



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163

WASHINGTON, TUESDAY, JUNE 27, 2017

No. 110

Senate

The Senate met at 2 p.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

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

Let us pray.

Gracious God, Ruler of all nature, Your strong right hand continues to sustain us. The Earth belongs to You and everything in it.

Today, inspire our Senators to trust fervently in You. Lord, show them the path that leads to success in their many endeavors. Guide them with Your truth and plant Your secrets of joy in the soil of their hearts. May integrity and honesty protect them as they put their hope in You. Let Your wisdom sound a clarion call in their minds so they will glorify You with faithful service. Fill them with an attitude of gratitude.

We pray in Your merciful 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. PORTMAN). Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business for debate only, with Senators permitted to speak therein.

The Senator from Utah, the President pro tempore.

TAX REFORM

Mr. HATCH. Mr. President, I rise to discuss once again the ongoing effort to reform our Nation's Tax Code.

I have been coming to the floor regularly to talk about this subject for more than 6 years, and, during that time, more and more Americans have recognized the need to fix our broken and outdated tax system. Members of Congress from both parties have similarly acknowledged that, when it comes to our Tax Code, the status quo is untenable.

President Trump has made tax reform one of his top priorities, which is essential. Presidential leadership on tax reform has been sorely lacking in the past. Of course, for some the involvement of the President in this endeavor complicates matters. Indeed, some of my friends on the other side of the aisle are, by all appearances, bound and determined to block the passage of any part of President Trump's agenda even if, in terms of policy, there is common ground and it is good for all Americans. Still, I welcome the involvement of the President in this effort and hope that more and more of my colleagues will eventually do the same.

Today I want to take a few minutes to rebut the growing narrative in the media and elsewhere that tax reform is going to be a secretive exercise, involving the input of only a few key players.

True enough, there have been meetings involving the administration, House and Senate leaders, and tax writers in recent weeks, wherein we have been discussing tax reform at a high level in an effort to reach some agreement. However, while this process may result in an agreed upon framework, this will not be the be-all and end-all of tax reform. On the contrary, as chairman of the Senate's tax-writing committee, I am committed to ensuring a robust process in the Senate for developing, considering, and passing any tax reform package. That is

how the Senate functions best, and that is what I intend to see happen.

Toward that end, I have been working to involve all of the Republican members of the Senate Finance Committee in this effort. We have a number of great Senators on the committee, many of whom have put in years of work on different areas of the tax system. I think it would be foolish to let that experience and expertise go to waste, especially at this time in our lives. Every Republican on the committee is involved in this process, and I have asked some Senators to focus on particular areas.

For example, I have asked Senators ENZI and PORTMAN to focus on the international tax system. This issue is essential. Our antiquated international tax system leaves American businesses at a decidedly competitive disadvantage, and it is one of the main drivers behind the stream of inversions and foreign takeovers we have seen in recent years. Both of these Senators have put in a lot of time and a lot of work on this issue in developing proposals for a better path forward, and some of that development in the past has occurred with substantive input from our Democratic friends. With both Senators ENZI and PORTMAN working on this issue, I think we can and will see significant progress.

In addition, I have asked Senator GRASSLEY, a former Finance Committee chairman himself and currently chairman of the Senate Judiciary Committee, to take a look at our individual tax system. I think most of us here in Congress—and not just on the Republican side—would like to see a tax reform bill that reduces the tax burden on middle-class individuals and families. I think Senator GRASSLEY and others will put their experience to good use.

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



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Likewise, Senator THUNE has quite a bit of experience and expertise when it comes to the business tax system, and he has done a lot of work over the years to reform the estate tax. So I have asked him to provide his thoughts and advice as we work through these issues.

I have asked Senators HELLER and CASSIDY to work on solutions for energy tax policy. Similarly, I have asked Senator ROBERTS to find solutions to tax issues relating to agriculture.

There are other issues out there, as well, and over time I intend to enlist the help of other committee members to focus on particular tax issues and provide advice and assistance on crafting suitable reforms.

So, as you can see, the idea that tax reform is going to be a closed-door exercise is absurd, at least as things pertain to the Senate. Every Republican member of the Senate Finance Committee is involved in this effort.

Of course, we will need to go beyond the committee as well. There are Members throughout the conference with particular interests and expertise relating to tax policy. Many of my colleagues have introduced bills over the years and have become outspoken advocates on a number of key issues. I want those Members to be involved as well.

Just to be clear, I do not think this process should be limited to just Republican input. I want to see Democrats at the table. I want a bipartisan process that renders a bipartisan result. I think the relevant leaders from the administration have said much the same thing.

I have reached out to my Democratic colleagues on the Finance Committee and invited them to participate. Once again, I do not believe this process has to be limited to the committee. Any Member of the Senate, from either party, should have an opportunity to express his or her views and ideas and have them considered as part of this process.

I am willing to sit down and work with anyone who wants to be a good-faith participant in this endeavor and who wants, ultimately, to see it succeed. After all, we have had years and years of bipartisan efforts, including working groups and reports, to find common ground. Recently, however, we have not been hearing much from our Democratic colleagues and friends when it comes to tax reform.

We have heard some of the usual accusations that Republicans are hell-bent on giving massive tax breaks to the super wealthy and inflicting some harm or another on the middle class—total bullcorn but, nevertheless, a constant theme by those on the other side. It is a constant, annoying theme by those on the other side.

We have also heard some process demands that some have set as preconditions for any real bipartisan tax reform discussions. All too often, those

preconditions either reflect a lack of willingness to compromise or outright demands for things that are unrelated to tax reform.

In other words, we have heard our colleagues cite a number of reasons as to why they do not want to work with us on tax reform, and I suspect that, to some degree, this false narrative about secrecy and closed doors on tax reform will be added to the list. But I will say it again: I am willing to work with anyone—Republican or Democrat—in this effort. If anyone doubts my sincerity, I think my record for bipartisanship and compromise should speak for itself.

Long story short, my goal on tax reform is to draft and pass a bill with the broadest possible support and input from all who are interested in helping put our economy on a sustained, higher growth path. To do that, I think we need a vigorous and open debate in the Senate, which, in my view, should include a full process in committee and regular order on the Senate floor. At the end of this process, no one should be able to credibly claim that he was unable to participate or that he did not have enough information about the bill.

So I hope this puts to rest any claims or suppositions that the tax reform process is going to be secretive in nature, because, if I have my way, this process is going to be open, fair, and joint. It will be open, and it will be bipartisan.

The goal of everyone in this body, with respect to tax reform, ought to be to help the American people by providing tax relief to American families, simplifying the tax system, improving our business tax system to allow American businesses to compete in the global economy, and creating stronger growth in the economy, wages, jobs, and opportunity.

I hope more of my colleagues will join me in supporting this important effort. It is important that we work our Tax Code out. It is a mess. It is not working. Too many people feel oppressed by it. A lot of our Members of the Senate do not feel very good about our current Tax Code. I do not feel good about it either. I think we need to get together as people who really want to help this country out and want to do the best for our constituents—whether they are Democrats, Republicans, Independents, or whatever—and do it the right way.

I just hope we can get enough interest on both sides of the floor to be able to do what really needs to be done in this very crucial area, and I intend to see that we do. As chairman of the tax-writing committee, we are going to do it. I just hope that I will have some support from the other side, as well, and that they will dig in and present their viewpoints and give us their ideas and help to mold and modify and work and improve and decide what is great in any tax approach that we take.

This is the greatest country in the world. We have the greatest economy

in the world. We have the greatest opportunities in the world, but we can certainly hurt every one of those aspects of our lives if we do not handle the tax reform issue properly and if we do not handle taxes properly. I think it is important that we get together, work together, and get rid of some of the churlish stupidity that occasionally exists around this place and start doing what is best for the United States of America and best for all of our supporters, best for all of our constituents, and best for the world, really, because, if the United States is strong and powerful, the rest of the world will be better off.

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

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

BETTER CARE RECONCILIATION BILL

Mr. THUNE. Mr. President, I would like to read a few headlines from the past couple of weeks.

From the Detroit Free Press: “ObamaCare rates in Michigan could skyrocket as much as 31 percent in 2018.”

This is from the Associated Press: “New Mexico health insurer proposes 80 percent premium hike.”

From the Washington Examiner: “CMS: 47 counties won’t have ObamaCare coverage in 2018.”

From Bloomberg: “Anthem to Leave ObamaCare Markets in Indiana and Wisconsin.”

From the Washington Free Beacon: “Last Insurer in Delaware Requests Rate Hike of 33.6 Percent for 2018.”

These headlines should probably be shocking—an 80-percent premium increase; 47 counties without an insurer—but they are not. Insurers leaving the market, huge premium hikes, lack of coverage—that is par for the course for ObamaCare. Unfortunately, too many Americans have gotten used to those types of headlines. I have lost count how many times I have come down to the floor to read similar headlines.

While these headlines may not be shocking anymore, they are still disturbing. Behind these stories are tens of thousands of struggling Americans who can no longer afford the ObamaCare premiums, Americans who are losing their healthcare plan again, Americans who are worried they won’t have any coverage options at all for 2018. ObamaCare may have been well-intentioned, but good intentions are not enough.

ObamaCare was fatally flawed from the beginning, and it is rapidly imploding. We can do one of two things: We can just wait around for the exchanges

to collapse completely, as our colleagues across the aisle seem inclined to do, or we can act. Sitting around waiting for the exchanges to collapse might be the easier path, but we can't do much good for the American people if we are sitting on the bench and watching.

Republicans promised the American people that we would rescue them from the burdens of ObamaCare, and we intend to keep that promise. Last week, Senate Republicans released legislation to start undoing the damage caused by ObamaCare. It is called the Better Care Reconciliation Act.

To start with, our bill provides relief to individuals and families by repealing ObamaCare's burdensome individual and employer mandates. Under our legislation, Americans will no longer be forced to buy insurance they don't want or can't afford. Employers will no longer be faced with the choice of reducing worker hours or not hiring more employees simply to avoid the Federal Government's heavy hand.

Our bill also repeals the burdensome ObamaCare taxes. Taxes have consequences. When you raise taxes on everything from lifesaving medical devices, such as pacemakers, to health insurance itself, which ObamaCare did, it is no surprise that these things get less affordable. Our goal with this bill is to make healthcare more affordable and more accessible for all Americans. Repealing ObamaCare taxes is one part of that.

Stabilizing the rapidly collapsing ObamaCare markets is another part. Premiums on the exchanges are spiraling out of control, and insurers are fleeing the marketplace. The Better Care Act will help stabilize the markets and check premium increases.

The Better Care Act provides funding to help States implement solutions to help make healthcare more affordable for their low-income and high-risk residents.

