthcare was a privilege for those who could afford it. The American people do not support the Republicans' cruel plans. Congress should listen to the pleas of our constituents. The American people reject the framework of TrumpCare. They reject gutting Medicaid and the Medicaid expansion. They reject making seniors pay more for healthcare. They reject making healthcare inaccessible for those with fewer resources.

The Republicans need to go back to the drawing board and begin to work with Democrats. I say to my colleagues across the aisle, do not take healthcare and the opportunity to lead a productive and happy life away from millions of Americans. Together, we can make affordable healthcare a reality for all.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, one of the things that the healthcare law changes here have demonstrated is that partisanship in Congress has reached a new high—or I would say a new low. I am tired of reading about who is to blame for what, and I know Americans and North Dakotans are too. Most importantly, it certainly doesn't do anything to help American families' healthcare get any better.

We should all want to improve our healthcare system so it works better for families and for businesses. It should be a bipartisan discussion, not a political exercise. I am here, as are many of my colleagues, because that is what we hope to accomplish.

For years, I have been offering reasonable reforms to make the current health reform law work better. I want such reforms to be bipartisan. I want to have a larger conversation about healthcare in this country. But the Republican Senate bill, the Better Care Reconciliation Act, is simply not the way to have those discussions. Frankly, this bill is a nonstarter.

I have heard from so many North Dakota children with disabilities, seniors in nursing homes, men and women with preexisting conditions in my State, and hospitals, doctors, and nurses, especially in rural communities, who are deeply concerned—in fact, I can tell you, deeply panicked—about how this bill would make care less available and less affordable.

There are commonsense actions we can and should take right now to make sure American families aren't hurt in the near term. That is why we are here today.

Action and uncertainty caused by the administration, as well as House Republicans, exacerbated instability in the insurance markets, threatening significant cost increases for consumers in 2018. The administration has been unwilling to commit funding for cost-sharing reduction payments, and some Republicans have been working to dismantle the health reform law by not funding critical reinsurance programs. These actions make it extraordinarily difficult for insurers to plan and make business decisions for 2018—yes, 2018, the year we are talking about today. If insurers can't rely on these funds to support healthcare programs that make it possible for health insurance costs to remain affordable for families, the health insurance premium filings for the next term year will reflect that uncertainty. Health insurance rates for 2018 that have already been filed in some of our States demonstrate that fact.

Let's talk about the facts. Independent reports from the Congressional Budget Office and Standard & Poor's have said that the insurance markets were expected to stabilize this year and could stabilize this year unless the administration causes disruption. If you look at the numbers from last year, you will see that health plans were offered in every county in this country.

Today, we are here to offer a few bills that will make an immediate and real difference for families to address health insurance rate increases that we expect in 2018. These are commonsense bills that should be bipartisan.

We hope our colleagues across the aisle will work with us in a bipartisan way so we can provide immediate relief and guarantee stability for the individual market—stability that will enable individuals and families in all of our States to avoid serious increases in their health insurance rates.

No family should face bankruptcy to cover their healthcare costs because in Washington, DC, we can't implement the bill that we have and instead continue to stall and play the game of politics against the interests of the American people and, certainly in many cases, some of sickest among us and people who have a whole lot of healthcare insecurity. This is politics. We cannot continue to play politics with people's health.

Some of the issues we are working to address were included, interestingly enough, in the Senate healthcare bill—a clear acknowledgment from the Republicans that these changes are necessary for the health market to function in 2018.

Right now, we are standing here because time is of the essence. I hope our colleagues will join us in this effort. We want to work with them. We hope they will work with us. We hope we can at least at a minimum get together and solve the problem for 2018 while we are debating the future of healthcare delivery in this country.

I will call on my friend, the great Senator from New Hampshire, Senator JEANNE SHAHEEN, to offer what I think is a terrific idea and to talk about a bill on which I am a cosponsor.

The PRESIDING OFFICER (Mr. LEE). The Senator from New Hampshire.

UNANIMOUS CONSENT REQUEST—S. 1462

Mrs. SHAHEEN. Mr. President, I am very pleased to join my colleague from North Dakota, Senator HEITKAMP, and appreciate all of the efforts she is making to try to address the challenges we are facing in the healthcare markets across this country. Like her and like so many of my colleagues who are going to be here, I have come to the floor this afternoon because we want to take urgent steps and we can take steps today to address the uncertainty in our health insurance markets. We can take steps today that can hold down premiums.

I have heard Senators on both sides of the aisle who have expressed concern about looming premium increases in the Affordable Care Act marketplaces. We all need to understand, as Senator HEITKAMP pointed out, what some of the causes of these premium increases are.

Insurers regularly cite the Trump administration's refusal to commit to making cost-sharing reduction payments, also known as CSRs. These CSR payments were included in the Affordable Care Act in order to help Americans afford insurance once they had it. The ACA requires insurers to reduce deductibles and copayments for working families who are buying insurance in the marketplace. Because of the cost-sharing reduction payments, the CSRs, patients pay less for their care and the government reimburses the insurers.

These reductions and payments are built into the rates insurers are charging for 2017. Yet the Trump administration has refused to commit to paying these reimbursements because of a partisan lawsuit that has been brought by House Republican leaders.

Because of the radically uncertain landscape insurers are facing right now, many of them are doing one of

two things: Some are pulling out of the ACA marketplaces altogether, and others are dramatically increasing premiums. The end result is fewer choices and higher costs for American families.

Last year in my State of New Hampshire—and Senator HASSAN is here. We represent New Hampshire, and we have been very concerned about what is happening right now. Last year, the insurance markets were stable, and health insurance premiums increased an average of just 2 percent—the lowest annual increase in history. Today is a radically different story, in large part because of the uncertainty this administration is causing by refusing to guarantee insurers cost-sharing reduction payments. What we are seeing is that those insurance companies are protecting themselves by raising premiums on patients.

The same thing is happening in other States. In some cases, insurers are filing two different sets of rates—a set that is premised on the administration continuing to make cost-sharing reduction payments and an alternative set with higher premiums to account for continuing uncertainty and the possibility that this administration will stop making those payments.

Unfortunately, the Trump administration continues to send mixed signals to insurers, and of course it has threatened to stop paying cost-sharing reduction payments altogether. If this were to happen, insurers could immediately exit the markets for breach of contract.

So we are kind of in this perverse limbo situation. The administration creates uncertainty by refusing to commit to continuing the CSR payments, and the insurers protect themselves by exiting the markets or raising rates. And it is the premium holders, the families out there, who are hurt by this political football that the administration seems to be intent on continuing.

That is why I have introduced the Marketplace Certainty Act, which is a bill to appropriate funding for the cost-sharing reduction payments in order to make good on our commitment to help working families with their deductibles and cost sharing.

I believe that the House Republican leaders' lawsuit has no merit but that the chaos it has caused by allowing the Trump administration to waver on these promised payments requires that we act now.

I am pleased to be joined in this legislation by Senators BALDWIN, BLUMENTHAL, CARDIN, CARPER, COONS, KAINE, HASSAN, HEITKAMP, CORTEZ MASTO, KING, LEAHY, MARKEY, WYDEN, STABENOW, and I am sure that by tomorrow, we will have even more Senators on this bill.

We could pass it right now. Right now, we could end this manufactured crisis. We could immediately restore certainty and stability to the health insurance markets for all of our constituents. That would be good for the Republicans, and it would be good for the Democrats. Mostly, it would be good for the families out there who are experiencing this uncertainty.

We could do this. It would give us the breathing space we need to come together on a bipartisan basis to improve the law, to strengthen what is working and to fix what is not. In poll after poll, that is what the American people want us to do. They want us to stop the partisan bickering. They want us to work together. They want us to make commonsense improvements so that this law works for every American.

Mr. President, at this point, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1462, the Marketplace Certainty Act; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving the right to object, I just had an opportunity to read the legislation of the Senator from New Hampshire. It appears that the legislation was just filed today. Instead of giving the American people time to read the bill, the Senate is being asked to pass the legislation now. At a minimum, shouldn't the American people have at least a day to read the proposal?

Putting that aside, this bill seeks to address another major failure of ObamaCare. That is what they are trying to do here. As a doctor, I want insurance to be affordable for patients all across the country. This bill confirms what we all know—that ObamaCare is not affordable.

The Senator is well aware of the large premium increases in her own State. It is not just the premiums that are skyrocketing. This week, I spoke to a woman in Wyoming. She told me that the deductible under her ObamaCare plan is so high that her husband refuses to go visit the doctor. She said that it is $6,500 for her and $6,500 for him and that he will not go to a doctor with that kind of a deductible. According to supporters of ObamaCare, this person is actually covered under ObamaCare, but as a doctor, I see things differently in that healthcare must be more affordable for everyone.

The Senator's proposal seeks to throw more money at a systemic problem with ObamaCare. Instead, we should be passing bills that actually bring down the cost of care.

When the Senator mentions the CSRs, I will point out that absolutely every payment has been made—every one—all the way up until today.

People also talk about the sabotaging of the market. To me, the sabotaging of the insurance companies and the insurance market in this country has been because of ObamaCare's mandating that people buy insurance—buy more than they want, more than they need, and more than they can afford in so many cases, and it is insurance that provides very hollow opportunities to actually use the insurance.

Again, I appreciate the acknowledgment that ObamaCare is clearly not working; however, our focus should be on policies that make healthcare more affordable to all Americans.

I object.

The PRESIDING OFFICER. Objection is heard.

The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that we get our full amount of time and that the time my friend from Wyoming uses be from the Republicans' time at some point later.

The PRESIDING OFFICER. There is no order for divided time.

Mr. SCHUMER. Oh. So we have as much time as we need?

The PRESIDING OFFICER. There is no order.

Mr. SCHUMER. I thank the Presiding Officer.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, while I am disappointed, I am not surprised that my colleague from Wyoming has objected to our effort to move forward. He is objecting to ending the uncertainty we have experienced, which is forcing insurers to raise rates because of the uncertainty with which this administration is administering the Affordable Care Act. They have been very clear that they want marketplaces to implode so that the act does not work for people. Senator BARRASSO is objecting to a commonsense step to stabilize the insurance marketplaces.

This is not going to be the last word because this is a commitment we made to American families. The instability here in Washington is what is causing the instability not only in insurance markets but in the country at large.

We are approaching the Fourth of July, which is next week. When our Founders declared independence on July 4, 1776, Benjamin Franklin warned that we must all hang together or we will all hang separately. It is no different today. We all need to come together. We need to work across the aisle. We need to improve the healthcare system so that it works for all Americans. That is our goal. That is why we are here on the floor today, and we need to start by making sure the insurers have some certainty so that they can keep rates low for American families. We will be back, have no doubts about that.

The PRESIDING OFFICER. The Senator from Missouri.

Mrs. MCCASKILL. Mr. President, I have to say that there are a lot of things my friend from Wyoming could have said in his objection, but to lecture us about bringing out a bill that people have not had a chance to read or study is rather rich at this moment in our legislative journey on healthcare. I do not know if he thought that through before he said it, but I can assure you

that when it came out of his mouth, all of us on this side were saying: You have got to be kidding me. Really? It was just a little much.

I know we are all talking around the obvious, and that is that we need to fix the healthcare system in America so that people do not have to go into their pockets as often, so that insurance is reliable, and so that the markets are more stable. We are going to have a lot of opportunity, I hope, to come together and do just that. I hope my friend from Wyoming and my other friends on the other side of the aisle will be part of that.