Giving States flexibility was an important priority for us in drafting the Better Care Act. ObamaCare, of course, took the opposite approach, attempting to impose a one-size-fits-all solution on every State in the Union. But the problem with that is that it is pretty much impossible for a massive Federal bureaucracy to hand down one comprehensive solution that will somehow meet the needs of everyone in this country, not to mention that top-down, one-size-fits-all solutions are seldom the most efficient or affordable. Bureaucracy costs money, after all.

Our goal in drafting the Better Care Act was to make sure the States had the flexibility to address the needs of their specific populations. So we provide a State innovation fund to help them meet the particular needs of their residents. We also empower States by simplifying the waiver process by which they can seek relief from some of ObamaCare's demands and by allowing them to encourage a greater variety of healthcare solutions. We give

States more flexibility when it comes to meeting the needs of their residents who rely on Medicaid.

In addition to giving States the flexibility to design affordable healthcare solutions and to encourage innovation, our bill also provides help directly to Americans who are most in need. The Better Care Act provides advanceable and refundable tax credits to Americans making from zero to 350 percent of the Federal poverty level. The credits are adjusted to ensure that those in the most need get the most help.

Among other things, these credits will provide help to low-income Americans around the country who currently receive no healthcare assistance. In many States, thousands of Americans are unable to qualify for Medicaid but don't earn enough to get ObamaCare subsidies. That leaves these families with no assistance when it comes to purchasing health insurance. The Better Care Act fixes this.

The Wall Street Journal reports: "The Senate bill would extend eligibility for premium subsidies to about 2.6 million more adults with income below the federal poverty line, according to estimates from the Kaiser Family Foundation."

Since ObamaCare became law, I have heard from so many South Dakotans struggling under the law's mandates and the massive healthcare costs it has imposed. This bill is going to bring them relief. No more ObamaCare mandates, protection for those with pre-existing conditions, more affordable premiums, a more stable insurance market, assistance for low-income families, more flexibility to contribute to health savings accounts, increased flexibility for States to meet the needs of their Medicaid populations, more funding for hospitals that provide care to low-income South Dakotans, relief from ObamaCare taxes and, for the first time ever, 37,000 South Dakotans living below 100 percent of the poverty level will have assistance in getting health insurance on the individual market. This bill will give South Dakotans and all Americans access to better and more affordable healthcare.

The Better Care Act is the product of weeks of dialogue and collaboration among the Members of our conference, and I am particularly grateful to Senators ALEXANDER, ENZI, and HATCH, who have helped provide outstanding leadership throughout this process.

As I said earlier, Republicans made the American people a promise. We promised we would provide relief to the millions of Americans suffering under ObamaCare, and this bill delivers on that promise. I hope we will have the opportunity soon to vote for this legislation because it is time to give the American people access to real healthcare reform.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Michigan.

HEALTHCARE LEGISLATION

Ms. STABENOW. Mr. President, I just want to take a moment because we have all been so focused, and there has been so much concern about what is going to happen in terms of healthcare in this country. So many people have called me concerned about whether they are going to be able to continue their cancer treatments or whether their child is going to be able to get the operation they need or whether their mom with Alzheimer's is going to be able to continue to get nursing home care and so on, and I thank everyone who has told their story.

We have spent 6 months. This debate, this fight, isn't over yet, but it started the day after we were all sworn in, in this Chamber, in January, on January 4. A process was set up intentionally to be a partisan process that took just 51 votes, and instead of the regular committee process and working together, a path was initiated. Great concern went out across the country about what would be happening in terms of healthcare.

People have spoken up. They have written letters, emails, and made phone calls, and marched and told their stories. Today, at least for a moment, this Senate will not proceed this week because there are not the votes to proceed to what I believe is a complete unraveling of our healthcare system. That may come. Certainly, I don't underestimate people's abilities to make deals and to create a way to have this happen when we get back from the Fourth of July, but at least, in the short run, I want to thank everybody who has been involved and spoken out about this critically important issue.

There are lots of things that have been said on this floor and have been said publicly about the healthcare system. We do have a situation of people buying insurance on the private exchanges where there is a combination of things that have been done to create the situation where people are paying more, but there are also situations where there are problems and not enough competition and areas where people are paying too much, and we need to address that.

One of the biggest cost drivers is the cost of prescription drugs, and we desperately need to address that. I hope, when we come back after this next week, the Fourth of July, that we will have a conversation about the real problems we need to address, to build on healthcare, not take away medical care from tens of millions of people but to build on successes and tackle the things that aren't working.

I am very concerned about small businesses. I have introduced a bill

that would give a 50-percent tax credit for small businesses with 50 or fewer employees to help them cover the cost of their employees. We know most people who don't have insurance work for a small business or work for themselves as a single employer. Let's help them.

There are things I know we could work on together across the aisle that would lower costs and tackle the real problems.

This is what I also know; that is, when people talk to me about lowering cost and addressing healthcare, they are not talking about another tax cut for multimillionaires or billionaires. That is actually not on their list of healthcare reforms. It is in the bill that is in front of us, but it is not on the list when someone says to me: You know, I want to bring down out-of-pocket costs so I can afford insurance for my kids and, by the way, would you give another tax cut to multibillionaires. That is not on the list.

If we could come together and take the two things off the table, tax cuts funded by the second thing, which is cutting medical care for seniors, families, and children on Medicaid—if we could take that off the table and focus on the real cost drivers, the real problems that need to be addressed so that healthcare is more affordable, then we would see enthusiasm on our side of the aisle and probably both sides of the aisle. I know we can come together; the Presiding Officer and I have worked together many, many times on issues. We can do this again, but we have a situation where somehow tax cuts get involved in every debate. Secondly, addressing Medicaid, which is actually saving money for taxpayers, States, and families, is part of this in a way that makes no sense.

I have said it before, but just to illustrate it one more time, our Governor and State legislature expanded Medicaid to working families, people making minimum wage, and what has happened as a result of that? Well, 97 percent of the children in Michigan can go to a doctor. What does that mean? That means they cut in half the number of people walking into the emergency room who don't have insurance and can't pay. Uncompensated care is down by 50 percent, and guess what happens. Magically, the State of Michigan is saving money. There is \$432 million more in the budget—taxpayers' money—and that savings can be used for something else important in the State, other than paying for people who don't have insurance, can't see a doctor, and have to use the emergency room.

For me, this debate gets all smooshed together with all kinds of things that aren't connected to each other. The truth is that Medicaid is saving money. More people can go to the doctor and get preventive care. Fewer people are walking into the emergency room, which is the most expensive way to get healthcare. This is working. For sen-

iors, three out of five seniors in Michigan in nursing homes are there because of Medicaid healthcare.

I am not interested in cutting healthcare for seniors, children, and working families. I am not interested in a tax cut that is going to give the top 400 people in the United States a combined \$33 billion in tax cuts. But if we want to focus on small businesses, folks who are individually buying insurance and either can't find insurance or it is too high, count me in. Count me in. That needs to get fixed, and that involves making sure that the administration does not continue with actions that are raising people's costs on purpose. We need to fix the things in the system that aren't working.

I hope that for the rest of this week, next week, and beyond, we can have some real conversations about working together to solve the real problems that deal with costs, prescription drug costs, out-of-pocket costs for people, and we can do that in a bipartisan way if we are focusing on the real problems in healthcare and how we make healthcare stronger, better, and more affordable for American families.

Thank you.

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

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

RECESS

Mr. WICKER. Mr. President, I ask unanimous consent that the Senate recess until 4:20 p.m. today and that following the recess, Senator WYDEN or his designee be recognized for up to 60 minutes.

There being no objection, the Senate, at 3:36 p.m., recessed until 4:20 p.m. and reassembled when called to order by the Presiding Officer (Mr. BLUNT).

The PRESIDING OFFICER. The Senator from Oregon.

HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, the last few days have proven, once again, that political change in America doesn't start in Washington, DC, and then trickle down. It is from the bottom up.

Because millions of Americans called and texted and tweeted their opposition to an abomination of a health plan, that plan is not going to be on the Senate floor this week, thanks to grassroots America. It is so appropriate at this hour. I also want to make clear we have a bottom line for the next 2 weeks. We have an incredible amount of heavy lifting we have to do to make sure working families and seniors get a fair shake from the American healthcare system.

I say that because, as we speak, Senate Republicans are at the White House

strategizing with the President. The horse-trading has already begun, and the Senate Republicans have a slush fund paid for by working families that contains hundreds of billions of dollars that can be used for sweetheart deals that would get them the 51 votes needed to pass this horrendous healthcare bill in the U.S. Senate.

Now I will turn to what we need to focus on in the next 2 weeks at town-hall meetings, civic group lunches, discussions with rural healthcare providers. That focus has to be to highlight what this flawed Republican bill really means and how it can't be fixed no matter how much money the Republican leadership throws at these problems. This bill is a healthcare smash-and-grab, designed to benefit the fortunate few, and is paid for by hundreds of billions of dollars in reductions from Medicaid—tax breaks for the wealthy that Senate Republicans are so anxious to dole out, they are willing to make them retroactive. Contrary to what Senate Republicans say, their tax changes don't create jobs. They do create tax windfalls.

Exhibit A, under their bill, you have a \$1 million capital gain in February, and, if this bill passes, that lucky person would get a \$38,000 tax break. Many of these gains go directly into the pockets of America's 400 most affluent families, while disabled kids, those with opioid addictions, and families where a baby boomer has the misfortune of having a stroke and needs nursing home care face the prospect that the crucial health services they need—services that are life and death for them—will not be there because of this flawed healthcare bill.

Next, I want to point out that over the next 2 weeks, we are going to lay out how this legislation would send costs into the stratosphere for millions and millions of Americans. Start with older people who are about to get hit by what I call a double-age tax. If this bill goes through, insurance companies will have a green light to charge older Americans more than they charge younger people. As if that doesn't raise their costs enough, older Americans are also going to be forced to pay a higher share of their income on healthcare costs because the Senate Republican bill shrinks their tax benefits as they age. Older Americans need more healthcare. They can't afford to skimp out on bare-bones insurance. So many of our older people are going to see their premiums nearly quadruple.

It is not just older Americans who are going to see their costs jump. Right off the top, hundreds of thousands of middle-class families across the country are going to lose tax cuts for healthcare because the Republican bill snatches away their eligibility.

When it comes to the private insurance market, this bill is centered on a plan to push Americans into bargain-basement healthcare coverage. After all the talk about deductibles and out-of-pocket costs being unaffordable, this

Republican proposal ties middle-class benefits to high-deductible, low-value insurance plans. It is a sleight of hand to make it look like consumers are getting a better deal and lower premiums.

Here is the reality. Of course you can make premiums go down if you force people into insurance that only covers bandaids and a bottle of aspirin. When people get sick or suffer an injury, they are going to read the fine print on their insurance. With this legislation, if it were to pass, they would see sky-high deductibles and cut-rate coverage. For working families, they would face the prospect they would get buried under medical debt because their insurance doesn't cover the care they actually need.