UNANIMOUS CONSENT REQUEST—S. 1201

We have a very simple solution to the bare counties, and I hope people will think this through before they just object. I am going to have 25 bare counties, mostly as a result of the sabotaging of the exchanges by this administration. People in those counties are looking to me for an answer, and I do not blame them for being worried. How can we solve that problem today? S. 1201, the Health Care Options for All Act, which I have introduced, will solve that problem today.

All we have to do is say to anyone who is in a county in America—and I know my colleague from Ohio, Senator BROWN, has some counties, and I know my colleague from Indiana has some counties—if you do not have an insurer in your county, you can come with your subsidy and buy insurance from the same places our staffs buy it and most Members of Congress buy it. Those are national plans. They are in every State in the Union because Members of Congress have staff members in every State in the Union. There is no need to attract more plans. There is no need to do anything complicated. You just take the subsidies that you are entitled to and you buy insurance at the same place Congress buys it.

We can do that today. If we do not do it today, do you know what we are saying to the people who live in Ohio and Indiana and Missouri? We are saying that we are entitled to something better than they have and that they should not be allowed to buy what we can buy. Now, that takes some nerve. If we are not willing to take this simple, basic step, people in these counties should be angry and take up pitchforks—metaphorically, of course.

The national plans that are out there that my staff uses that are in Springfield, Cape Girardeau, Columbia—and I am sure my colleagues could talk about their staffs using these plans all over the country—I would like to make those available to regular folks in my State who want to be able to lay their heads on their pillows tonight and not worry about whether they are going to have insurance next year.

Mr. President, I ask unanimous consent that the Committee on Finance be discharged from further consideration of S. 1201, the Health Care Options for All Act; that the Senate proceed to its immediate consideration; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving my right to object, before coming to the Senate, I practiced medicine in Wyoming for over 20 years. That is why I am passionate about improving the quality of care and lowering the cost of healthcare. Unfortunately, we know healthcare is in a crisis. Premiums and deductibles are skyrocketing, and insurance is unaffordable.

It is interesting to hear the comments when we are talking about the sabotaging of the marketplace. It is ObamaCare that has sabotaged the marketplace. The Presiding Officer knows fully well, as do I, that when you look at the co-ops that were set up all around the country under ObamaCare, one after another went bankrupt—belly-up, shut down—and left people uncovered. That was before we even knew who the Republican nominee for President was going to be in 2016. That is ObamaCare. That was at a time when all there was out there was the Obama healthcare law. One co-op after another failed, and it cost the taxpayers billions of dollars—guaranteed loans that will never be paid back.

Just like the bill we just discussed, this proposal is an important acknowledgment by the Senator from Missouri. It is the acknowledgment that ObamaCare's collapsing insurance markets are affecting people all around the country. In Missouri, 18,000 people in 25 counties will have zero options on the ObamaCare exchanges—zero. They have been promised that their preexisting conditions will be covered, and no one is selling insurance in those counties in that State. They have basically been misled by ObamaCare that they will be covered for preexisting conditions. In the Republican plan, what we are doing is covering people who have preexisting conditions.

Let me say again that next year thousands of people in Missouri will have no insurance company that will be willing to sell insurance in the ObamaCare exchange. It is clear that insurance markets in Missouri are collapsing, as they are all around the country.

This bill is not the solution. Instead of giving people more choices in Missouri, what does the bill do? It sends people to Washington, DC, to buy their health insurance—a typical solution from the other side of the aisle. Instead of empowering States with more flexibility and the authority at the State level, they think once again that Washington knows best. They think that the people they represent would rather call a bureaucrat who is hundreds of miles away than talk with local people who live and work in their communities.

The simple fact is that ObamaCare is not providing patients with the increased choices they were promised. We need to rescue people in Missouri and across the country from ObamaCare. This bill is the wrong approach.

I object.

The PRESIDING OFFICER. Objection is heard.

Mrs. MCCASKILL. Mr. President, will the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Wyoming does not have the floor.

The Senator from Missouri.

Mrs. MCCASKILL. Mr. President, the next time I will know, when he is giving a speech, before he objects, to start then.

I am pretty sure that his staff in Wyoming is not coming up to Washington to buy their insurance. I am pretty sure that all of our staffs—I am pretty sure the Presiding Officer's staff, those who work for him in Utah—are not coming to Washington to buy their insurance. I am pretty sure Senator MANCHIN's staff and Senator PATTY MURRAY's staff and all of our staffs who live all over this great country are not coming to Washington to buy their insurance. They are getting good health insurance plans.

I just think it takes incredible nerve to lecture me about people in Missouri having no insurance while the Senator from Wyoming is objecting to letting them get the same insurance he has. Really? That is what this has come to, this partisan exercise?

We don't have to fix this permanently this way, but we could do it just temporarily to give people peace of mind until we figure out the right way forward. But how dare Members of this Chamber tell people in my State they are not entitled to buy what we have, when they have no other options at this moment.

Let's move forward together and fix it—all of it. But to get a lecture that people in my State don't deserve what my staff has or what Senator BARRASSO's staff has—no wonder people are upset with Washington.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

HEALTHCARE LEGISLATION

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Missouri for her good idea and for her passion for this issue and for her correct statement that when people sign up for these exchanges, they don't have to go by train, plane, or automobile to Washington, DC, to get their insurance.

I heard, when I was home this weekend, over and over, concern from people whom I was surprised to see come up to me. Several people in Winona, MN, came up to me and said: We are Republicans, but we don't think it is fair if seniors have to pay more when tax cuts are going to the wealthiest.

I heard from people in Lanesboro, MN, small business owners who were

worried about what was happening with the proposal from the other side. In Northfield, MN, the town of ''Cows, Colleges and Contentment,'' I can tell you that they were not very content at the Northfield Hospital as they saw the devastating impact this bill would have on rural hospitals.

So that is why I so appreciate my colleague from North Dakota, Senator HEITKAMP, bringing people together today to talk about the fact that there is another way forward.

There is another way forward, and the people in this Chamber have done this before. Senator MCCONNELL negotiated with Senator Boxer on a major transportation bill. The last time we had an issue with doctors' fees, we were able to get that done on a bipartisan basis. So what we are simply asking our colleagues to do is to start afresh and to look at what we could do together to help the people of this country without sabotaging the current healthcare delivery system and without taking this out on the most vulnerable through Medicaid cuts.

Here are some ideas. As to prescription drug prices, why would we not allow the 41 million seniors in this country to use their bargaining power—to harness their bargaining power—as my friend Senator NELSON from Florida understands because he knows there are a lot of seniors in Florida—to harness that bargaining power to negotiate for lower costs on prescription drugs. The current law bans us from doing that. So all we want to do is to lift that ban and let our seniors negotiate. That is not in this bill we are considering from the Republican side. This is something we can come together and work on.

We can get less expensive drugs in the form of generic drugs. Yet, right now, we have a situation where major prescription drug companies are paying generic companies to keep their products off the market. It is called pay for delay. Senator GRASSLEY and I have a bill to eliminate that. We can bring in less expensive drugs from other countries if, in fact, we have a situation where the prices have ballooned, as they have for the top 10 selling drugs in America. Four of them have gone up over 100 percent.

The exchanges are another area where we have agreement. Senator COLLINS has been working on this. Senator KAINE and Senator CARPER have a bill on this, and Senator SHAHEEN is working on the cost-sharing issue. We can work together to make insurance more affordable for people who are in the exchange.

As to our small business rates, we must work on that.

I truly believe we can come together.

I will end with this. I got to be at that baseball game in the crowd with the 25,000 people who were watching the two teams play each other. Senator DONNELLY of Indiana was on the field. At the end of the game, after the Democratic team won, they didn't keep the trophy. They handed the trophy to the Republican team and asked them to place that trophy in Congressman SCALISE's office.

We are not two teams. We are one team, and that is for our country, for America. So let's work together on this bill.

Thank you very much, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I love what the Senator from Minnesota just said. I am a retired Navy captain. For years we had healthy competition among the different branches of our services. I salute the folks in the Army, the Marines, the Air Force, and Coast Guard. I always say: The Navy salutes you. Then I also say: a different uniform, the same team. To the extent that we wear different uniforms, we really are on the same team, and I think the American people are anxious for us to start acting that way.

What I hope we will do is to hit the pause button right now on the legislation that the Republicans have pulled off the floor and that we will use this time as an opportunity not to go to our separate corners and figure out how to do the other team in when we return here in 10 days. I hope we will, as some of our colleagues have suggested, explore some ideas where we can work together.

Some have talked about how to make the marketplaces work. It is not a Democratic idea. It is a Republican idea. There are the tax credits for the exchange, which is a Republican idea. The individual mandate and the idea that there cannot be prohibitions on insurers denying coverage are Republican ideas too. Those are all ideas from 1993, taken from Mitt Romney, who put them in RomneyCare in Massachusetts, and we put them in the Affordable Care Act.

We didn't just do this and shut out the Republicans. We had 80 days where we worked on the legislation. I was on the Finance Committee with Senator SCHUMER and others, and we had, I think, a dozen or more hearings and dozens of amendments—over 300 amendments in all. Some 160 Republican amendments were included in the bill. To somehow say that they were being shut out is nonsense. That is a reinvention of history.

Let's do it the right way. At the end of the day, we will do what President Trump has been calling for, for the last 5, 6, 7, 8 months, as I recall. He said: Why don't we cover everybody, why don't we provide better coverage, and why don't we do it in a more affordable way.

Unfortunately, what Republicans have offered and what they pulled off the floor doesn't do that. It provides less coverage for more money. It says to people—the least well off in our society: We are going to provide you less coverage in order to give folks who make a lot of money, and really don't need a tax break, a tax break.

That is not consistent with the Golden Rule. The Presiding Officer knows it well. We are supposed to treat other people the way we want to be treated. That is an example of a failure with respect to the Golden Rule.

I didn't come here to waste my time and other people's time. I came here to get things done. We tried hard to involve the Republicans 8 years ago. They may not acknowledge that. The people in this country still want us to really bear down and work together, and we can do that. At the end of the day, we will be better as a party, we will be better as a body, and we will be better as a country.

I want to thank Senator WARNER for letting me speak before him. Thank you so much. I will say to Senator KAINE: Thank you for allowing me to be your partner on a great reinsurance plan that will help stabilize the exchanges. I am delighted to be your wingman. Thank you.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I urge my friend, the Senator from Delaware, to get to the train station.

First of all, I wish to thank Senator HEITKAMP for bringing this group together. There has been a lot of talk about what ideas can fix the Affordable Care Act, and here we are hearing some of the ideas that we will offer.

Senator KAINE has had to hear this story before, but before I was in politics, I had a pretty long career in venture capital and invested in a lot of businesses. Some of those businesses managed to eke out a living, but the thing that was remarkable about the companies is that the companies that were the most successful weren't the ones that had the perfect business plan. They weren't the ones that had the newest ideas. The companies that were the most successful were the ones that were able to adapt and change. I never, ever invested in a business that ever met its business plan. Every one had to change in some way—alter.

The truth of the matter is, as to the Affordable Care Act, for all its good things, there were things we got wrong. I will be the first to acknowledge that. There have been a lot of us in this body who over the last couple of years—again, I thank the Senator from North Dakota, who has been a part of these efforts—have said that maybe we need to do a little less bureaucracy in the ACA in terms of reporting requirements. Maybe we ought to have a cheaper option. We have gold and silver and bronze. I remember working with the former Senator from Alaska on this. Maybe we ought to have a copper plan, as well, to try to get those young people invested in buying that first plan.

We said that maybe we ought to take an idea that came from the other side of the aisle, and, as long as we have appropriate consumer protections, go ahead and let insurance products get sold across State lines so there is more

competition. Then, we saw more problems arise. Unfortunately, problems arose with the ACA, as we have seen this administration and others try to knock out some of the building blocks that built up the ACA—risk corridors, cost sharing, or more recently the administration saying that we may just ignore part of the bill that says there is an individual mandate. Consequently, that means the insurance company had to charge a heck of a lot more money because they weren't sure whether the law was going to be in force.

We have had people like the Senator from New Hampshire say: Well, I had an idea on cost sharing that might fix it. My dear friends, the other Senator from Virginia and the Senator from Delaware said: Let's go out and do that reinsurance plan, so that if there are extraordinarily high-cost plans, maybe that will be a secondary backdrop so premiums will not have to be so high. I am proud to support and be a cosponsor on both of those pieces of legislation.

Then, as only the Senator from Missouri can do, she came up with the most obvious of, at least, a short-term solution that says: My gosh, if for some reason, because there have been efforts to sabotage the ACA, we don't have enough offerings for at least some stopgap period, we ought to allow all the folks in our States, if they don't have any coverage, to at least get the same kind of coverage we get. That is kind of Harry Truman basic common sense—Missouri common sense.

So I hope our colleagues, after they get out of one more secret meeting in one more basement or secret location, will come back and start talking about these solutions—solutions that don't start with the premise that we are going to give folks like me a tax cut or that we are going to take a meat ax to Medicaid or that we are going to come up with a proposal that will take 22 million Americans off of health insurance.

The ACA didn't get it entirely right. There is a lot of room for improvement. We have asked our friends on the other side to meet us halfway and to try to bring the kind of bipartisan spirit we all talk about on this issue that affects each and every American and one-sixth of our economy. We can do it. We can do it right, but it is going to take the kind of cooperation and the kinds of good ideas that are being offered by my colleagues on the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, all of the Florida people walk up to me and say: BILL, what is going on? Why can't Congress get together? Why can't we work together? We do in our committees. We usually work together. We certainly do with Senator THUNE, who is the chairman of the Commerce Committee. This Senator is the ranking member. We get a lot of things out. We are going to mark up the FAA bill tomorrow. There are a lot of controversial issues. We are going to get that out. Why can't we do it with healthcare?

So, last night, I had a telephone townhall meeting in my State of Florida and 6,000 people joined. They asked questions for an hour. Often, they would get through asking their question and they would say: I wish you guys could work together. So that is what we have been hearing in all of these speeches.

Well, let me give one suggestion that would lower premiums in the existing law, the Affordable Care Act, 13 percent. I had it costed out in Florida. Every now and then, you are going to have a catastrophic loss. It is kind of like when I was the elected insurance commissioner of Florida, and I inherited the mess after the monster hurricane. Hurricane Andrew was such a monster hurricane that it took down a number of insurance companies because the losses were so big. So we had to try to get insurance companies to come back into Florida. We created a reinsurance fund. We called it the Florida Hurricane Catastrophic Fund, which would reinsure, or insure, the insurance companies against catastrophic loss.

That is what we can do right here. We could be like my poor constituent, Megan, who fought cancer for 2 years, with two transplants, and ultimately lost the battle, but the bill was $8 million. That is hard for any insurance company to swallow, but those are going to be limited, isolated cases.

Why don't we create a reinsurance fund for the marketplace in the Affordable Care Act to help the insurance companies with catastrophic loss? I asked: If we did that in Florida, with the Florida marketplace, what would it mean? It would reduce the insurance premiums under the marketplace in Florida by 13 percent. That is just one suggestion.

Every one of us has a suggestion. Put all of these suggestions together, and we are talking about really fixing the current law, instead of this roadway we see our friends on the other side of the aisle going down—a solution that is going to take coverage away from 22 million people and is going to cut $800 billion out of Medicaid and eviscerate Medicaid or that is going to charge older Americans over younger Americans five times as much as the younger. We don't have to do that. Let's come up with a creative idea to fix the existing law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I also rise with my colleagues to speak in favor of commonsense solutions. I think the GOP leadership made a wise decision—and I thank them for it—to pull the vote on their healthcare bill this week when the CBO came out and said that 22 million people would lose health insurance, 15 million in the first year, and Medicaid cuts would be significant. Obviously, the public was very concerned, and I am glad the GOP has taken a step back. I think we now have a chance to get this right.

I want to tell a personal story about my own involvement in this in the last few months. The story, to me, exemplifies an important principle, and that is a bad process will produce a bad product. This bill was the subject of a very bad process.

The bill that was put on the floor was a bill that ignored and shut out all Democrats from participating. More importantly, it shut out the committees from participating. Most importantly, it shut out the public from participating. That led to a bill that was destined to be bad. So we ought to fix it.

Our Democratic leader is just exiting the Chamber. He asked me after I came back from the national ticket—as a consolation prize, I guess—can you be on the HELP Committee? This is the committee I have wanted to be on since I came to the Senate—Health, Education, Labor, and Pensions.

I have been a mayor, and I have been a Governor. I have been in local and State government for 60 years. Education is the biggest line item, and health is the second biggest line item. This is what I actually know something about. I was so thrilled to join the committee. But, boy, was I naive. I assumed that being on the HELP Committee meant we would get to have a hearing about a healthcare bill.

I got on the committee on the 3rd of January. On the 5th of January, with many of my colleagues, we wrote a letter to the Republican leader and to the Republican chair of Health and Finance—13 of us; we had been on the committee for 2 days—and said: If you want to talk about improving healthcare, we have ideas. We want to sit down with you right now and talk about improvements to healthcare.

I guess I am a naive 58-year-old. I thought, now I am on the committee. Now I am where things will happen, and we will get to actually fix healthcare. But instead, since I have been on the committee—and I have committee colleagues here who will attest to this—we have had hearings on higher ed, we have had hearings on Cabinet nominees, we have had hearings on FDA reform issues. But the one taboo topic on our committee is that we are not allowed to have a hearing about the healthcare bill.

We asked for one after the House passed their bill; we couldn't have a hearing. The Senate bill has been put on the floor; we haven't had a hearing, and as far as we know, there will be no hearing. So those of us who are focused on this issue have no opportunity, but, more important—it is not about committee Members. For those watching this and wondering what a hearing is about, a hearing is about hearing from the public. You have a witness table.

You get a patient and a doctor and a nurse. You get an insurance executive and a pharmaceutical executive. You get a small business having a hard time buying health insurance. You get them all to sit there and tell you what they like, what they don't like, and what can be fixed. All of that—all of that—has been shunted aside in this process, so the public isn't heard and the committees can't do their work.

Our ranking member on this committee, the Senator from Washington—I had watched her as the Budget chair when I was a Budget Committee member work out a great bipartisan budget deal in December of 2013, with then-House Budget chair, now-House Speaker PAUL RYAN. We worked it out. It was bipartisan.

I watched our ranking Democrat on the HELP Committee work with the chair on the HELP Committee, LAMAR ALEXANDER, 2 years ago to do something most people thought was impossible: have hearings and rewrite No Child Left Behind into the Every Student Succeeds Act. It was 7 years past the reauthorization date because it was too controversial. But I watched them use the committee process, entertain ideas from both sides, hear from the public, rewrite the bill, then conference with the House, and then get it to the President for signature.

Why is healthcare taboo on the HELP Committee? Let the committees do their work. Let the greatest deliberative body in the world deliberate. Let the Senate be the Senate, and let us work together.

My colleagues have mentioned that I put an idea on the table. It is not a fix-everything idea, but it is a particular idea with a lot of bipartisan cred, and it is the notion, as some of my colleagues have said, of reinsurance. Senator CARPER and I have introduced the Individual Health Insurance Marketplace Improvement Act, and it is going to a very particular problem that I think Democrats and Republicans recognize as a significant challenge in the current healthcare law.

President Trump, from the beginning of his administration, has injected uncertainty: We are not going to continue enrolling people—or we will reduce the market for enrollment. We are not sure we are going to pay the cost sharing. Maybe we should let ObamaCare crash and burn—a tweet that he did recently. Because this has happened, the individual market has become very unstable, and many insurers pulling out of the market are citing this unpredictability as contributing to an instability in the individual market.

Here is what Senator CARPER and I proposed, and we have numerous cosponsors: We take the tool that Senator NELSON was describing, reinsurance, a tool that provides a backstop against very high-cost claims, and we put it into the Affordable Care Act as it was for the first 3 years of the Affordable Care Act. The Affordable Care Act in its first 3 years had a reinsurance mechanism to backstop high-cost claims. If an insurance company knows there is a backstop, they can actually set premiums at a lower and more affordable level for everybody. Having that backstop also gives some certainty, so you can actually write a plan in a market where, if you don't have certainty, you might choose not to write it.

In the first 3 years of the Affordable Care Act, this reinsurance provision worked out very well, held premiums down, and kept insurers in the marketplace. It expired. But we actually know reinsurance works because it is part of a great bill that was passed during a Republican Presidency with overwhelming Republican support. Medicare Part D was passed during the administration of President George W. Bush. Reinsurance was made a permanent part of that bill to do exactly the same thing: to cover high-cost claims, seniors who had multiple high-cost medications. Because reinsurance was included in that bill—it was put in the original bill, authored by Republicans—it enables pricing to be more affordable for our seniors who are on Medicare, and it enables pricing actually to be more affordable for the public treasury.

Reinsurance is just one of a number of ideas that are out there, but it is an idea that has bipartisan bona fides. It has been demonstrated to work. You are not going to put reinsurance in this bill and have an unintended consequence that you didn't think would happen. We know how reinsurance works, and we know how it will work here.

I would just conclude and say that I hope we will take a bad process, which produced a bad product, set that aside, and engage in a good process to find a good product on the most important expenditure anyone ever makes in their life—on their health—a good product in the largest sector of the American economy; one-sixth of our economy is health.

The right process is this: When the Republicans get to the point that they think this bill is all they would want it to be, why not just put it in the Finance Committee, put it in the HELP Committee, and let's be the U.S. Senate. Let those of us who are on the committees do what we want to do. We have good committee chairs in these committees: Senator HATCH and Senator WYDEN, the chair and ranking on Finance; Senator ALEXANDER and Senator MURRAY on HELP. Put it in the committees; let's hear from the public about what works, what doesn't, and what can be fixed. Then let's dialogue and listen to one another and come up with solutions—just as in that budget deal, just as in the rewrite of No Child Left Behind.

The Presiding Officer knows the next thing I am going to say, I bet. I am in the minority on those committees. I have some amendments like reinsurance that I want to put up, but I can't get them accepted unless I can convince some in the Republican majority that it is a good idea. I have to convince Republicans it is a good idea for my amendment to be accepted. Shouldn't I have that opportunity? Why would anybody be afraid of being open to an idea that might actually improve the bill?

Just this morning, I came out of a markup that the Presiding Officer is very familiar with, the markup of the NDAA. We finished it this morning on Armed Services. We went back and forth across the table, 27 Democrats and Republicans. We traded amendments, we voted some up, and we voted some down. We had Senator MCCAIN and Senator REED leading us in that. We got to the end of the day, and we had a committee vote. After that discussion and listening to one another across the table, back and forth, the committee vote was 27 to 0—27 to 0. We got all the Dems on board.