Finally, not even people who get their insurance at work—those folks probably thought they were home free in this debate—not even folks who get their insurance at work are safe from the Senate Republican healthcare plan. Four million Americans are going to lose their employer-sponsored insurance coverage just next year if this bill goes through. Tens of millions of Americans could once again face some of the worst insurance company abuses—annual and lifetime limits on coverage. Those are limits the Affordable Care Act banned, but Republicans are proposing to bring them back.

Let's be real clear. If you bring them back and don't protect people from skyrocketing costs, it means that if they develop cancer, they could bust through their coverage limit, and, once again, we would go back to the days in America where those folks were forced into personal bankruptcy because millions of people without coverage will be unable to pay for the care they need. People with employer-based insurance are going to get hit with a hidden tax in the form of higher premiums.

So if an American listening to this is considering early retirement, think again. The cost could well be too high. If you were thinking of leaving your job, becoming an entrepreneur, and starting your own business, you can think again. Your costs could be higher under this plan, especially if you have specific medical needs.

Then there is the generation of adults in the workforce today—people who are middle class, who are doing everything they can to support their families and save whenever possible. They may not be thinking about the expense of long-term care, but the fact is, growing older in America really costs a lot.

Because of this bill, millions of people will no longer be able to count on Medicaid being there to cover their long-term care in a nursing home or at home where they are most comfortable later in life.

I want to close by way of saying that what we have to do now is make sure that—to beat this destructive Republican bill; this is the only way to do it—Americans keep tweeting, keep sending letters, keep finding rallies to

attend, tell your stories about how you are going to do worse with this bill. And then tell your friends' stories and your family's stories. It is a virtual lock that this bill is going to come back around.

I close today by way of saying that grassroots America, by speaking out—the fact that they did that and did all that work I have described is why this flawed bill is not going to be voted on in the Senate this week. We need everybody over the next 2 weeks, seniors and working families and people all across this country—my message is that we need you to stay loud because that is the only way we will finally stop this bill in its tracks.

I yield to our friend from Maryland, Senator CARDIN.

The PRESIDING OFFICER (Mr. GRASSLEY). The Senator from Maryland.

Mr. CARDIN. Mr. President, I want to thank Senator WYDEN for his leadership on this issue and so many issues, his position as the ranking Democrat on the Senate Finance Committee. He serves this body very well, and he has done that today in outlining the flaw of the healthcare bill that was presented a week ago by the Republican leadership and what it would do to our healthcare system.

I want to acknowledge that I am very proud that I was in the Congress when we passed the Affordable Care Act. Today, millions of Americans have coverage who didn't have coverage prior to the enactment of the Affordable Care Act. I am also proud about the quality of that coverage. That coverage has guaranteed benefits so that individuals know they will be covered for their needs—no preexisting conditions, no caps. It is affordable, and we made sure it was affordable to the people of this Nation.

I have listened to the debate from some of my Republican colleagues about how the Affordable Care Act is collapsing under its own weight. Nothing could be further from the truth. The problems we are experiencing with high increases in the individual marketplace are caused in part by the actions of the Trump administration to try to undermine the Affordable Care Act.

Let me give an example in my own State of Maryland, where CareFirst—the largest carrier in the individual marketplace—sought about a 50-percent increase in individual rates, and they were very direct. At least half of that increase is as a result of the uncertainty of the Trump administration putting the cost-sharing payments into the budget. That raises the premiums for all of those individuals in the individual marketplace. There is also the uncertainty as to whether the Trump administration is going to enforce the requirement that people buy insurance, which means only the people who have higher risks are likely to buy the insurance, raising the price for those who want to buy insurance.

When we talk about the fact that there are increased costs beyond what we think are reasonable, recognize that it is the actions of the Trump administration that are causing a large part of that premium increase, which brings me to the bill that was unveiled last week by the Republican leadership. It moves us in the wrong direction in trying to fix the problems. It does that because it decimates the Medicaid Program. The largest expansion of coverage has been in the Medicaid Program.

This bill will significantly cut back—CBO has scored that a total of 22 million individuals who have insurance today will lose their coverage, but it does more than that. It does that for what reason? Not to make healthcare more affordable—it does that in order to give tax cuts to the very wealthy.

I am glad that we now have a little cooling-off period. We are not going to come back to the bill for about another 10 days, it looks like.

I want my colleagues to know that as proud as I am of the Affordable Care Act, I acknowledge that we can make it better. I hope Democrats and Republicans will work together to move in the right direction on improving the Affordable Care Act. Let me give some examples.

We know there is a high cost on the premiums, a higher increase than we would like. Why don't we join together to make sure there is predictable cost sharing provided to the companies that are in the individual marketplace? That would remove the uncertainty and reduce the premiums significantly in the individual marketplace. Why don't we work together, Democrats and Republicans, to increase the subsidies we provide to low- and middle-income families so that the premiums will be more affordable? We intended to do that under the Affordable Care Act, but after we got the cost scoring, we had to trim that back. Let's work together, Democrats and Republicans. Those two changes alone would deal with the concern that in the individual marketplace, we are seeing large premium increases. Together, we can solve that problem.

Why don't we work for more competition? I have heard my colleagues talk about the fact that some of the insurance companies are leaving, and some are mainly because of the uncertainty as to whether they are going to get their rightful payments for cost sharing. We can do something about that.

Why don't we, Democrats and Republicans, come together and say that there should be a public option with no public subsidy, so it is a level playing field of competition? That way, we are guaranteeing to every market in the country that there will be coverage for the people in your community. That encourages more competition. That gives stability in the marketplace. We could do that together.

Then, Democrats and Republicans, let's work together to bring down the

overall cost of healthcare in this country. We made proposals that—why are we paying more for prescription drugs, twice as much as our Canadian friends? Because they have an organized market, and they negotiate as an organized market. Why don't we come together and say: Let's take the entire market that we have for the government paying prescription drugs and have one negotiation? That would significantly bring down the cost of prescription medicine.

Why don't we build on efforts that we have done for collaborative healthcare, for value-based reimbursement? That would significantly reduce the cost. We have seen that in mental health and addiction. We could see the same savings in kidney care and in diabetes and heart disease.

There are ways we can improve the Affordable Care Act. Democrats are ready to work with Republicans to get that done. What we will not do is make this current system worse. We are not going to cut the Medicaid Program in order to provide tax cuts to the wealthy. Join us in improving the law to make premiums more affordable in the individual marketplace, to bring more competition into the program, and to drive down the overall cost of healthcare in this country. That is what Democrats stand for, and we are ready to work with Republicans today in order to get that done. I would encourage our colleagues to work together, and let's improve the healthcare system.

Mr. WYDEN. Will my colleague yield for a question?

Mr. CARDIN. I yield to my friend from Oregon.

Mr. WYDEN. I know my friend from Maryland is a real expert on this whole matter of private insurance, going back to his days in the State legislature, and I was director of the Gray Panthers.

I think what you are saying is that it is critically important that we get more predictability and more certainty in the private insurance market. What I am struck by is, of course, this is the private sector. This is not the government. This is the private sector. The President has been basically pouring gasoline on the fires of uncertainty in the private insurance market because he is always in or out on this question of cost sharing, and the private insurers then say: We can't really predict what our rates are going to be, and maybe we have to pull out or we have to raise rates.

Could the Senator again highlight his thoughts with respect to more predictability and more certainty? It is such an important point.

After my good friend from Maryland has made that point, I know the Senator from Delaware is interested in the same subject.

Mr. CARDIN. Senator WYDEN is exactly right. I have met with the largest insurer in Maryland. I have gone over their rate requests for this year. They

told me directly that the largest amount of their premium increase request is based upon the uncertainty.

They don't know whether the cost sharing is going to be put in the budget, and they have to make their decisions on rates now. Not knowing that, they have to cover themselves, and they are asking for a rate increase under the concern that the cost sharing may not be in the payment.

That was not only envisioned, we thought it was mandated in the Affordable Care Act. Now the President is talking about: Well, maybe I am not going to put it in. And we see some of his other activities. So if you are an insurance company and you are answerable to your board of directors and you know that this payment is how you are able to get low deductibles and copays, but you are not sure you are going to get the Federal payment, and you know that your customers are going to want the low cost sharing, you have to charge a higher premium just to cover yourself. That is exactly what was done in Maryland.

If the President of the United States had said that money is going to go into the program because that is what Congress intended, we would have had significantly lower rates in Maryland in the individual marketplace. Predictability is critically important.

Mr. CARPER. Will the Senator yield?

Mr. CARDIN. I will be glad to yield to my friend from Delaware.

Mr. CARPER. Senator CARDIN and I serve together on the committee called Environment and Public Works in the Senate. One of the issues we deal with is clean air.

This conversation about predictability and uncertainty that businesses seek is not just in health insurance, it is in all kinds of businesses across the country.

I remember being in a conversation 8, 9 years ago with—I think Senator ALEXANDER of Tennessee was with us. We met with the CEOs of a number of utilities across the country. Senator ALEXANDER and I were pushing legislation in response to President George Bush's proposal called Clear Skies. It was designed to reduce the emission of sulfur dioxide, nitrogen oxide, mercury, and CO₂, carbon dioxide. We talked with these CEOs from across the country for an hour in my office. We had been talking about reductions of X percent and Y percent and so forth in the emissions from these harmful pollutants from primarily coal-fired utilities. At the end of the conversation, this one older fellow who was representing a utility in the southern part of our country—he was sort of a curmudgeon-like person—he said: Senator, this is what you need to do with respect to the restraint on emissions, reduction in emissions. Here is what you need to do. You need to tell us what the rules are going to be. You need to provide us some certainty and predictability and give us a reasonable amount of time to comply and then get out of the way.

I will never forget that conversation. Tell us what the rules are going to be, provide us with some certainty and predictability, a reasonable amount of time, and get out of the way.

It is not just utilities that want certainty and predictability, so do others, and particularly, as utilities are a regulated industry, so is insurance. They do like to have predictability and certainty.

We tend to focus just on the exchanges and the marketplaces in the 50 States, which provide health insurance for maybe 5, 6, 7 percent of Americans who get healthcare coverage. Most people get their healthcare coverage from employer-provided programs. Maybe 20, 25 percent get their coverage through Medicaid.

I used to think Medicaid was healthcare for poor women and children. When I was elected State treasurer, I used to think Medicaid was healthcare for poor women and children and not much else, and it turns out, it is a lot more than that today. Twenty, twenty-five percent of folks get their coverage there, another 15 percent or so in Medicare, and the rest are in the exchanges. Every State has an exchange. That is for folks who can't get coverage anywhere else. The idea is to have some opportunity to participate in a purchasing pool.

When we passed the Affordable Care Act, we made a promise that we would do the kinds of things that Senator CARDIN is talking about to provide certainty and predictability for the health insurance companies when they insure in these exchanges. The health insurance companies were reluctant to provide coverage to the folks who were going to get coverage through the exchanges. As my friend will recall, some of these people hadn't had healthcare for months, years, maybe even decades, and maybe some never had healthcare in their lives, so nobody really knew how much healthcare they would need, except we knew and the insurance companies knew that these people would need a lot. As my friend said, we provided some ways of reducing that lack of predictability. It is like the comic strip "Peanuts," with Lucy and Charlie Brown and the football. When she pulls the football away, she always fools him. He still kicks and misses every time. We sort of did that with the insurance companies. We assured them we would help provide stability, and we took away the very mechanisms designed to do that.

I think what my friend is saying, we need to come back and provide maybe three ways to do it; one, with respect to reinsurance; two, cover the risk costs; and the third is to do something—if we don't continue with the individual mandate, we need to come up with something like the individual mandate, which is not as harmful as Republicans are suggesting. I don't think the a 6-month lockout is humane.

Mr. WYDEN. Will my friend yield?

Mr. CARPER. I will be happy to.

Mr. WYDEN. The Senator, as a Governor, really has helped educate me over the years on this whole question of the States being “laboratories of democracy” and trying fresh approaches. Delaware has done that and Oregon has done that.

I ask the Senator: As a former Governor, what would it mean to you if you are staring at a 20- or 25-percent reduction in Medicaid? Because as you know, that is what is contemplated with the Senate Republicans.

Mr. CARPER. I was Governor from 1993 to 2001. We started in a recession and ended up with 6, 7 really strong years, as you recall, during the Clinton administration. We were able to balance our budget 8 years in a row, cut taxes 7 out of 8, pay down some debts, and get good credit ratings across the board.

The person who was my secretary of finance the last 4 years is now our Governor, John Carney. Ben knows him pretty well. He was a wonderful member of Congress and a wonderful Lieutenant Governor before that. He is looking at a budget of less than \$4 billion. He is looking at a \$400 million hole to fill. What is being proposed by our Republican colleagues on Medicaid would not make that \$400 million hole any smaller. It would add anywhere from \$100 to \$200 million—increasing it anywhere from 25 percent to 50 percent. It is a killer. Our Governor and our legislature are struggling enough to try to fill a \$400 million hole rather than trying to figure out how to deal with something as vibrant as \$600 million. It would be a backbreaker. That is what we are looking at. I share that with everybody.

Going to my “laboratory of democracy,” some people would like to have Medicaid for all. Several of our colleagues are very much interested in a single-payer system. As an old Governor—someone who had the privilege leading the National Governors Association—I am a believer that States can be that laboratory of democracy. They can take ideas and show us it is a good idea for the country and other States or take ideas and prove they are bad ideas. We ought to enable them to do that.

Mr. WYDEN. I thank my friend. Would my friend like to add anything else or should we yield to Senator CANTWELL?

Mr. CARPER. I want to say a kind word about our Presiding Officer. He heard me say this before. I will say it again. He may recall having cosponsored legislation in 1993, offered by John Chafee and cosponsored by ORRIN HATCH and others, that actually had a lot of good ideas in it. It had the idea of establishing exchanges in all 50 States. Having the sliding scale tax credit brought down the cost of healthcare insurance to lower income people in the exchanges with a bigger tax credit. It had the individual mandate in there to make sure young,

healthy people got coverage too. We didn't leave health insurance coverages to a pool of unhealthy young people to try to insure.

We added employer mandates so a certain number of employers had to participate. There was prohibition against insurance companies denying coverage. I want to say, our Republican friends took that idea—and Mitt Romney used that idea to establish RomneyCare when he was Governor of Massachusetts. It worked there. It wasn't perfect. It took a while, but it worked. I would just say, we shouldn't give up on that idea. We should not give up on that idea. There are ways we can fix it. Senator CARDIN talked about some of those ways, and I am sure Senator WYDEN as well.

I just heard John Kasich on one of the shows on TV. He said he was with Governor Hickenlooper. We have to stop being Democrats on this or Republicans on this. Folks want us to be Americans on this and work together. That is what I would like to do. I think we can do that in a way that brings credit, not just to our party but really to our Country. It accomplishes the three things the President talked about for a while: coverage for everybody, better quality coverage for less money. There is no way Democrats by themselves or Republicans by themselves are going to do that. If we work together, all things are possible.

Mr. WYDEN. Before Senator CARDIN leaves the floor and we yield to our friend from Washington, who is also so knowledgeable about healthcare, on this point with the States being the laboratories of democracy, during the debate with my colleagues over the Affordable Care Act, we wrote a provision, 1332. It gives the States the authority to do better, to come up with, as the distinguished Senator from Delaware, Mr. CARPER, said—it is a chance to do better and try out those fresh ideas on my colleagues.

The problem is, with the Senate Republican bill, they are talking about giving the States the right to do worse, to waive out some of these essential protections. Again, I think this is natural for something that could be bipartisan, where Democrats and Republicans could work together to really encourage States to do better. Let's not go the other way and abuse that provision in the Affordable Care Act so States can work.

The PRESIDING OFFICER (Mr. BURR). The Senator from Washington.

Ms. CANTWELL. Mr. President, I join my colleagues here from the Finance Committee. Although I don't want to admit it, it was 10 years ago that we had this discussion in the Finance Committee—my colleagues from Maryland, from Delaware, and from Oregon. What people don't realize—even the Presiding Officer knows we spent a lot of time talking about healthcare. This was not “let's have a few meetings and roll out a bill.” There was a very long period. In fact, the Chair

knows that, in fact, our side got a lot of heat for a lot of dialogue that happened with him and our colleague from Maine at the time—a lot of heat for dialogue with her. I think there was a period of time, about 6 or 7 months, where every single day I went to at least one thing in the discussion of the healthcare policy—at least one thing every day for like 6 months. That wasn't even the markup. Those weren't even the meetings. That was just the time period where the committee had designated various subgroups so we would talk about policy.

I don't know if the two of you remember that period, but my recollection is every single day I was going to something regarding the healthcare policy and listening to experts and recommendations, and then, of course, we had these—I call them more roundtables than hearings. We had a lot of roundtable discussions, and we obviously went through a very formal bill process.

There is a little bit of irony that we are the ones out here today still talking about this healthcare bill. I think it is because we knew what the challenges were, and we tried to address them and were not afraid to keep addressing them. We are not afraid to be out here today talking about solutions we want to see as well.

I thank my colleague from Delaware and my colleague from Oregon for both being part of that effort because it really was an unbelievable amount of time and energy and discussion and formulation. The notion that somehow now we would take something that is one-sixth of the economy and draft something up in a dark process, then throw it out here—I am not surprised today that there aren't the votes. The thing to do now is not try to just rack up some votes in the next few days and come back in July. The thing to do is to sit down and have a serious discussion.

I notice a couple of my colleagues are down at the White House. They are positioned right there next to the President. Maybe they are trying to put them on the hot seat. He is sitting there talking about the individual market. He is talking about the individual market in Alaska. All I am thinking is that the individual market in Alaska—we are sitting here, and the other side is proposing to cut 15 million people off of Medicaid. What does that have to do with the individual market? Nothing.

I don't know if people are ready to focus on this the way we focused on it in that time period for more than a year—more than a year, day after day, meeting after meeting, hearing after hearing. I hope what they will do is stop this proposal and sit down and have an open process and have a discussion on these policies because they are so important.

We have been having all this discussion, and a lot of the frustration people have talked about is the individual market, where 7 percent of Americans

get health insurance. There are ways to fix and improve the individual market. I feel like I was fortunate enough to put forward one of the better ideas that worked successfully, at least it is working successfully in the State of New York, the Basic Health Program. So 650,000 people are on the Basic Health Program as a proposal. I think they call it, in that State, the Essential Plan. Two adults in a family of four can buy a policy for about \$500 in premiums, on an annual basis, instead of about \$1,500 on the exchange for that population that is above the Medicaid rate that needed to have a solution in the marketplace. There are 13 different companies offering insurance to those 650,000 people, so that is obviously working.

Now, it got implemented late. New York did it in 2016 because they were off to the races, but other States should now consider this. What is so great about this and helping to address the individual market is because, where we are on this side, we are willing to allow individuals who don't work for a large company to get the same clout as if they worked for a large company. When you buy in bulk, you get a discount. Americans know that. That is why they shop at Costco. If you go there and buy in bulk, you get a discount. That is what they are doing in New York. So 650,000 people have been bundled up like they are a big company and saying to the marketplace: Who wants to bid on selling us insurance? The end result has been more affordable insurance in the individual market. That is what they should be discussing down at the White House today. That is what they should be discussing, not cutting 15 million people off Medicaid. That is not a smart idea.

I am sure my colleagues here have already gone over this notion that once you cut people off of care, they end up in the emergency rooms or have exacerbated healthcare needs. So there are longer periods of time to get access to healthcare, more complicated healthcare costs, rising premiums.

We have gone around our State and heard loud and clear from the provider community and the hospitals that they have seen downward pressure on the price of private insurance because we expanded Medicaid, and the economic numbers are out there now to show the same thing. Cutting people off of Medicaid is not the solution to the individual market. I hope somebody down there at the White House brings that up.

In 2020, when the Medicaid cap—if it did go into effect—the analysis is it would cost shift \$324 million per year to my State. They would be cutting people off of Medicaid, and then basically the cost would be \$324 million a year to our State. You can imagine that our State doesn't have that money and isn't interested in picking up that tab. By 2028, when the Medicaid cuts start to kick in, we would be cost-shift-

ing \$4.2 billion per year to the state of Washington. That is not smart economics for us.

Over the weekend, I visited Virginia Mason Hospital in the northwest—again, a great success in delivery system reform. They implemented the Toyota model of production. There is, literally, faster turnaround time on lab reports and better expedience of nursing care. I think there was something like a 72-percent reduction in insurance liability costs. I mean, there are huge successes by changing and improving the delivery system that helps put pressure down on price. This is what we need to be talking about.

There is much innovation that was in the Affordable Care Act. We need to now ask the question: What further things do we need to do to make sure we drive down costs in the individual market as well? But with this Senate bill, you are not going to drive down price. There are reports now out by the Center on Budget and Policy Priorities last Friday that show the price will actually go up in the individual market if you cut people off of Medicaid. Basically, it will just increase by several thousand dollars the actual amount of money the people in the individual market will have to pay for insurance, so that clearly is not the solution.

I urge my colleagues on the other side of the aisle—I hope they come back and say that it is time to work in a discussion about these ideas in a broad way, not just another Hail Mary pass. Just get rid of this notion that cutting poor people off of Medicaid is somehow going to magically fix the individual market. It is not. I thank my colleagues from the Finance Committee who went through all of that.

Believe me; I am telling you, these discussions went on for weeks and weeks and weeks. Some people here are trying to come up with a score and get an answer in a week on this entire package. I think we debated, I would say, probably 2 or 3 weeks just on the notion of reforming—getting off of fee-for-service and focusing on a value index and getting the priorities of the delivery system focused on better outcomes at lower costs. This is something that really should be a big priority in healthcare.