I will not be naive enough to think healthcare is going to be simple and noncontroversial. I am sure we will have some tough discussions. I am sure I will offer an amendment that will be turned down. Maybe I will offer one that will be accepted. But we are much more likely to produce a good product and help people's healthcare if we actually will sit down in the committees that have jurisdiction and dialogue and amend before we bring this thing to the floor. It is just not worth rushing, because it is life and death.

We have a chance to get it right. The step-back this week enables us to take that chance, and we should seize it and work together.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, I wish to make some concluding remarks.

No. 1, I share the concerns that Senator BARRASSO expressed. I hear from ranch families and I hear from farm families about the unaffordability of their healthcare premiums. I hear about high deductibles. I hear about how what has happened in the health insurance market has made it more difficult for them to cover their families. I hear that.

We have solutions we have been talking about that could lower those costs. I would include dealing with people with chronic conditions. Reports from the RAND Commission tell us that 12 percent of the people in this country who have five or more chronic conditions cost the healthcare system over 40 percent. Some of those people are on the exchanges, and when they are on the exchanges, that drives the healthcare costs up.

But I have a question. I have a question for people who are advancing the Republican healthcare bill: Why do you have to give the richest Americans in this country a tremendous tax break to solve that problem? How does giving the top 0.1 percent of taxpayers in this

country over a $250,000 a year tax break—how does that fix the problem for my ranchers? How does that fix the problem for my farm families? You know the honest answer: It doesn't.

I need to understand how taking billions of dollars out of the Medicaid system, driving sicker, older people who tend to be in the Medicaid population onto the exchanges into the individual marketplace—how does that help that farm family we talk about almost every week on the floor of the Senate, that farm family, that individual who is paying excess premiums? It does nothing for them.

This is all some smoke-and-mirrors deal. What we have done today—almost 15 of us have come to the floor, and what we are saying is: Let's fix the problems. We can all acknowledge that we have a healthcare system where really sick people have a hard time finding affordability. When you put really sick people into an insurance pool, it drives up the cost for everyone. How do we manage that? The insurance industry tells me the average time on the individual exchange is 10 months. How do you take someone with five chronic conditions and manage them in a 10-month plan? You know what, you don't. So they hop from plan to plan, costing more and more.

If you want to reduce costs, you have to figure out how we can better treat the sickest among us. Until we do that, we will not achieve the common goal, which is reducing and bending the costs of healthcare in this country. We cannot achieve that goal. When all we are doing is saying: No, we don't want to pay, we are going to make the States pay or we are going to make people on the individual exchange pay or we are going to make people do what they have done before, which is not have coverage and put them into uncompensated care, that will not solve the problem.

We have some great examples here for the immediate concern that we have about the premiums that are going to be expressed. In some ways, this reflects concerns about the increased costs of healthcare and what is happening in that individual market, but it is being driven by the failure to fulfill the statutory obligation—reinsurance, cost sharing.

I do have to point out that I found it interesting that the objection to Senator SHAHEEN's bill was that, oh, we haven't had time to take a look at it, haven't had time to even considering this cost-sharing issue. Really?

This is the last page of the Republican bill, page 145, stating in section 208, ''Funding for Cost-Sharing Payments.'' I will give you, it is a different schedule, different formula in the Shaheen bill, but this is not a new concept. If we wanted today to give the insurance industry the certainty they needed that would make sure that the premium increases reflected not uncertainty but reflected actual costs, we would do this: We would take up JEANNE's bill. The very bill that the Republicans have advanced says, ''There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, such sums that may be necessary for payments for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including adjustments to any prior obligations).''

The same provision was in the House bill. How can it be objectionable to have a debate about a provision that has been advanced in both Republican bills? How can that be objectionable when so much is riding on that, when the healthcare and availability of insurance to our families is riding on making sure we at least have some kind of stopgap measures in the exchanges that will guarantee a stability that will make insurance available.

If we don't know what is going to happen with those counties—we know we have huge counties that don't even have uninsured in them. Senator MCCASKILL offered an opportunity. Guess what. How about they get their insurance where our staff get our insurance or some among us get our insurance? That is objected to because it is some kind of Washington solution.

What is ironic about that is that provision that made Senate staff in our home States get their health insurance on the DC exchange came from Senator GRASSLEY during the debate on the Patient Protection and Affordable Care Act, not a Democratic idea. It was a Republican idea and certainly something that bears at least a discussion, certainly something that ought to be talked about here.

Let's not pretend there has been an outreach to people on the Democratic side. Today the Democratic leader offered to go to Blair House, offered to bring people together at Blair House, have a sitdown on healthcare, offered to go to the Senate—the Old Senate Chamber, no cameras, let's talk about healthcare. What we get is: You are not serious.

I want you to know I am dead serious about sitting down and trying to fashion a healthcare plan that actually fixes the problems we have right now in affordability of health insurance.

When someone says, well, you have to accept tax breaks as part of that for the richest Americans, think about this: 400 Americans will get a tax break under the Republican bill—400. Just 400 Americans will get a tax break under the Republican bill, equal to what it would cost for Medicaid expansion in four States.

Make no mistake, this is not healthcare reform we are talking about. That bill is not healthcare reform. It is entitlement reform in Medicaid, shifting costs to States and patients. It is tax reform, making sure the wealthiest among us get a tax break.

If we want to talk about healthcare reform, if we want to talk about fixing the ACA, let's not throw out what is working. Let's make sure we are fixing and addressing the problems that we here express every day that come in our mail and that we know we have to address in order to make the system fair; that is, younger, healthier people need a break. They need to find an affordable product.

How are we going to do that? We have seen ideas here today, ideas that could take care of—even if we just made them temporary, even if we said this is only going to be there until 2019, we could stabilize all of this today and begin that today, but yet it is objected to.

I think the message we want to send is we stand ready to fix the healthcare system. We stand ready to work with the other side of the aisle. We stand ready to address the concerns we hear from our constituents about the healthcare system.

If we really want to respond to the concerns the American public has about the U.S. Congress, we better start working together. We better start finding a path forward to solve problems, real problems, not pretend problems but real problems in this country. That way we will, in fact, enrich and enhance our democracy. Until we do that, we continue to struggle to get credibility with the American public, and that is not, ladies and gentlemen and Members of the Senate, a formula for success for our democracy.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The majority leader.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 116, David Nye to be United States district judge for the District of Idaho.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

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

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

Mitch McConnell, Chuck Grassley, Deb Fischer, Steve Daines, Luther Strange, Bob Corker, Thom Tillis, Tom Cotton, Tim Scott, Johnny Isakson, Richard C. Shelby, Michael B. Enzi, Richard Burr, John Hoeven, David Perdue, Roy Blunt, Todd Young.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the cloture motion be waived.

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

LEGISLATIVE SESSION

MORNING BUSINESS

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

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

TRIBUTE TO KENTUCKY'S AFRICAN-AMERICAN REVOLUTIONARY WAR PATRIOTS

Mr. MCCONNELL. Mr. President, as we prepare to celebrate our Independence Day, one of the most pivotal moments in the history of our Nation, I rise today to remember one group of Revolutionary War patriots who are too often overlooked. I am speaking of the African-American soldiers who served in the American Revolution. In particular, I would like to recognize the service of men who fought for our independence and who would later become Kentuckians.

In the 1770s and 1780s, African Americans throughout the young Nation joined the Revolutionary War effort. Like so many other patriots, they volunteered to fight for American independence. Many fought under the command of some of the most notable Revolutionary War heroes, including General George Washington.

I would like to focus on 11 soldiers who, after enduring the pains of war and traveling across much of the new Nation, decided to make a new home for themselves in the area that would later join the Union as the Commonwealth of Kentucky.

I would like to tell the stories of a few of these Kentuckians. I believe it is important to remember their service in the war.

Daniel Goff joined the Army in Chesterfield County, VA, in 1777. During his service, Goff marched from Virginia to New Jersey, where he fought in the Battle of Monmouth. He camped at Valley Forge under the command of General Washington and earned his discharge after 3 years in the Army.

In the years after the war, Goff chose to make a home in Boone County, KY. He worked for General James Taylor V, an American banker who was a quartermaster general during the Revolution. Taylor was a founder of Newport, KY, and he took a special interest in Goff. The two men knew each other for over 40 years and developed a close bond.

John Sidebottom, of Prince William County, VA, served for 1 year. In the course of his service, Sidebottom fought in the Battle of Trenton in December 1776, an historic battle in which General Washington led the crossing of the Delaware River on Christmas night to launch a surprise attack against a Hessian garrison.

Sidebottom settled in Clark County, KY. A man who knew him stated that during the Trenton battle, Sidebottom was one of the men who carried a wounded soldier from the battlefield to safety. That soldier was James Monroe, the future President of the United States, who survived the battle, in part, because of Sidebottom's actions.

George Burk enlisted in the Army in Shenandoah County, VA, in 1779. He served for 2 years, traveling around the region in several campaigns. During his time in the Army, he was tasked with guarding British prisoners at Albemarle Barracks and repelling the British and Native American attacks. Burk served under the command of General George Rogers Clark, who founded the city of Louisville, KY. At the end of his service, Burk was discharged in Louisville, and he spent the rest of his life in the area.

I would like to recognize the service and sacrifice of these Kentuckians in the cause of American independence. We owe a large debt to all of our Nation's veterans, and I am glad that we can remember these 11 patriots today.

REMEMBERING ALEX VILLAMAYOR

Mr. VAN HOLLEN. Mr. President, I want to extend my deepest condolences to the family of Alex Villamayor, whose life was cut short 2 years ago in Paraguay. Alex was a son, brother, nephew, grandson, and friend. At just 16 years old, Alex taught us that we should not lead our lives with cynicism and hate, but with love and kindness. Even though Alex is no longer physically with us, he continues to shed light on the unjust and save lives through his story.

I call upon the Government of Paraguay to do everything in its power to guarantee an impartial, transparent, and expeditious trial so that justice is upheld for Alex and his family.

ADDITIONAL STATEMENTS

REMEMBERING JOSEPH CARTER CORBIN

● Mr. BROWN. Mr. President, today I wish to commemorate the life and legacy of Joseph Carter Corbin, a renowned African-American educator who left a legacy as a trailblazer and innovator that continues to open new doors for students to this day.

Joseph Carter Corbin was born in Chillicothe, OH, in 1833 to former slaves, who raised their family as free people in Chillicothe and later in Cincinnati. Corbin's family worked hard to make sure he and his siblings had access what had been denied to them—the right to an education along with the opportunities it provides.

Corbin studied at Ohio University, earning an undergraduate degree and two graduate degrees at a time when African Americans had very limited access to higher education. Corbin started his family in Cincinnati, working as a clerk for a municipal bank and co-editing a regular newsletter for African Americans in the Midwest. However, he made it his life's mission to expand access to higher education to African Americans.

In 1871, Joseph Carter Corbin moved to Arkansas where he blazed new trails as the first African-American State superintendent of public instruction. He went on to found, in 1875, the Branch Normal College, which was the first institution of higher education for African-American students in the State. Corbin served as the school's principal and sole teacher for 7 years, before Branch Normal College was designated as an 1890 Land Grant Institution and later merged with the State university system to form University of Arkansas at Pine Bluff in 1972. University of Arkansas at Pine Bluff continues to educate students to this day.

We remember Joseph Carter Corbin for his lifetime of breaking down barriers and improving access to higher education for African Americans and others who are left behind by our educational system.