I remember we had private meetings. We had the head of CBO come down and talk to us. We had hearings. We probably spent 3 weeks just on one concept of how effective that would be in the healthcare delivery system.

I see we are still here. We are still talking. We are still willing to improve this delivery system and make sure people have better access to care, and I thank my colleagues for including me in this discussion today.

I want to again thank the Senator from Oregon, the ranking Democrat on the Finance Committee. I know he knows exactly what I am talking about when we talk about innovation. There is so much innovation he put into the Affordable Care Act, giving states dis-

cretion. They already have all the discretion they need; they have all the discretion they need to keep innovating.

Hopefully we will get our colleagues to follow suit because this is where we are going to deliver better care at lower costs and help improve the access for everybody in America.

I thank the Senator from Oregon.

Mr. WYDEN. Mr. President, I thank the Senator from Washington State who was for care coordination, moving away from fee-for-service, using bargaining power, locally driven approaches long before it really became a buzzword in American healthcare. I thank her very much for this.

Mr. CARPER. Mr. President, may I ask the Senator from Oregon to yield for about 30 seconds?

Mr. WYDEN. Mr. President, of course.

Mr. CARPER. Mr. President, something the Senator from Washington said just reminded me—after we heard the news that Republicans are going to go back to the drawing board and see what they can come up with maybe during the Fourth of July recess, I did a radio interview with a station back in Delaware. One of the questions the interviewer asked me was: Well, the Republicans have a lot of money to play with; I hear a couple hundred billion dollars. Won't the Republican leaders just offer money to one Senator after the other after the other to find out what they need in order to get them to support this?

I said: I hope not. I hope that is not what happens. This is a time when we need to hit that pause button and, rather than dole out money to try to draw this Republican or that Republican to come into the fold, if you will, why don't we just spend some time in the rooms the Senator from Washington was talking about.

We spent all that time—a lot of time together, with Democrats and Republicans in hearings, public hearings, private meetings, roundtables, and so forth. That is the kind of thing we need to do over again. If we do that, we might be surprised. We might surprise the rest of the country about how well that would work out.

Thank you.

Mr. WYDEN. Mr. President, I thank my colleague.

Senator WARNER.

Mr. WARNER. Mr. President, let me join my colleagues on the Senate Finance Committee and not only express my concern about how we got here, but also acknowledge that an awful lot of folks in Virginia and a lot of decent folks in North Carolina and folks across the country breathed a little bit of a sigh of relief today. But that sigh of relief was just the fact that we have a bit of a reprieve from a proposal that, in my years here, I don't think I have ever seen—

The PRESIDING OFFICER. The Senator from Virginia will suspend for a moment.

If the Senators are going to carry on a colloquy, the Senator from Oregon has to remain standing.

Mr. WYDEN. I thank the Presiding Officer. At this point, we are just going to hear from Senator WARNER.

The PRESIDING OFFICER. The Chair recognizes the Senator from Virginia.

Mr. WARNER. Thank you, Mr. President.

Again, I am here joining my Democratic colleagues from the Senate Finance Committee.

I believe that folks in Virginia and, for that matter, folks across the country got a reprieve today when the majority leader indicated that we were not going to vote on the piece of legislation that he brought forward, a piece of legislation which, as has been acknowledged by the CBO, would take 22 million Americans off of healthcare, would transfer close to \$800 billion of costs currently borne jointly by both the Federal and State partnership in Medicaid and then thrust that cost upon the Governor of North Carolina, the Governor of Virginia, and a host of others. I can't recall in my time here in the Senate where a proposal has been as universally panned by organizations from the left, right, center, and everywhere in between.

As perhaps the President is now acknowledging with the majority leader and a number of other Republican Senators, using his own quote, that "nobody knew healthcare [was] so complicated." The fact is, the vast majority of Members on both sides of the aisle have realized healthcare is extraordinarily complicated. It is why it took years to fashion the ACA and why there are many of us, again, on this side of the aisle who continue to say we acknowledge, years after implementation of the ACA, that there are many things that need to be fixed, but the only way they are going to be fixed is if we do it in a bipartisan fashion.

Instead, the legislation that we were going to vote on tomorrow would have actually made healthcare much more expensive, less affordable, and less accessible for a whole wide breadth of Americans. Don't take my word for it; don't take these other elected officials' word for it. Let's look at well-respected, bipartisan groups.

The American Cancer Society said that the bill the majority leader put forward "would be devastating for cancer patients and survivors." The American Medical Association said that the majority leader's proposal violates the very first dictate of the Hippocratic oath, which says "do no harm." Obviously, this bill would have done a great deal of harm. The American Academy of Pediatrics says "The bill fails [our] children." The National Center on Addiction and Substance Abuse says the Republican proposal "will crush efforts to end the opioid epidemic." And the AARP says the proposal "would leave millions, including our most vulnerable seniors, at risk of losing the care they need."

But it is not just these leading healthcare organizations that have

come out uniformly and virtually universally against what the majority leader had proposed. I am also hearing that from Virginians. On Monday of this week, I attended an opening of the new PACE Program in Fairfax, VA. The PACE Program—I know the ranking member on the Finance Committee has been a big advocate of the PACE Program—is a program that works in an extraordinary way at keeping seniors in their homes rather than having them migrate to nursing homes. Well, folks at the PACE Program in Fairfax were more than disturbed when they heard that the majority leader's proposal cuts Medicaid by \$772 billion. Medicaid allowed so many folks to get access to healthcare, particularly if they had individuals in their family who might have severe disabilities. The majority leader's proposal, the per capita caps would actually take away the amount of health insurance they could receive.

The truth is, Medicaid covers 28 percent of all Americans and covers about 40 percent of all poor adults and seniors. In my State of Virginia, for those folks in PACE or in nursing homes, literally two-thirds of seniors who receive any kind of care receive care through Medicaid.

The cuts in this proposed bill would devastate our seniors and their families, and the cuts will not save money because so much of this is just the old-fashioned trickle-down that trickles down this responsibility to States that, again, would have to either raise their own taxes to take care of their responsibilities or, frankly, put out seniors who receive this critical care.

Mr. President, I also want to share with you and my colleagues a meeting I had last week with a series of families who came in. They had children or adults who had devastating disabilities.

I heard in particular from Marlo Dean from Virginia Beach, who was there with her 15-year-old son Dante, who has extensive health needs because of a rare brain disorder. Dante had just received a Medicaid waiver after being on the waiting list for 10 years. Ms. Dean, Dante's mother, said:

Cutting Medicaid is not the right thing. It's not the humane thing.

There were other families. Angie Leonard, who traveled from the Roanoke Valley with her 22-year-old son Joshua, who has autism, said that this is not what America ought to be about.

Rebecca Wood, who brought her daughter Charlie from Charlottesville, said that she has private insurance, but she is wondering what would happen when that private insurance hits its cap, a cap that had been removed when we put in place the ACA. Again, Rebecca said: "Our country is better than this." Boy, oh, boy, is she right.

When our colleagues talk about cutting Medicaid, when they talk about cutting it at the numbers they are talking about or putting caps back in place, I hope they realize that this is more than about the numbers of a government program. This is about pro-

viding support and services to families facing the nightmare of chronic illness or crippling medical illness and bills, quite honestly, that they can't pay on their own. It is about peace of mind for these families.

I have said from the outset that there were mistakes made in the ACA, and I stand ready to work with any Member of either side of the aisle to make sure that we fix those mistakes. But this debate ought to be about healthcare reform, not about providing the wealthiest in our country a tax break they don't need or taking hundreds of billions of dollars out of Medicaid.

I look forward—I hope our colleagues who come back from this meeting with the President will come back with a renewed sense of cooperation and collaboration. I know there are other members of the committee who want to speak on this issue. I stand prepared to work with them and the ranking member from the Finance Committee to do this right, but it ought to be done in a way—whether it is Rebecca and her daughter Charlie, whether it is Ms. Dean and her son—that they get a chance to have their voices heard through a regular order process, where at the front end of the process we can hear the concerns, get those concerns vetted, and make sure legislation that gets brought to the floor is fully vetted and actually improves the quality of care for Virginians and Americans all across this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before he yields the floor, I just want to thank Senator WARNER for his insightful comments. As a Governor, he really understands why a Medicaid cut of hundreds and hundreds of millions of dollars is going to permanently damage the lives of so many people in Virginia. I thank him for his comments.

Let me yield now to Senator MENENDEZ.

The PRESIDING OFFICER. Does the Senator from New Jersey seek recognition?

Mr. MENENDEZ. Mr. President, I do.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, call me old-fashioned, but as a member of the Senate Finance Committee, I still believe the legislative process matters, especially when you are dealing with matters of life and death, like healthcare.

In 2009 and 2010, we had a painstakingly open, deliberative process while drafting our healthcare reform bill.

In the Senate Finance Committee alone, we held 53 hearings, roundtables, and meetings, consulting with patients, advocates, doctors, and industry leaders.

Only after months of bipartisan negotiations and marathon markups did we bring the healthcare bill to the floor, and when we did, we spent 25 days debating it in full view of the American

people. That is how we passed a law that protected Americans with preexisting conditions. That is how we stopped health insurance companies from dropping consumers the moment they got sick. That is how we passed a law that delivered coverage to 9 out of 10 Americans for the first time in history.

Because when you have an open, deliberative, bipartisan process, you can deliver real progress to millions of Americans. But when you have an ugly, partisan, backroom process, you get an ugly, partisan bill. And that is what we have with the Senate Republican healthcare bill.

It is an ugly bill, born out of an ugly process with ugly consequences for the American people.

And you don't have to take my word for it. Just last night, the CBO confirmed that the Republican health bill will leave 15 million more Americans uninsured next year—and 22 million uninsured by 2026.

And mind you, this is the plan that Republicans promised would be so much better than the unpopular, disastrous legislation passed by House Republicans earlier this year.

Well, if Trump thought the House healthcare bill was mean, then the Senate Republican plan is downright nasty.

It is really quite simple. Republicans want to give the 400 wealthiest families in America—the Warren Buffets and Donald Trumps of our society—a huge tax cut they do not need, paid for by taking healthcare away from those who need it the most.

For years, Republicans railed against the Affordable Care Act, and pledged they would repeal and replace it with something better. But under the plan they put out last week, the only people who are better off are millionaires and health insurance company executives.

Across the board, Americans will pay the price. They will pay higher premiums, higher out-of-pocket cost, higher deductibles—all for less comprehensive coverage. That is because the GOP plan still rolls back key consumer safeguards, like protection from lifetime limits and coverage for preexisting conditions.

It still ends the Affordable Care Act's Federal guarantee that every health plan cover essential health benefits, like prescription drugs, prenatal care, hospital stays, and more. It still defunds Planned Parenthood and saddles women with higher costs. It still imposes a crushing age tax on middle-aged Americans.

My Republican colleagues like to say that this bill gives Americans more choice over their healthcare. But I have heard from countless New Jerseyans in recent weeks who know that under the Republican health plan, they will have no choice but to go uninsured.

I have heard from older workers, like Howard in Park Ridge, NJ.

He writes: Without subsidies provided under the ACA, my 51-year-old wife and

I would have no insurance. We could not afford premiums in excess of \$1100 a month. . . . Without these subsidies millions will go uninsured and many of these people, myself included, will die.

If all the choices Republicans provide workers like Howard are unaffordable, what good are they? That is not choice. That is a death sentence.

Or consider the half a million low-income New Jerseyans who secured coverage thanks to the ACA's Medicaid expansion.

My Republican colleagues call them "able-bodied adults." But they aren't able to even afford a trip to the doctor under this bill. Many of them have low-wage jobs that don't come with health benefits—dishwashers, cashiers, home health aides. These are the people I grew up with in Union City. These are the people abandoned by the Republicans' heartless healthcare plan—people like Alton Robinson of Morris County. He credits Medicaid expansion with saving his life.

Alton struggled with addiction for nearly two decades. Medicaid enabled him to get substance abuse treatment and the physical and mental healthcare.

Today, Alton is clean. His life is on track. And he spends his working days helping other New Jerseyans get on the path to recovery.

Republicans' cruel bill leaves millions of people who rely on Medicaid expansion with no options at all. And for what? To give health insurance executives, real estate moguls, and hedge fund managers a massive tax cut they don't need?

According to New Jersey Policy Perspective, a handful of New Jersey millionaires and corporations get a \$15 billion tax cut under this terrible Republican health plan, while over half a million people lose their coverage.

And, of course, this legislation goes far beyond ending Medicaid expansion. It ends Medicaid as we know it.

Their plan fulfills a decades-old right-wing mission to shred the social safety net—forcing the most vulnerable among us to pay for tax cuts for the richest among us.

It has nothing to do with giving States more choice over how to run Medicaid. Because when you slash Medicaid by nearly \$800 billion, you leave States with no choice but to provide less care. When you cut Medicaid funding by \$60 billion in New Jersey, you leave the State with no choice but to abandon the most vulnerable—people like Leandra, the 13-year-old girl I met last week in Newark. She suffers from a rare muscle disease that leaves her confined to a wheelchair, too weak to walk and in extraordinary pain. She takes 18 medications each day. She has survived 19 surgeries.

Leandra can't speak out against this horrible, cruel Republican healthcare bill that would jeopardize her life. But we can. And we must continue to be Leandra's voice until Republicans finally hear her.

That is the kind of process we need when we talk about healthcare—a process that gives voice to the voiceless.

So today I say to Americans everywhere: don't sit on the sidelines. Don't be silenced. Make your voices heard. Tell Republicans what this heartless healthcare plan means for your families and your future.

Mr. President, I have a group of Nordic Parliamentarians I am hosting in a few minutes. Let me say that I join my Senate Finance Committee colleagues in this effort because I still think the legislative process matters, especially when dealing with matters of life and death like healthcare.

To reiterate, in 2009 and 2010, we had a painstakingly open, deliberative process while drafting our healthcare reform bill. In the Senate Finance Committee alone, we held 53 hearings, roundtables, meetings, consulted with patients, advocates, doctors, industry leaders, and only after months of bipartisan negotiations and marathon mark-ups did we bring the healthcare bill to the floor. And when we did, we spent 25 days debating it in full view of the American people. That is how we passed a law that protected Americans with preexisting conditions. That is how we stopped health insurance companies from dropping consumers the moment they got sick. That is how we passed the law that delivered coverage to 9 out of 10 Americans for the first time in history.

When you have an open, deliberative, bipartisan process, you can deliver real progress to millions of Americans, but when you have a backroom, partisan process, you get an ugly, partisan bill, and that is what we have with the Senate Republican healthcare bill. It is an ugly bill in terms of what it does to people, it is born of an ugly process, and it has ugly consequences for the American people.

Just last night, as we all heard, the CBO, the Congressional Budget Office, a nonpartisan scoring division for all of us, Republicans and Democrats alike, said 22 million people will lose their health insurance and 15 million next year if the law were to pass.

Mind you, this was a law that was supposed to be better than the House Republican version. Well, that bill was mean, this bill is downright nasty. It takes healthcare away from those who most need it, only to give tax cuts to the Warren Buffetts and Donald Trumps of the world, who, fortunately for them, don't need it.

It is amazing to me that for years I have heard my Republican colleagues rail against the Affordable Care Act—or as they call it, ObamaCare—and pledge to repeal it and replace it with something better. They had 7 years to come together and decide what that would be, and then, on a plan that was put out only late last week, we see the consequences of something that was rushed together by 13 men, no women, and nobody creating the diversity of America that relates to their

healthcare. That is fundamentally wrong, and I am not surprised that many of my Republican colleagues revolted against it—at least at this point. The question is whether they will continue to demand of their party and of all of us the type of healthcare that we want to see for each American, because under the plan as it was proposed, Americans will pay higher premiums, higher out-of-pocket costs, higher deductibles, all for less comprehensive coverage—pay more for less.

It rolls back key consumer safeguards. There is a difference between a guarantee—when we hear the word “entitlement,” we are really talking about a guarantee against lifetime limits. You have a serious disease, and you come up to that cap in your insurance. You still have the disease, you still have cancer, you are still treating it, you are still fighting it, you are trying to save your life, but you don’t have any more money because there is no more insurance coverage. We eliminated that under the law. There is no guarantee of continuing that safety under the Republican bill.

There is no guarantee that when you give States waivers, the way in which they treat those waivers—that you truly have a guarantee against pre-existing conditions being a prohibition to getting healthcare.

Finally, if you are middle class and middle aged, this bill gives you nothing. Nothing. If you are an older American, it costs you enormously.

Let me make my final point about Medicaid. Look, I am tired of hearing about Medicaid being only about the poor, as if the poor don’t deserve health insurance. They certainly do. But Medicaid is about a lot more than the poor. In my home State of New Jersey, 60 percent of recipients are either seniors or those who are disabled. They didn’t choose to be disabled; they either were born with or developed a disability. They deserve the full potential of their God-given potential, as anybody else does. Medicaid provides them healthcare so they can be a successful part of our society. Medicaid provides seniors with dignity in the twilight of their lives. Medicaid provides for pregnant mothers who may not have insurance elsewhere. Medicaid takes care of special education children in our schools. And, yes, Medicaid takes care of the poor.

Medicaid expansion helps those who go to work in some of the toughest jobs in my State and in our country. They have the dignity of having healthcare and being able to stay healthy so they can work. We want them to work. Yet we take away the healthcare that is the very essence of what keeps them healthy so they can work. That is not the America I know. That is not the healthcare that was promised.

We can do better, and we can do better together. What we need to do is get over the mantra of, let’s just repeal the Affordable Care Act instead of improve it. If you want to improve it and im-

prove the healthcare of Americans, you are going to find a lot of Democrats ready to do that, myself included.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I believe we are very close to consuming the hour that the Finance Democrats have, so I ask unanimous consent that at this time Senator CASEY be recognized for his remarks and at the conclusion of his remarks, I be recognized for some final comments.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I seek recognition to continue this discussion on healthcare, and I ask unanimous consent to speak in morning business.

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

Mr. CASEY. Thank you, Mr. President.

I rise to talk about an issue that some of us have talked about, but I think it is an issue that is barely breaking through now. There has been a lot of discussion in the debate so far about various aspects of the bill. We know the bill in its current form is about 142 pages, I guess, and more than 60 of those pages deal with one topic—Medicaid. So this is basically a Medicaid bill and a tax cut bill, and the two are not just referred to on a regular basis in the text, but I would argue they are actually in conflict with one another.

I was on the floor last night showing a chart that indicated that the top 400 households in the country would get a tax cut of \$33 billion. Just imagine that. Four hundred families get \$33 billion out of the bill—the House bill, but it hasn’t changed substantially at all when it comes to tax cuts—and then on top of that, the Medicaid cuts in just four States add up to the same number. So we have \$33 billion in cuts on Medicaid for 4 States and \$33 billion in tax cuts for 400 families.

If you are within the sound of my voice and you are one of those 400 families, sorry, but I don’t think you deserve a tax cut.

Here is another way of looking at it. This is the same basic information, but now, instead of looking at four States, as we did last night—those four States were Alaska, Arkansas, Nevada, and West Virginia—where the total Medicaid cut was just below \$33 billion, here is just one State, the State I represent, Pennsylvania. The cuts over time come up to \$35 billion. The Senate bill might move that one way or the other by a little bit, but basically that is what it is. But we still have this number we just referred to—\$33 billion in tax cuts for the 400 highest income households in the country. Nothing about that is fair. In fact, I think that is obscene. There are other words we could use, but we shouldn’t use those words on this floor. That is obscene.

In the same bill, they are ripping away Medicaid over time, and, as we know from the CBO report we saw last night, the House bill has a Medicaid cut of 14 million people losing their Medicaid coverage over the course of a decade. In the Senate bill, the number goes up to 15 million. So 15 million of the 22 million who lose their healthcare coverage are from Medicaid.

As my colleague from New Jersey just outlined, low-income folks, folks with disabilities, and folks who need to get into a nursing home—that is basically the Medicaid population. They are low-income children and adults, adults and children with disabilities, and, of course, seniors.

That is the basic inequity here. I don’t think anyone around the country, if they were looking at that comparison, would really say that is fair. How could that be fair in a healthcare bill, that a small group of Americans gets a tax cut?

By the way, it doesn’t end there. It is not just the top 400 Americans, it is a lot of other people as well. So if you are in any way wealthy, this bill is a bonanza for you. This is a once-in-a-lifetime injection of revenue that you are rarely, if ever, going to see. But why should a single family get millions and millions of dollars—under this scenario, potentially tens of millions for one family—why should they get that kind of a break while others are losing their healthcare by way of the Medicaid cuts or otherwise?

So if we are going to have a real process here that leads to a bipartisan conclusion, we have to get serious about the issue of healthcare. This is not a serious attempt to change our healthcare system for the better. A third-grader could rip healthcare away from a lot of people and give away the store to very wealthy people. That is an exercise anyone could do. That is simple. But to fix problems in our healthcare system, to make sure that if you are living in a rural area and there is only one insurer, that we work to create some competition—to fix that requires some work. To fix that requires bipartisan support. It is not this exercise we have been going through so far.

I hope folks on the other side can defend this and go home and say: I voted for this bill—or the updated version of the bill in a couple of days or weeks—and I am here to tell you that I not only voted for the bill, but I am asserting that it is fair to give \$33 billion to 400 households and tear \$35 billion out of the Medicaid Program just for Pennsylvania—just for Pennsylvania, one State, and it gets worse when you add other States.