Today Joseph Carter Corbin will receive an Ohio historical marker on the campus of Ohio University Chillicothe, commemorating his impact on Ohio and his contribution to higher education of African Americans across the Nation. I know that my Senate colleagues will join me in celebrating his life and achievements, as well as applauding the actions by Ohio University to honor their distinguished alumnus, Joseph Carter Corbin.●

REMEMBERING SERGEANT FIRST CLASS MARVIN DALE HOLLINGSWORTH

● Mr. GRASSLEY. Mr. President, I would like to take a moment to pay tribute to SFC Marvin Dale Hollingsworth who passed away on June 16. Marvin was born January 9, 1925, in

Cambridge, IA, and was raised in Cedar Rapids, IA. He enlisted in the Army in July 1943 and served nearly 20 years.

During his military service, Marvin Hollingsworth saw combat in World War II and during the Korean war. He served overseas in France, Northern Africa, Japan, Korea, Germany, and the Marshall Islands and Kwajalein Islands, as well as being stationed in many parts of the United States during his military career.

Marvin was on Active Duty at the Oklahoma Military Academy in Claremore as the top sergeant on the academy's command staff. After his third year, he was recognized with an officer's saber by the cadre, presented upon his retirement. In 1966, he began his 21-year civil service career in Cedar Rapids with the 73rd Combat Field Hospital Unit where he trained new recruits, mentored staff, and worked in administration. A 10-foot portrait of him at that mobile medical Army unit is displayed at the National Guard—Army Reserve Center in Cedar Rapids. He received numerous accommodations for excellence in his career of service to his country, including the American Defense Service Medal, European-African-Middle Eastern Campaign Medal with three Stars, World War II Victory Medal, United Nations Service Medal, Korean Service Medal, and Good Conduct Medal with Four Knots.

As Americans, we owe our freedom to generations of selfless patriots like Marvin Hollingsworth who have been willing to risk life and limb in service to their country. The fact that he continued to serve his country throughout his life is inspirational. I am proud to be able to pay tribute to this son of Iowa and great American, Marvin Hollingsworth.●

TRIBUTE TO LILLI JASPER

● Mr. THUNE. Mr. President, today I recognize the hard work of my Commerce, Science, and Transportation Committee intern Lilli Jasper. Lilli hails from Sioux Falls, SD, and is a rising junior at South Dakota State University.

While interning on the Commerce Committee, Lilli assisted the Communication, Technology, Innovation, and the Internet Subcommittee. She is a dedicated worker who was committed to getting the most out of her internship. I extend my sincere thanks and appreciation to Lilli for all of the fine work she did for the committee and wish her continued success in the years to come.●

MESSAGE FROM THE HOUSE

At 12:02 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 bills, in which it requests the concurrence of the Senate:

H.R. 220. An act to authorize the expansion of an existing hydroelectric project, and for other purposes.

H.R. 497. An act to direct the Secretary of the Interior to convey certain Federal lands in San Bernardino County, California, to the San Bernardino Valley Water Conservation District, and to accept in return certain non-Federal lands, and for other purposes.

H.R. 1073. An act to authorize the Secretary of the Interior to establish a structure for visitor services on the Arlington Ridge tract, in the area of the U.S. Marine Corps War Memorial, and for other purposes.

H.R. 1135. An act to reauthorize the Historically Black Colleges and Universities Historic Preservation program.

H.R. 1967. An act to amend the Reclamation Project Act of 1939 to authorize pumped storage hydropower development utilizing multiple Bureau of Reclamation reservoirs.

MEASURES REFERRED

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

H.R. 497. An act to direct the Secretary of the Interior to convey certain Federal lands in San Bernardino County, California, to the San Bernardino Valley Water Conservation District, and to accept in return certain non-Federal lands, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 1073. An act to authorize the Secretary of the Interior to establish a structure for visitor services on the Arlington Ridge tract, in the area of the U.S. Marine Corps War Memorial, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 1135. An act to reauthorize the Historically Black Colleges and Universities Historic Preservation program; to the Committee on Energy and Natural Resources.

H.R. 1967. An act to amend the Reclamation Project Act of 1939 to authorize pumped storage hydropower development utilizing multiple Bureau of Reclamation reservoirs; to the Committee on Energy and Natural Resources.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 220. An act to authorize the expansion of an existing hydroelectric project, and for other purposes.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

S. 1460. A bill to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes.

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:

S. 577. A bill to require each agency, in providing notice of a rule making, to include a link to a 100 word plain language summary of the proposed rule (Rept. No. 115–120).

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

S. 579. A bill to require agencies to publish an advance notice of proposed rule making for major rules (Rept. No. 115–121).

By Mr. HOEVEN, from the Committee on Indian Affairs, without amendment:

S. 381. A bill to repeal the Act entitled ''An Act to confer jurisdiction on the State of Iowa over offenses committed by or against Indians on the Sac and Fox Indian Reservation'' (Rept. No. 115–122).

S. 691. A bill to extend Federal recognition to the Chickahominy Indian Tribe, the Chickahominy Indian Tribe-Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe (Rept. No. 115–123).

EXECUTIVE REPORT OF COMMITTEE

The following executive report of a nomination was submitted:

By Mr. MCCAIN for the Committee on Armed Services.

*Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

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. ALEXANDER (for himself and Mr. MARKEY):

S. 1450. A bill to prohibit cell phone voice communications during passenger flights; to the Committee on Commerce, Science, and Transportation.

By Mrs. FISCHER:

S. 1451. A bill to facilitate and promote innovative approaches to railroad safety, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. CRUZ (for himself, Mr. CORNYN, Mr. YOUNG, and Mr. RUBIO):

S. 1452. A bill to amend title 38, United States Code, to establish within the Office of the Under Secretary for Health of the Department of Veterans Affairs the position of Chief Information Officer of the Veterans Health Administration, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. DONNELLY (for himself and Ms. MURKOWSKI):

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; to the Committee on Health, Education, Labor, and Pensions.

By Mr. WHITEHOUSE (for himself, Mrs. FEINSTEIN, and Mr. GRASSLEY):

S. 1454. A bill to ensure that persons who form corporations in the United States disclose the beneficial owners of those corporations, in order to prevent the formation of corporations with hidden owners, stop the misuse of United States corporations by wrongdoers, and assist law enforcement in detecting, preventing, and punishing terrorism, money laundering, tax evasion, and other criminal and civil misconduct involving United States corporations, and for other purposes; to the Committee on the Judiciary.

By Mr. FLAKE (for himself and Mr. HEINRICH):

S. 1455. A bill to amend the United States Energy Storage Competitiveness Act of 2007 to direct the Secretary of Energy to establish new goals for the Department of Energy relating to energy storage and to carry out certain demonstration projects relating to energy storage; to the Committee on Energy and Natural Resources.

By Mr. STRANGE:

S. 1456. A bill to provide that human life shall be deemed to begin with fertilization; to the Committee on the Judiciary.

By Mr. FLAKE (for himself and Mr. BOOKER):

S. 1457. A bill to amend the Energy Policy Act of 2005 to direct the Secretary of Energy to carry out demonstration projects relating to advanced nuclear reactor technologies to support domestic energy needs; to the Committee on Energy and Natural Resources.

By Mr. BOOKER (for himself and Mr. BLUMENTHAL):

S. 1458. A bill to establish a grant program to incentivize States to reduce prison populations, and for other purposes; to the Committee on the Judiciary.

By Mr. SCOTT (for himself and Mr. GRAHAM):

S. 1459. A bill to establish Fort Sumter and Fort Moultrie National Park in the State of South Carolina, and for other purposes; to the Committee on Energy and Natural Resources.

By Ms. MURKOWSKI (for herself and Ms. CANTWELL):

S. 1460. A bill to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes; read the first time.

By Mrs. ERNST:

S. 1461. A bill to amend title 10, United States Code, to provide for the eligibility of certain former members of the Armed Forces who are medically retired and who are entitled to hospital insurance benefits under Medicare part A by reason of previous entitlement to social security disability insurance benefits to enroll in the TRICARE program regardless of whether such members decline enrollment under Medicare part B, and for other purposes; to the Committee on Armed Services.

By Mrs. SHAHEEN (for herself, Mr. BLUMENTHAL, Mr. CARPER, Ms. CORTEZ MASTO, Ms. HASSAN, Mr. KAINE, Mr. MARKEY, Mr. KING, Mr. COONS, Mr. CARDIN, Ms. BALDWIN, Mr. LEAHY, Ms. HEITKAMP, Mr. WARNER, Mrs. FEINSTEIN, Mr. REED, Mr. CASEY, Ms. STABENOW, Mr. SCHUMER, Mr. UDALL, and Mr. VAN HOLLEN):

S. 1462. A bill to amend the Patient Protection and Affordable Care Act to improve cost sharing subsidies; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CRAPO (for himself, Mr. BROWN, Ms. CORTEZ MASTO, Mr. COTTON, Mr. MENENDEZ, Mr. PERDUE, Mr. ROUNDS, Mr. SCOTT, Mr. TESTER, Mr. TILLIS, Mr. VAN HOLLEN, Mr. WARNER, and Ms. WARREN):

S. 1463. A bill to amend the Financial Stability Act of 2010 to modify the term of the independent member of the Financial Stability Oversight Council; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. FEINSTEIN (for herself, Mr. HELLER, Mr. BENNET, and Mr. GARDNER):

S. 1464. A bill to amend the Internal Revenue Code of 1986 to expand the exclusion for energy conservation subsidies provided by public utilities to include subsidies provided by public utilities and State and local governments for water conservation and storm water management; to the Committee on Finance.

By Mr. CASSIDY:

S. 1465. A bill to terminate the prohibitions on the exportation and importation of natural gas, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. DURBIN (for himself and Mr. MURPHY):

S. 1466. A bill to require the Secretary of Defense to award grants to fund research on orthotics and prosthetics, and for other purposes; to the Committee on Armed Services.

By Mr. DURBIN (for himself, Mr. MURPHY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. COONS, Mr. FRANKEN, Mr. NELSON, Mrs. FEINSTEIN, Ms. DUCKWORTH, and Mr. PETERS):

S. 1467. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree programs in orthotics and prosthetics, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. WARREN:

S. 1468. A bill to require reports on civilian casualties in connection with United States military operations; to the Committee on Armed Services.

By Mr. BLUNT (for himself, Mr. SCHUMER, Mr. ISAKSON, and Mr. CARDIN):

S. 1469. A bill to amend the Internal Revenue Code of 1986 to extend tax incentives to permanently extend the special expensing rules for certain film, television, and live theatrical productions, and for other purposes; to the Committee on Finance.

By Ms. WARREN:

S. 1470. A bill to protect members of our Armed Forces from Russian and other foreign interference, and for other purposes; to the Committee on Armed Services.

By Ms. WARREN:

S. 1471. A bill to ensure the compliance of Department of Defense regulations with Federal consumer protection laws on the collection of debt; to the Committee on Armed Services.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. PETERS (for himself and Ms. STABENOW):

S. Res. 204. A resolution honoring the 100th anniversary of Selfridge Air National Guard Base in Harrison Township, Michigan; to the Committee on Armed Services.

By Mr. PETERS (for himself and Ms. STABENOW):

S. Res. 205. A resolution honoring the 100th anniversary of Fort Custer in Augusta, Michigan; to the Committee on Veterans' Affairs.

By Mr. JOHNSON:

S. Res. 206. A resolution urging the Secretary of the Interior to recognize the cultural significance of Rib Mountain by adding it to the National Register of Historic Places; to the Committee on Energy and Natural Resources.