I know our time is short and others are waiting to speak, but we have a long way to go to make sure we are focused on some of the real challenges we have in our healthcare system, not just ripping coverage away from vulnerable Americans in order to enrich people who need no help, need no injection of a tax cut.

In fact, they don't even want the tax cut. I was at a townhall the other day, and a doctor stood up and said—if the House version of the healthcare bill went through, this one doctor in Pennsylvania would get \$20,000 in a tax cut. He said: I don't need that. I don't want it. We want to fix the system. We want to make sure the people on Medicaid still get coverage.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. To wrap this up, Mr. President, I was struck when Senator MENENDEZ talked about the Senate Republican health bill being more for less. I think millions of Americans might say it is a classic bait-and-switch. After the horrible House bill was passed, Senate Republicans and the Trump administration promised something new. It would have more heart. It would be less mean. But essentially what they have done is doubled down on exactly what the American people rejected in the House bill—the secrecy, the fact that the breaks went to the fortunate few and the pain went to millions of Americans who needed nursing home care, who have youngsters with special needs, or who are disabled.

The fact is that the process Senate Republicans have used on this health reconciliation bill hasn't gone well. That is why they can't go forward with consideration of their healthcare bill this week. And it looks as though—I heard remarks from one of our senior colleagues early this afternoon—it looks as though the same darn thing is going to be used for tax reform. Once again, a bill processed behind closed doors, without any input from the other party—it looks as if that is the route that is going to be taken on tax reform. I think that is unfortunate.

I have made it very clear—very clear—to the Trump administration that the history of successful tax reform is bringing both sides in early and finding ways to secure principles that each side feels strongly about that the other can live with. There has been no such consultation—zero—with respect to this administration and Democrats on the Finance Committee.

I am struck, because I wrote, over the last decade, what are the only two bipartisan Federal comprehensive tax reform bills—first with our former colleague, the distinguished Senator from New Hampshire, Senator Gregg, and most recently with the new head of the Office of the Director of National Intelligence, Senator Coats, and we have had no consultation on the substance of tax reform. That is a prescription for trouble. It is, in effect, walking away from the history that the only way to get a sustainable, bipartisan tax reform plan is to get both sides together, not do what is being discussed now openly in the media: that the Republican leadership and the Trump administration are going to write a tax bill and then just pop it on the American

people in the fall. And I anticipate it will be more of the same in terms of stacking the deck dramatically in favor of the fortunate few.

I say this because we heard again what appears to be the plan of the Senate Republicans to kind of double down on the flawed strategy of healthcare, which is just to do it in secret and then expect to see if maybe they can get a couple of Democrats to go along. Then they can say: Oh, that is a bipartisan bill.

That is not a bipartisan bill.

A bipartisan bill is the kind of work that was done in 1986 with my predecessor, Senator Packwood, and Bill Bradley of New Jersey, who was another tall Democrat on the Finance Committee. A big group got together and worked out a bill that made sense, broadened the tax base, and gave everybody in America the chance to get ahead.

My hope is that over the next 2 weeks, in terms of defeating a flawed healthcare bill and showing that there needs to be a different path for tax reform, the American people will keep making those calls, keep tweeting, keep texting, keep going to rallies, keep going to meetings where healthcare providers get together and say: Look, this healthcare bill that Republicans are talking about does not work for us, and it does not work for our parents and our grandparents and youngsters and the disabled folks and those who need opioid services.

Again, I thank my colleagues from the Finance Committee. We have had something like eight colleagues participate in this over the last hour.

I would just say to the American people that the reason we have been able to hold off this horrendous Senate Republican healthcare bill is that grassroots America showed again that political change does not start at the top and trickle down but comes from the bottom-up. It was all of that citizen involvement that caused the Republican leadership to put this bill off, but it is a lock—an absolute lock—that it is going to come up again in a couple of weeks.

As I wrap up my remarks this afternoon, I hope that over the next 2 weeks, the American people will be loud, will come out to their elected officials' events, and will tell them what they are for and what they are against.

On behalf of the Senate Finance Democrats, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, before I begin, I want to make something absolutely clear. This healthcare fight is anything but over. TrumpCare is not dead—not even close—and we cannot let up. It is no surprise that Senate Republicans needed another week to try to jam their TrumpCare bill through, given everything it would mean for families' health, their financial security, and their lives.

So, while we do not know what kind of backroom deals the Senate Repub-

licans will cut or which Republicans will decide that they care more about toeing the party line than protecting the patients and families in their States, here is what we do know. The majority leader is not going to give up. He wants to get to yes, and so does President Trump, so the backroom deals and arm-twisting are going to go into overdrive starting now.

That is why my message is, to every patient and family, every mom and dad, adult caregiver, doctor, nurse, teacher, anyone who believes TrumpCare would be devastating for their communities: Do not let up the pressure. We saw what happened in the House. We need to keep fighting, and Democrats are going to keep fighting along with all of you.

One has to ask, given how mean this bill is and how clearly patients and families are rejecting it, why are my Republican colleagues pushing ahead?

It is not like this is some kind of for-gone conclusion. At any moment, Republicans can drop this effort and work with Democrats on healthcare policies that will actually help patients and families and not hurt them. Yet it is clear right now that Republican leaders are not interested. In fact, they have done just about everything possible to prevent not just Democrats but anyone, including most of their own party, from being involved in this process.

As Democrats have made clear, this is unprecedented. I was here when the Affordable Care Act was debated and passed. We organized dozens of bipartisan meetings. We held hearings, and we took amendments from both sides. We certainly did not leave the fate of women's healthcare up to a few men.

Yet, with the Republican's TrumpCare plan, there have been no hearings, and there has been no scrutiny, no public input, no expert testimony. Why is that? It is that their bill is not actually about healthcare—far from it. Their bill is about giving a massive gift to the wealthy and the already well-connected on the backs of children, working families, the sick, and the elderly. It is an enormous broken promise, and yesterday's CBO report made that alarmingly clear.

Republican leaders promised to lower healthcare costs. This plan will actually raise them, especially for seniors. They promised not to pull the rug out from under patients, but this plan would take coverage from 24 million people and gut Medicaid with even deeper cuts, by the way, than would the House's version. Under their bill, they said no one would be worse off. Tell that to a woman who would have to pay as much as \$1,000 extra for maternity care or who would have to see her local Planned Parenthood center closed. They said their bill would protect patients who have preexisting conditions. Read the fine print. The fine print says, this plan is a backdoor way of putting those patients' fates in the hands of the insurance companies.

This is truly shameful.

Republican leaders promised they were committed to tackling our growing opioid epidemic, but with this plan, all of our efforts—all of the work left to be done by the States—would be at risk. That would be incredibly harmful.

Over the past year, I have met so many families in my home State of Washington who have lost a loved one to the opioid crisis—in Bellingham, in Spokane, in Yakima, in the Tri-Cities—in community after community. I know the same stories are actually being told in West Virginia, in Ohio, in Kentucky, and in Pennsylvania—in States all across our country. I have heard directly from people who are on the path to recovery who have told me how their getting treatment and Medicaid coverage changed their lives for the better.

What will they do under TrumpCare?

I would be ashamed, too, if I had to defend this cruel bill over the upcoming recess. I would be ashamed if I had to explain this bill to constituents of mine like Jennifer England.

Jennifer is a woman from Kent, WA. She is a mom, a softball coach, and a cancer survivor. Because of coverage she had under the Medicaid expansion, she decided to play it safe and go to the doctor to get a lump checked out, something she told me she would not have done before. Jennifer was diagnosed with invasive ductal carcinoma. It was about to spread to her lungs and could have been deadly. Jennifer went through rounds of chemo and trip after trip to the doctor. On March 8—her daughter's 18th birthday—she was finally able to tell her daughter she was in the clear. Now Jennifer is terrified of what this bill would mean for her finances, for her family, and for her life if her Medicaid coverage goes away.

I would be ashamed if I had to defend this bill to Kelly Hill, from Seattle.

I met Kelly during a recent tour of Seattle's International Community Health Services clinic. Kelly shared with me that she has been living with HIV for 17 years and has a son with a severe developmental disability. Fortunately, Kelly told me she was able to get Medicaid when she needed it the most, in graduate school, when she was first diagnosed and when she was pregnant with her son.

Today, her son Avram is 15 years old and cannot be left unattended. He is going to need expensive care and support for the rest of his life. Medicaid plays a crucial role in keeping Avram active at home, in their community, and it allows Kelly the opportunity to have a full-time job so she can support her family. Kelly knows just how important access to healthcare is and the harm and uncertainty TrumpCare will cause.

I want to be very clear. If Republicans jam through TrumpCare this month, they will own the consequences. They will have to defend this bill to people like Jennifer and Kelly in their own States, and they

will be responsible for increasing families' healthcare costs, undermining protections for people with preexisting conditions, defunding Planned Parenthood, and allowing insurance companies to charge women more. They will be responsible for taking away care for seniors, pregnant women, and people with disabilities.

Again, Republican leaders can still choose to drop TrumpCare once and for all. I am not going to take any chances, though, and neither should anyone who is listening who joins Democrats in opposing TrumpCare. I fully expect the backroom deals to continue and to get even worse now that Republican leaders have been forced to delay this week's vote. I just hope the Republicans who are rightly concerned about the impact of TrumpCare will take a close look at the facts on the table, will recognize it is time to change course, and will stand strong for their constituents.

That is what this debate should be about, making sure the people whom we represent can count on the security of healthcare when they get sick so they will not have to consider forgoing treatment for a sick child because they do not have the money and so they will be treated fairly and equally in our healthcare system.

That is what I have been thinking about these last several weeks. It is why Democrats have been holding the floor all of these nights, participating in rallies, and staying out on the Capitol steps. It is why my friend, the senior Senator from Hawaii, took to the floor yesterday and bravely talked about what this fight now means to her personally. As she said, everyone is only one diagnosis away from a serious illness, and no one should have to worry about what he will do if and when that moment comes.

In this country, healthcare should be a right, not a privilege reserved for the few. That is what Democrats are going to keep fighting for, and we will not let up.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Ms. WARREN. Mr. President, I am deeply relieved that the majority leader has delayed a vote on the Republican's cruel bill to rip up healthcare for 22 million people. People in Massachusetts and across this country spoke out against this terrible bill, and today they proved they can make their voices heard. But let's be clear. The Republican's so-called healthcare bill has come back to life already more times than the scariest zombie in a horror movie. Despite how deeply unpopular

this bill is and how hurtful it would be to families across the country, Senator McConnell says he intends to vote as soon as the Senate returns in a little more than a week. That means that Senate Republicans still stand on the brink of passing legislation that will end health insurance coverage for 22 million people in America.

Make no mistake, if this plan passes, the rich will get richer and other people will die. I know that is a strong statement, and I know some people don't want to hear it. I know some people will hear it, but they don't want to believe it. But facts matter, and here is the fact that Republicans simply want to ignore: People without healthcare coverage are more likely to die than people with healthcare coverage. For many Americans, health insurance is a matter of life and death. Decades of rigorous academic research back this up. The data show that people with no health insurance die earlier than those with coverage.