By Ms. STABENOW:

S. Res. 207. A resolution designating the week of July 9 through July 15, 2017 as ''Sarcoma Awareness Week'' and designating July 15, 2017 as ''Leiomyosarcoma Awareness Day''; to the Committee on the Judiciary.

By Mrs. FEINSTEIN (for herself and Ms. MURKOWSKI):

S. Res. 208. A resolution expressing the sense of the Senate that flowers grown in the United States support the farmers, small businesses, jobs, and economy of the United States, that flower farming is an honorable vocation, and designating July as ''American Grown Flower Month''; to the Committee on the Judiciary.

By Mrs. FEINSTEIN (for herself and Ms. HARRIS):

S. Res. 209. A resolution commemorating the 40th Anniversary of the Silicon Valley Leadership Group, the preeminent public policy trade association in Silicon Valley; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 256

At the request of Ms. HEITKAMP, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 256, a bill to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

S. 298

At the request of Mr. TESTER, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 528

At the request of Mr. TESTER, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 528, a bill to amend the Family and Medical Leave Act of 1993 to provide leave because of the death of a son or daughter.

S. 681

At the request of Mr. TESTER, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 681, a bill to amend title 38, United States Code, to improve the benefits and services provided by the Department of Veterans Affairs to women veterans, and for other purposes.

S. 705

At the request of Mr. HATCH, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 705, a bill to amend the National Child Protection Act of 1993 to establish a national criminal history background check system and criminal history review program for certain individuals who, related to their employment, have access to children, the elderly, or individuals with disabilities, and for other purposes.

S. 1024

At the request of Mr. BLUMENTHAL, the name of the Senator from Ohio (Mr. BROWN) 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. 1152

At the request of Mr. MERKLEY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1152, a bill to create protections for depository institutions that

provide financial services to cannabis-related businesses, and for other purposes.

S. 1158

At the request of Mr. CARDIN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1158, a bill to help prevent acts of genocide and other atrocity crimes, which threaten national and international security, by enhancing United States Government capacities to prevent, mitigate, and respond to such crises.

S. 1197

At the request of Mrs. GILLIBRAND, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 1197, a bill to waive the 24-month waiting period for Medicare eligibility for individuals disabled by Huntington's disease.

S. 1201

At the request of Mrs. MCCASKILL, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1201, a bill to allow individuals living in areas without qualified health plans offered through an Exchange to have similar access to health insurance coverage as Members of Congress and congressional staff.

S. 1312

At the request of Mr. GRASSLEY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1312, a bill to prioritize the fight against human trafficking in the United States.

S. 1318

At the request of Ms. BALDWIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1318, a bill to protect the rights of passengers with disabilities in air transportation, and for other purposes.

S. 1320

At the request of Mr. INHOFE, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1320, a bill to reform apportionments to general aviation airports under the airport improvement program, to improve project delivery at certain airports, and to designate certain airports as disaster relief airports, and for other purposes.

S. 1323

At the request of Mr. SULLIVAN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1323, a bill to preserve United States fishing heritage through a national program dedicated to training and assisting the next generation of commercial fishermen, and for other purposes.

S. 1361

At the request of Mr. CRAPO, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1361, a bill to amend title XVIII of the Social Security Act to allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac, intensive cardiac, and pulmonary rehabilitation programs.

S. 1393

At the request of Mr. CORNYN, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. 1393, a bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses.

S. 1426

At the request of Mr. THUNE, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 1426, a bill to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, and for other purposes.

S. 1432

At the request of Mr. INHOFE, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1432, a bill to prevent the Federal Aviation Administration's Aircraft Registry Office from closing during a Government shutdown.

S. 1441

At the request of Mr. SANDERS, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1441, a bill to provide funding for Federally Qualified Health Centers, the National Health Service Corps, Teaching Health Centers, and the Nurse Practitioner Residency Training program.

S.J. RES. 5

At the request of Mr. CARDIN, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S.J. Res. 5, a joint resolution removing the deadline for the ratification of the equal rights amendment.

S. CON. RES. 6

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

S. RES. 54

At the request of Mr. BLUMENTHAL, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. Res. 54, a resolution expressing the unwavering commitment of the United States to the North Atlantic Treaty Organization.

S. RES. 168

At the request of Mr. CARDIN, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. Res. 168, a resolution supporting respect for human rights and encouraging inclusive governance in Ethiopia.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN (for herself, Mr. HELLER, Mr. BENNET, and Mr. GARDNER):

S. 1464. A bill to amend the Internal Revenue Code of 1986 to expand the exclusion for energy conservation subsidies provided by public utilities to include subsidies provided by public utilities and State and local governments for water conservation and storm water management; to the Committee on Finance.

Mrs. FEINSTEIN. Mr. President, today Senators HELLER, BENNET, GARDNER, and I are introducing the Water Conservation Tax Parity Act. This bill would exempt the value of residential water conservation and storm water runoff management rebates from gross income calculations.

California and the western States have been facing a severe drought. Some public utilities, state and local governments, and water management providers offer programs to promote water conservation and storm water management by providing subsidies. These programs help stimulate responsible water use; however, residential participation is essential to their success.

For example, the Metropolitan Water District of Southern California has offered a rebate program to encourage residents to replace turf with more water-responsible landscapes. More than 23,000 households have benefited from the turf removal rebates, and the average rebate per household covers 1,500 square feet or about $3,000, which covers about half of the cost to the resident.

Section 136 of the Internal Revenue Code already exempts energy conservation rebates from inclusion in gross income. However, there is no Federal exemption for water conservation or storm water management measures, which may undermine incentives for participation in these programs. These programs are just as valuable as energy conservation programs and should be treated equally in the tax code. This bill would simply exempt water conservation and storm water management rebates from being included in gross income and would be retroactive to 2015. This would maintain the important incentives for resident participation in critical water conservation measures.

This bill is supported by a coalition of organizations and public utilities, including the Western Urban Water Coalition, Alliance for Water Efficiency, American Water Works Association, National Association of Water Companies, U.S. Water Alliance, Association of Water Agencies, WaterNow Alliance, Western Coalition of Arid States, and National Water Resources Association. This bill is crucial to ensuring residents continue participating in water conservation and storm water management programs.

Mr. President, I strongly urge my colleagues to support this legislation and am hopeful that this Congress will move it forward.

Thank you. I yield the floor.

By Mr. DURBIN (for himself and Mr. MURPHY):

S. 1466. A bill to require the Secretary of Defense to award grants to

fund research on orthotics and prosthetics, and for other purposes; to the Committee on Armed Services.

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. 1466

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 ''Wounded Warrior Research Enhancement Act''.

SEC. 2. ORTHOTIC AND PROSTHETIC RESEARCH.

(a) PURPOSE.—The purpose of the grants described in this section is to advance orthotic and prosthetic clinical care for members of the Armed Forces, veterans, and civilians who have undergone amputation, traumatic brain injury, and other serious physical injury as a result of combat or military experience.

(b) GRANTS FOR RESEARCH ON PATIENT OUTCOMES.—The Secretary of Defense shall award grants to persons to carry out research on the following:

(1) The actions that can be taken to prevent amputation of limbs.

(2) The point in the course of patient treatment during which orthotic and prosthetic intervention is most effective.

(3) The orthotic interventions that are most effective in treating the physical effects of traumatic brain injury.

(4) The patients that benefit most from particular orthotic and prosthetic technologies.

(5) The orthotic and prosthetic services that best facilitate the return to active duty of members of the Armed Forces.

(6) The effect of the aging process on the use of prosthetics, including—

(A) increased skin breakdown;

(B) loss of balance;

(C) falls; and

(D) other issues that arise during the aging process.

(c) GRANTS ON MATERIALS RESEARCH.—The Secretary shall award grants to persons to carry out research on the following:

(1) The improvement of existing materials used in orthotics and prosthetics for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(2) The development of new materials used in orthotics and prosthetics for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(d) GRANTS ON TECHNOLOGY RESEARCH.—The Secretary shall award grants to persons to carry out research on the following:

(1) The improvement of existing orthotic and prosthetic technology and devices for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(2) The development of new orthotic and prosthetic technology and devices for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(e) REQUEST FOR PROPOSALS.—A person seeking the award of a grant under this section shall submit to the Secretary an application therefor in the form and accompanied by such information as the Secretary shall require.

(f) AWARD REQUIREMENTS.—

(1) PEER-REVIEWED PROPOSALS.—Grants under this section may be awarded only for research that is peer-reviewed.

(2) COMPETITIVE PROCEDURES.—Grants under this section shall be awarded through competitive procedures.

(g) GRANT USE.—A person awarded a grant under subsection (b), (c), or (d) shall use the grant amount to carry out the research described in the applicable subsection.

(h) REPORTS.—Not later than 180 days after the date of the enactment of this Act, and not less frequently than annually thereafter, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, veterans, community-based clinicians, and expert researchers in the field of orthotics and prosthetics, submit to Congress a report setting forth the following:

(1) An agenda for orthotic and prosthetic research that identifies and prioritizes the most significant unanswered orthotic and prosthetic research questions pertinent to the provision of evidence-based clinical care to members of the Armed Forces, veterans, and civilians.

(2) For each report after the initial report under this subsection—

(A) a summary of how the grants awarded under subsection (b) are addressing the most significant orthotic and prosthetic needs; and

(B) the progress made towards resolving orthotic and prosthetic challenges facing members of the Armed Forces and veterans.

(i) VETERAN DEFINED.—In this section, the term ''veteran'' has the meaning given that term in section 101 of title 38, United States Code.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for fiscal year 2018 for the Department of Defense for the Defense Health Program, $30,000,000 to carry out this section.

By Mr. DURBIN (for himself, Mr. MURPHY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. COONS, Mr. FRANKEN, Mr. NELSON, Mrs. FEINSTEIN, Ms. DUCKWORTH, and Mr. PETERS):

S. 1467. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree programs in orthotics and prosthetics, and for other purposes; 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. 1467

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 ''Wounded Warrior Workforce Enhancement Act''.

SEC. 2. ORTHOTICS AND PROSTHETICS EDUCATION IMPROVEMENT.

(a) GRANTS REQUIRED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall award grants to eligible institutions to enable the eligible institutions—

(A) to establish a master's degree program in orthotics and prosthetics; or

(B) to expand upon an existing master's degree program in orthotics and prosthetics, including by admitting more students, further training faculty, expanding facilities, or increasing cooperation with the Department of Veterans Affairs and the Department of Defense.

(2) PRIORITY.—The Secretary shall give priority in the award of grants under this section to eligible institutions that have entered into a partnership with a medical center or clinic administered by the Department of Veterans Affairs or a facility administered by the Department of Defense, including by providing clinical rotations at such medical center, clinic, or facility.

(3) GRANT AMOUNTS.—Grants awarded under this section shall be in amounts of not less than $1,000,000 and not more than $1,500,000.

(b) REQUESTS FOR PROPOSALS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, and not less frequently than annually thereafter for two years, the Secretary shall issue a request for proposals from eligible institutions for grants under this section.

(2) PROPOSALS.—An eligible institution that seeks the award of a grant under this section shall submit an application therefor to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including—

(A) demonstration of a willingness and ability to participate in a partnership described in subsection (a)(2); and

(B) a commitment, and demonstration of an ability, to maintain an accredited orthotics and prosthetics education program after the end of the grant period.

(c) GRANT USES.—

(1) IN GENERAL.—An eligible institution awarded a grant under this section shall use grant amounts to carry out any of the following:

(A) Building new or expanding existing orthotics and prosthetics master's degree programs.

(B) Training doctoral candidates in fields related to orthotics and prosthetics to prepare them to instruct in orthotics and prosthetics programs.

(C) Training faculty in orthotics and prosthetics education or related fields for the purpose of instruction in orthotics and prosthetics programs.

(D) Salary supplementation for faculty in orthotics and prosthetics education.

(E) Financial aid that allows eligible institutions to admit additional students to study orthotics and prosthetics.

(F) Funding faculty research projects or faculty time to undertake research in the areas of orthotics and prosthetics for the purpose of furthering their teaching abilities.

(G) Renovation of buildings or minor construction to house orthotics and prosthetics education programs.

(H) Purchasing equipment for orthotics and prosthetics education.

(2) LIMITATION ON CONSTRUCTION.—An eligible institution awarded a grant under this section may use not more than 50 percent of the grant amount to carry out paragraph (1)(G).

(3) ADMISSIONS PREFERENCE.—An eligible institution awarded a grant under this section shall give preference in admission to the orthotics and prosthetics master's degree programs to veterans, to the extent practicable.

(4) PERIOD OF USE OF FUNDS.—An eligible institution awarded a grant under this section may use the grant amount for a period of three years after the award of the grant.

(d) DEFINITIONS.—In this section:

(1) The term ''eligible institution'' means an educational institution that offers an orthotics and prosthetics education program that—

(A) is accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs; or

(B) demonstrates an ability to meet the accreditation requirements for orthotic and prosthetic education from the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission

on Accreditation of Allied Health Education Programs if the institution receives a grant under this section.

(2) The term ''veteran'' has the meaning given that term in section 101 of title 38, United States Code.

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated for fiscal year 2018 for the Department of Veterans Affairs, $15,000,000 to carry out this section. The amount so authorized to be appropriated shall remain available for obligation until September 30, 2020.

(2) UNOBLIGATED AMOUNTS TO BE RETURNED TO THE TREASURY.—Any amounts authorized to be appropriated by paragraph (1) that are not obligated by the Secretary as of September 30, 2020, shall be returned to the Treasury of the United States.

SEC. 3. CENTER OF EXCELLENCE IN ORTHOTIC AND PROSTHETIC EDUCATION.

(a) GRANT FOR ESTABLISHMENT OF CENTER.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall award a grant to an eligible institution to enable the eligible institution—

(A) to establish the Center of Excellence in Orthotic and Prosthetic Education (in this section referred to as the ''Center''); and

(B) to enable the eligible institution to improve orthotic and prosthetic outcomes for veterans, members of the Armed Forces, and civilians by conducting evidence-based research on—

(i) the knowledge, skills, and training most needed by clinical professionals in the field of orthotics and prosthetics; and

(ii) how to most effectively prepare clinical professionals to provide effective, high-quality orthotic and prosthetic care.

(2) PRIORITY.—The Secretary shall give priority in the award of a grant under this section to an eligible institution that has in force, or demonstrates the willingness and ability to enter into, a memoranda of understanding with the Department of Veterans Affairs, the Department of Defense, or other appropriate Federal agency, or a cooperative agreement with an appropriate private sector entity, which memorandum of understanding or cooperative agreement provides for either, or both, of the following:

(A) The provision of resources, whether in cash or in kind, to the Center.

(B) Assistance to the Center in conducting research and disseminating the results of such research.

(3) GRANT AMOUNT.—The grant awarded under this section shall be in the amount of $5,000,000.

(b) REQUESTS FOR PROPOSALS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals from eligible institutions for the grant under this section.

(2) PROPOSALS.—An eligible institution that seeks the award of the grant under this section shall submit an application therefor to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

(c) GRANT USES.—

(1) IN GENERAL.—The eligible institution awarded the grant under this section shall use the grant amount as follows:

(A) To develop an agenda for orthotics and prosthetics education research.

(B) To fund research in the area of orthotics and prosthetics education.

(C) To publish or otherwise disseminate research findings relating to orthotics and prosthetics education.

(2) PERIOD OF USE OF FUNDS.—The eligible institution awarded the grant under this section may use the grant amount for a period of five years after the award of the grant.

(d) DEFINITIONS.—In this section:

(1) The term ''eligible institution'' means an educational institution that—

(A) has a robust research program;

(B) offers an orthotics and prosthetics education program that is accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs;

(C) is well recognized in the field of orthotics and prosthetics education; and

(D) has an established association with—

(i) a medical center or clinic of the Department of Veterans Affairs; and

(ii) a local rehabilitation hospital.

(2) The term ''veteran'' has the meaning given that term in section 101 of title 38, United States Code.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for fiscal year 2018 for the Department of Veterans Affairs, $5,000,000 to carry out this section.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 204—HONORING THE 100TH ANNIVERSARY OF SELFRIDGE AIR NATIONAL GUARD BASE IN HARRISON TOWNSHIP, MICHIGAN

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 204

Whereas 2017 marks the 100th anniversary of a military installation operating in Harrison Township, Michigan;

Whereas Selfridge Air National Guard Base is named after Army 1st Lieutenant Thomas E. Selfridge, who saw the potential of powered flight;

Whereas Lieutenant Selfridge became the first casualty of flight when he was killed during a demonstration flight with Orville Wright in 1908;

Whereas the Army commissioned Selfridge Field on July 1, 1917, and the first flight occurred on July 8, 1917;

Whereas, on June 27, 1919, Selfridge Field became the home of the 1st Pursuit Group, the oldest combat group in the Air Force;

Whereas, on October 14, 1922, 1st Lieutenant Russell Maughan flew the first aircraft to exceed 200 miles per hour at Selfridge Field;

Whereas the 332d Fighter Group of the Tuskegee Airmen moved to Selfridge Field on March 29, 1943, and Colonel Benjamin O. Davis became its first African-American commander on October 8, 1943;

Whereas, on July 20, 1948, the first transatlantic flight by a fighter aircraft launched from Selfridge Field headed to Berlin during the Berlin Airlift;

Whereas, on July 1, 1971, Selfridge Field was transferred to the Michigan Air National Guard, becoming the first major active Air Force base to come under control of the Air National Guard;

Whereas, in 1991, Selfridge Air National Guard Base founded the first STARBASE program, a Department of Defense program for students in kindergarten through 12th grade that provides math and science education;

Whereas the 127th Wing of the Michigan Air National Guard was established at Selfridge Air National Guard Base on April 1, 1996;

Whereas Selfridge Air National Guard Base is the host to at least 40 tenant units representing every branch of the Armed Forces, the Coast Guard, and representing members of the Armed Forces serving on active duty, in a reserve component, or in the National Guard;

Whereas Selfridge Air National Guard Base is the home to the KC-135 Stratotanker and the A-10 Thunderbolt II; and

Whereas, as of the date of agreement to this resolution, Selfridge Air National Guard Base is being considered to host the F-35 Lightning II, the Air Force's newest fifth-generation fighter: Now, therefore, be it

Resolved, That the Senate—

(1) honors Selfridge Air National Guard Base in Harrison Township, Michigan, on its 100th anniversary; and

(2) commends the thousands of men and women who have worked and trained at Selfridge Air National Guard Base.

SENATE RESOLUTION 205—HONORING THE 100TH ANNIVERSARY OF FORT CUSTER IN AUGUSTA, MICHIGAN

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on Veterans' Affairs:

S. RES. 205

Whereas 2017 marks the 100th anniversary of a military installation operating in Augusta, Michigan;

Whereas Fort Custer is named after Major General George Armstrong Custer, a native of Monroe, Michigan, and a prominent Civil War cavalry commander;

Whereas the United States Army purchased 130 parcels of Michigan farmland to begin constructing Camp Custer in 1917;

Whereas more than 100,000 soldiers from Michigan and Wisconsin trained at Camp Custer before serving in Europe during World War I as part of the American Expeditionary Forces;

Whereas Camp Custer became the district headquarters of the Civilian Conservation Corps for Michigan's Lower Peninsula during the Great Depression;

Whereas Congress officially designated Camp Custer as Fort Custer on August 17, 1940, recognizing it as a permanent military training base;

Whereas, in preparation for World War II engagement, Fort Custer expanded to 16,000 acres with accommodations for nearly 1,300 officers and more than 27,500 troops;

Whereas more than 300,000 troops were trained at Fort Custer throughout World War II, including the 5th Infantry ''Red Diamond'' Division that left for combat in Normandy, France, in June 1944;

Whereas Fort Custer served as a prisoner of war camp for approximately 5,000 German soldiers during World War II;

Whereas approximately 17,000 troops were trained at Fort Custer during the Korean War in the 1950s;

Whereas the United States Air Force established the Custer Air Force Station in 1956, which served as part of the North American Air Defense System for a decade beginning in 1959;

Whereas Fort Custer offered free education and vocational training to youth between the ages of 16 and 24 as a Jobs Corps Training Center from 1965 to 1967;

Whereas the 770-acre Fort Custer National Military Cemetery, established in 1981, honors thousands of the brave men and women who served the United States; and

Whereas Fort Custer continues to serve as a state-of-the-art training facility for the Michigan National Guard and other branches

of the Armed Forces, including Reserve Officers' Training Corps students: Now, therefore, be it

Resolved, That the Senate—

(1) honors Fort Custer in Augusta, Michigan, on its 100th anniversary;

(2) commends the thousands of men and women who have worked and trained at Fort Custer; and

(3) commemorates the tens of thousands of members of the Armed Forces and their families memorialized at Fort Custer National Cemetery.

SENATE RESOLUTION 206—URGING THE SECRETARY OF THE INTERIOR TO RECOGNIZE THE CULTURAL SIGNIFICANCE OF RIB MOUNTAIN BY ADDING IT TO THE NATIONAL REGISTER OF HISTORIC PLACES

Mr. JOHNSON submitted the following resolution; which was referred to the Committee on Energy and Natural Resources:

S. RES. 206

Whereas Paul Bunyan is a larger-than-life folk hero who embodies the frontier spirit, might, the willingness to work hard, and the resolve to overcome all obstacles;

Whereas reliable documentation establishes that the earliest story about Paul Bunyan was told north of Tomahawk, Wisconsin;

Whereas this evidence suggests that Wisconsin's claim that it is the birthplace of Paul Bunyan is superior to claims from other States;

Whereas Paul Bunyan has been the subject of countless literary compositions, musical pieces, commercial works, and theatrical productions;

Whereas local legend states that the ''ribs'' in Rib Mountain, Wisconsin, denote that the mountain is the burial site of Paul Bunyan;

Whereas Rib Mountain is nearly 4 miles long and peaks at 1,924 feet above sea level and 670 feet above the local terrain, making it the highest natural feature in North Central Wisconsin and one of the highest points in the entire State of Wisconsin;

Whereas Rib Mountain is home to the Granite Peak Ski Area, one of the first ski areas in North America, where thousands of visitors come annually to ski or snowboard;

Whereas Rib Mountain State Park, situated on Rib Mountain, is over 1,500 acres and boasts a well-maintained network of hiking and nature trails with breathtaking views; and

Whereas Rib Mountain State Park attracts visitors from the local community as well as from across the State and the country: Now, therefore, be it

Resolved, That the Senate—

(1) affirms the importance of Rib Mountain to the culture and economy of Wisconsin;

(2) recognizes the legend of Paul Bunyan as the embodiment of the frontier spirit; and

(3) requests that the Secretary of the Interior recognize the legendary burial site of Paul Bunyan by adding Rib Mountain to the National Register of Historic Places.

SENATE RESOLUTION 207—DESIGNATING THE WEEK OF JULY 9 THROUGH JULY 15, 2017 AS ''SARCOMA AWARENESS WEEK'' AND DESIGNATING JULY 15, 2017 AS ''LEIOMYOSARCOMA AWARENESS DAY''

Ms. STABENOW submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 207

Whereas a soft tissue sarcoma is a rare type of cancer, accounting for approximately 1 percent of all newly diagnosed cancers, that arises in the connective tissue of the body;

Whereas the National Institutes of Health designates sarcoma as a rare form of cancer, with sarcoma containing approximately 70 different subtypes;

Whereas sarcomas are largely resistant to current chemotherapy agents, immunotherapy agents, and radiation therapies, posing a formidable challenge for researchers and specialists;

Whereas sarcoma subtypes have largely not received benefit from immunotherapies due to the complexity of the DNA, genomes, and mutations associated with the many variations in the sarcoma subtype landscape;

Whereas leiomyosarcoma (referred to in this preamble as ''LMS'') is a malignant, aggressive subtype of soft tissue sarcoma derived from smooth muscle cells typically of uterine, gastrointestinal or soft tissue origin, and can metastasize to the bone, spine, brain, and liver;

Whereas the National Institutes of Health classifies LMS as a rare disease, accounting for approximately 15 percent of all sarcomas, and LMS itself encompasses at least 4 different LMS subtypes;

Whereas LMS primarily affects adults without regard to gender;

Whereas research and clinical trials for LMS remain complicated and the prospects for long-term survival remain poor;

Whereas multidisciplinary care coordination teams, because of their expertise and experience, are critical to the health of sarcoma and LMS patients;

Whereas sarcoma and LMS research will allow medical professionals to improve the quality of care for affected patients, lead to better clinical outcomes, and promote longer survival for patients; and

Whereas increased education and awareness about sarcoma and LMS will contribute to the well-being of the communities of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of July 9 through July 15, 2017, as ''Sarcoma Awareness Week'';

(2) designates July 15, 2017, as ''Leiomyosarcoma Awareness Day'';

(3) recognizes the challenges faced by sarcoma and leiomyosarcoma patients; and

(4) commends the dedication of organizations, volunteers, researchers, and caregivers across the country working to improve the quality of life of sarcoma and leiomyosarcoma patients and their families.

SENATE RESOLUTION 208—EXPRESSING THE SENSE OF THE SENATE THAT FLOWERS GROWN IN THE UNITED STATES SUPPORT THE FARMERS, SMALL BUSINESSES, JOBS, AND ECONOMY OF THE UNITED STATES, THAT FLOWER FARMING IS AN HONORABLE VOCATION, AND DESIGNATING JULY AS ''AMERICAN GROWN FLOWER MONTH''

Mrs. FEINSTEIN (for herself and Ms. MURKOWSKI) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 208

Whereas cut flower growers in the United States are hard-working, dedicated individuals who bring beauty, economic stimulus, and pride to their communities and the nation;

Whereas the people of the United States have a long history of using flowers and greens grown in the United States to bring beauty to important events and express affection for loved ones;

Whereas consumers spend almost $27,000,000,000 each year on floral products, including cut flowers, garden plants, bedding, and indoor plants;

Whereas nearly 30 percent of households in the United States purchase fresh cut flowers and greens from more than 16,000 florists and floral establishments each year;

Whereas the people of the United States increasingly want to support domestically produced foods and agricultural products and would prefer to buy locally grown flowers whenever possible, yet a majority of domestic consumers do not know where the flowers they purchase are grown;

Whereas in response to increased demand, the ''Certified American Grown Flowers'' logo was created in July 2014 in order to educate and empower consumers to purchase flowers from domestic producers;

Whereas as of April 2017, millions of stems of domestically grown flowers are now ''Certified American Grown'';

Whereas domestic flower farmers produce thousands of varieties of flowers across the United States, such as peonies in Alaska, Gerbera daisies in California, lupines in Maine, tulips in Washington, lilies in Oregon, and larkspur in Texas;

Whereas the 5 flower varieties with the highest United States production are tulips, Gerbera daisies, lilies, gladiolas and irises;

Whereas people in every State have access to domestically grown flowers, yet only 1 of 5 flowers sold in the United States is domestically grown;

Whereas the domestic cut flower industry creates almost $42,000,000 in economic impact daily and supports hundreds of growers, thousands of small businesses, and tens of thousands of jobs in the United States;

Whereas more people in the United States are expressing interest in growing flowers locally, which has resulted in an approximately 20 percent increase in the number of domestic cut flower farms between 2007 and 2012;

Whereas most domestic cut flowers and greens are sold in the United States within 24 to 48 hours after harvest and last longer than flowers shipped longer distances;

Whereas flowers grown domestically enhance the ability of the people of the United States to festively celebrate weddings and births, and honor those who have passed;

Whereas flower-giving has been a holiday tradition in the United States for generations;

Whereas flowers speak to the beauty of motherhood on Mother's Day; and to the spirit of love on Valentine's Day;

Whereas flowers are an essential part of other holidays such as Thanksgiving, Christmas, Hanukkah, and Kwanzaa;

Whereas flowers help commemorate the service and sacrifice of our Armed Forces on Memorial Day and Veterans Day; and

Whereas the Senate encourages the cultivation of flowers in the United States by domestic flower farmers: Now, therefore, be it

Resolved, That the Senate—

(1) designates July 2017 as ''American Grown Flower Month'';

(2) recognizes that purchasing flowers grown in the United States supports the farmers, small businesses, jobs, and economy of the United States;

(3) recognizes that growing flowers and greens in the United States is a vital part of the agricultural industry of the United States;

(4) recognizes that cultivating flowers domestically enhances the ability of the people of the United States to festively celebrate holidays and special occasions; and

(5) urges all people of the United States to proactively showcase flowers and greens grown in the United States in order to show support for our flower farmers, processors, and distributors as well as agriculture in the United States overall.

SENATE RESOLUTION 209—COMMEMORATING THE 40TH ANNIVERSARY OF THE SILICON VALLEY LEADERSHIP GROUP, THE PREEMINENT PUBLIC POLICY TRADE ASSOCIATION IN SILICON VALLEY

Mrs. FEINSTEIN (for herself and Ms. HARRIS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 209

Whereas the Silicon Valley Leadership Group (referred to in this preamble as the ''Leadership Group''), founded by David Packard in 1978, advocates on behalf of Silicon Valley employers in the interest of improving the economic health of and quality of life in Silicon Valley;

Whereas the Leadership Group represents nearly 400 member companies that constitute 1 in 3 private sector jobs in Silicon Valley;

Whereas the Leadership Group was integral in establishing a permanent regional office of the United States Patent and Trademark Office in Silicon Valley, facilitating creativity, innovation, and efficiency for local companies and creating new economic and employment opportunities;

Whereas the Leadership Group was a crucial partner in promoting the restoration of the San Francisco Bay and restoring wildlife habitat by reducing toxins and pollutants, improving water quality, and protecting communities from floods;

Whereas the Leadership Group has been vital in the development of transportation improvements, including helping secure funding for the electrification of Caltrain, which will replace diesel trains with high-performance electric trains, nearly doubling ridership, reducing travel times, cutting emissions, and creating 9,600 additional employment opportunities across the United States; and

Whereas the Leadership Group has supported and contributed to organizations such as Second Harvest Food Bank, Housing Trust Silicon Valley, Healthier Kids Foundation Santa Clara County, Christmas in the Park in San Jose, and many other organizations that help improve the quality of life in the Silicon Valley region: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the significant contributions of the Silicon Valley Leadership Group and the members of the Silicon Valley Leadership Group to the economic health of and quality of life in Silicon Valley; and

(2) commemorates the 40th anniversary of the Silicon Valley Leadership Group.

Mrs. FEINSTEIN. Mr. President, I rise today to recognize the 40th anniversary of the founding of the Silicon Valley Leadership Group.

Founded by David Packard in 1978, the Leadership Group has worked tirelessly to improve the economic health and quality of life in Silicon Valley. I have had the pleasure of working closely with the Silicon Valley Leadership Group—and its Chief Executive Officer Carl Guardino—on many issues important to the San Francisco Bay Area.

For instance, the Leadership Group has been an indispensable partner in efforts to restore the San Francisco Bay and its critical wetlands. Just last year, they helped secure $500 million for those restoration efforts. The Leadership Group was integral in establishing a permanent U.S. Patent and Trademark office in San Jose. That office now supports the creativity and innovation that made Silicon Valley the global leader of the digital revolution. Most recently, the Leadership Group was a driving force in developing transportation improvements in Silicon Valley—including the electrification of the Caltrain system that will cut travel times and improve air quality for countless Californians.

Mr. President, I urge my colleagues to join me in supporting this resolution to recognize the Silicon Valley Leadership Group and its contributions to Silicon Valley, the state of California and our national economy.

Thank you.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. MCCONNELL. Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader for the seventh consecutive legislative day, therefore, they will not be permitted to meet after 2 p.m. I ask unanimous consent that the list of committees requesting authority to meet be printed in the RECORD for today's session and the previous 2 days.

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

Monday, June 26, 2017.

Five requests for committees to meet for the following committees:

Subcommittee on Airland

Subcommittee on Cybersecurity

Subcommittee on Readiness and Management Support

Subcommittee on Seapower

Subcommittee on Strategic Forces

Tuesday, June 27, 2017.

Five requests for committees to meet for the following committees:

Committee on Armed Services

Committee on the Judiciary

Subcommittee on Emerging Treats and Capabilities

Subcommittee on Personnel

Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard

Wednesday, June 28, 2017.

Nine requests for committees to meet for the following committees:

Committee on Armed Services

Committee on Commerce, Science, and Transportation

Committee on Foreign Relations

Committee on Homeland Security and Governmental Affairs

Committee on the Judiciary

Committee on Veterans' Affairs

Committee on Intelligence

APPOINTMENTS

The PRESIDING OFFICER. The Chair, on behalf of the Vice President, pursuant to Section 1295b(h) of title 46 App., United States Code, appoints the following Senators to the Board of Visitors of the U.S. Merchant Marine Academy: the Honorable JOHN THUNE of South Dakota (ex officio as Chairman, Committee on Commerce, Science and Transportation) and the Honorable DEB FISCHER of Nebraska (Committee on Commerce, Science and Transportation).

The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 4355(a), appoints the following Senator to the Board of Visitors of the U. S. Military Academy: the Honorable JERRY MORAN of Kansas (Designated by the Chairman of the Committee on Armed Services).

The Chair, on behalf of the majority leader, pursuant to the provisions of Public Law 114–323, appoints the following individual to serve as a member of the Western Hemisphere Drug Policy Commission: John Walters of the District of Columbia.

MEASURE READ THE FIRST TIME—S. 1460

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The senior assistant legislative clerk read as follows:

A bill (S. 1460) to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes.

Mr. MCCONNELL. I now ask for a second reading and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection is heard.

The bill will be read for the second time on the next legislative day.

ORDERS FOR THURSDAY, JUNE 29, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the

Senate completes its business today, it adjourn until 11 a.m., Thursday, June 29; 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; finally, that following leader remarks, the Senate proceed to executive session and resume consideration of the Rao nomination with the time until the cloture vote equally divided between the two leaders or their designees.

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

ADJOURNMENT UNTIL 11 A.M. TOMORROW

Mr. MCCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:43 p.m., adjourned until Thursday, June 29, 2017, at 11 a.m.