For example, a 2009 study published in the American Journal of Public Health found that uninsured people died at significantly faster rates than those with insurance. The authors claimed that lack of health insurance was associated with nearly 45,000 American lives lost in just 1 year. So 45,000 American lives were lost in 1 year. That is more people in this country dying for lack of health insurance than from breast cancer, and the impact isn't limited to adults. Johns Hopkins researchers found that sick kids without insurance who end up in the hospital are 60 percent more likely to die than the children down the hall who had health insurance.

In 2012, a study in the New England Journal of Medicine compared States that expanded Medicaid, which provided coverage to millions of low-income Americans, to those that didn't. They found that for every hundred thousand people in States that did not expand Medicaid, nearly 20 more people die every year than in the States that expanded Medicaid. That is right. More people died in States that refused to expand Medicaid.

Now, we know a lot about this in Massachusetts, which has been one of the best test cases for understanding how insurance affects death rates. We have been working for years—long before the Affordable Care Act—to expand health coverage. Today, with the help of the Affordable Care Act, more than 97 percent of people in Massachusetts have health insurance. That is the highest coverage rate in the entire country.

Researchers from Harvard and the Urban Institute studied our health reforms to figure out the impact of expanding coverage. Their results, a 2014 study published in the Annals of Internal Medicine, found that Massachusetts health reform was associated with a 4.5-percent drop in preventable deaths. These data suggest that, nationwide, the ACA's coverage expansions are already preventing 24,000

deaths a year, and it is in effect in only 31 of the 50 States.

I could keep going, but the consensus is clear. A new study, hot off the press, in the *Annals of Internal Medicine* put it bluntly: "The case for coverage is strong." The reasons are actually pretty straightforward. People who don't have access to high-quality, affordable care—people who work as hard as they can but just don't have the money—can't go to the doctor when they need to; can't get preventive care, such as breast cancer screenings and vaccinations; and can't fill the prescriptions they need to stay healthy.

When someone doesn't have coverage, they typically wait to go to the doctor until things get really bad—when the cough turns into a rattle, when the lump gets too scary to ignore or the backache makes it impossible to even to walk. This is the reason why everyone who actually works in healthcare—doctors, nurses, hospitals, patient groups, researchers, experts—is coming out against the Republican bill.

The American Medical Association—the nation's largest association of doctors—says that the Republican bill violates the most basic principle of medicine: "First, do no harm."

The National Council for Behavioral Health, whose 2,900 member organizations provide mental healthcare and addiction treatment to 10 million Americans, said the bill would "cost hundreds of thousands of lives."

National Nurses United, representing 150,000 registered nurses across the country, said the bill would "prove to be deadly for our nation's seniors."

The President of a leading coalition of safety-net hospitals said about the Republican bill: "Let's not mince words. . . . People will die."

If the Republican bill passes, "people will die." That is what the healthcare professionals are telling us. The Republican plan is to kick 22 million people off their health insurance. They want to slash tax credits that help people afford their premiums. They want to open the door to insurance companies to offer plans with higher costs and less coverage.

And why? Nothing in this bill—not one thing—improves healthcare for anyone—not one thing. No, the only reason for this bill is to finance \$569 billion in tax cuts for a handful of millionaires and billionaires.

There has been a lot of concern about the discussion of healthcare getting overheated. The facts do not lie. The academic studies don't mince words. If the Republican healthcare bill passes, tens of thousands of people in this country will die every year.

Republicans can ignore these facts. They can turn away from these studies. They can pretend they don't know what is going on. But the people who lose their healthcare—the babies, the women, the seniors in nursing homes, the people with disabilities, the workers who get hurt on the job, the people who get hit by heart attacks and

strokes and diabetes—will suffer all the same.

Yes, if the Republicans go forward with their bill, people will die. Those are the facts. We have less than 2 weeks to make sure the Republicans hear from everyone in this country who wants them to abandon this terrible bill once and for all.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for up to 15 minutes in morning business.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am back for my weekly "Time to Wake Up" speech, which, given the theme of the week in Washington, it is going to focus on the health consequences of what is going on in climate change. It is timely to do so because just recently the National Weather Service issued an excessive heat warning for the Southwestern United States. In California, San Diego County set a record at—hang on—124 degrees.

As a result of this heat, the National Weather Service warned of "a major increase in the potential for heat-related illness and even death."

In Phoenix, AZ, it got up to around 120 degrees. It got so hot that flights had to be grounded at the Phoenix airport because the hot air was too thin for the jet engines to get enough bite on the air for the planes to fly safely. The emergency rooms saw patients coming in with burns caused by walking barefoot on hot pavement or touching their cars that had gotten so hot in the sun that they were burned. There were several heat-related deaths reported in the Las Vegas area and in California.

This heat wave problem is not going away. "Heat waves like the one we are seeing in the Southwest are becoming much more frequent," said Robert E. Kopp, director of the Coastal Climate Risk and Resilience Initiative at Rutgers University.

He went on to say: "Looking forward, we expect the amount of extreme heat on the planet to continue increasing even more" with obvious health effects.

It has gotten deadly serious in many places. In the 2003 European heat wave, there were more than 30,000 deaths across the continent, and the 3-day 1995 Chicago heat wave killed more than 700 people.

We need to pay attention. As Mr. Kopp concluded, "that calls for a major rethink of the systems that we rely upon." This is not normal any longer.

This week also saw the publication in the *Providence Business News* of an article by Nitin Damle called "Climate Change's Dire Health Consequences." Nitin Damle is a physician in Rhode Island. He is a leader of our medical pro-

fession in Rhode Island, and he just recently was the President nationwide of the American College of Physicians.

In the *Providence Business News*, he writes:

The medical community is witness to the health effects of climate change now and not in some distant future. There are five categories of health effects that will affect not thousands but millions of people in America and around the world.

First, as we just talked about what we saw in Arizona and in Southern California, he goes on to say:

An increase in global temperature and frequency of heat waves will expose people to a risk of heat exhaustion (dehydration, headaches, weakness, nausea and vomiting) and/or heat stroke (high fever, stroke, confusion and coma). The most vulnerable will include the elderly, with multiple heart, lung and kidney conditions, multiple medications and a poorer ability to regulate their body temperature.

But Dr. Damle went on to say:

Children will be at risk due to their inability to thermo regulate, as will laborers who work outdoors and the homeless. History tells us that there have been 7,400 annual deaths between 1999–2010 in the United States, 15,000 deaths in France in 2009, 70,000 deaths in Europe in 2003 and 15,000 deaths in Russia in 2010 from heat waves.

Respiratory effects are another health consequence that Dr. Damle elucidates here.

Respiratory effects from particulate matter and ozone result in exacerbation of asthma and other chronic lung conditions.

He continues:

Fifty-five percent of the U.S. population tests positive for allergens and 34 million people have asthma. The increased length of the pollen season and growth of allergen-producing weeds, grasses, mold and fungus will lead to more exacerbations of asthma and chronic lung conditions at an annual cost of \$56 billion per year with visits to the emergency room and hospital admissions.

I was at a conference recently and saw a presentation by Dr. Kari Nadeau, who is the director of the Sean N. Parker Center for Allergy & Asthma Research at Stanford University and the Naddisy Foundation Professor of Medicine and Pediatrics.

I am going to borrow a few of her slides that relate to the asthma and allergen concerns. Let me start with this graph, which shows asthma prevalence nationwide and asthma prevalence in Rhode Island.

In Rhode Island, we run a little bit higher for the experience of asthma than nationwide, and this is an issue that is important to us. It comes home to roost. Dr. Nadeau used this slide. This was exposure to extreme heat and precipitation events associated with increased risk of hospitalization for asthma. This was a study that was done in Maryland. As the temperature went up, and there was extreme heat or precipitation, and asthma hospitalizations went up as well.

She showed a graph from another study in New York that of the ED visits, or emergency department visits, related to ozone or related to smog, which is a well-known asthma trigger

and the estimated increase in ozone-related emergency department visits for children in New York from the 1990s to 2020s resulting from climate-change-related increases in ozone concentrations. As the ozone concentrations went up, up went the ozone-related emergency department visits.

The dark blue shows places where the emergency department visits went up 10 percent; the lighter blue, 7.8 to 9 percent; the even lighter blue, 6.6 to 7.7 percent; and in these counties, up 5.2 to 6.5 percent.

Globally, we see that pollen counts go up in conjunction with increasing carbon dioxide. In 1900, there were about 280 parts per million of pollen production, and we hit 370 parts per million in 2000. I take it back. At 280 parts per million of carbon dioxide, there were 5 grams per plant of pollen production. At 370 parts per million of carbon dioxide, pollen production increased to over 10 grams per plant. We are over 400 now. We are headed for 720 parts per million. At that point, we have more than quadrupled the pollen output.

We are seeing this happen not only in terms of the amount of pollen output that can trigger asthma but also the length of the pollen season. The months in which people who have asthma are vulnerable are extending themselves. Here, it is nearly 27 extra days. Here it is 24 extra days, 17 extra days, 19 extra days, 14 extra days, 13 extra days. We went through the middle of the country and saw over and over that the ragweed pollen season is getting long, and it is worse for asthma sufferers.

Another thing we have associated with climate change and with the dry drought spells has been wildfires. Wildfires, for obvious reasons, put a lot of stuff—ash and things—up into the air. In this monitoring map of California, when the wildfires were going on, you could see these spikes in asthma activity.

Here is before the fire. Here is during the fire activity, and here it falls back down afterward. The risks for asthma climbed dramatically during that period. The wildfires present yet another climate-related risk for people who have asthma. And here are the wildfires in California, shown to increase asthma, as determined by the emergency department visits. The emergency department visits climbed based on various risk factors. So when you are seeing folks having to go to the emergency department for asthma, that has gotten pretty serious. There is a lot of support for Dr. Damle's assertion that this is a concern we should pay attention to.

He goes on to list another category of concern: exposure to infectious disease from vectors such as mosquitos and ticks. He says it has and will continue to escalate.

There is a documented increase in cases of dengue, chikungunya, West Nile virus and Zika.

He goes on to say:

We will likely see a resurgence of malaria in certain areas of North America.

Other illnesses come from other consequences of climate change.

He goes on to report:

An increase in heavy downpours and flooding in America and the world will lead to an increase in waterborne diseases such as E. Coli and other bacteria (salmonella, typhoid and cholera), parasites (Giardia) and viruses (Hepatitis A and Norwalk) with an impact on millions of people around the world.

He goes on to cite extreme weather events, which create stress, anxiety, and depression. Hurricane Katrina, he reports, led to 32 percent of people affected by the hurricane suffering from post-traumatic stress.

He continues:

We know that there will need to be a global effort to reduce anthropogenic greenhouse gas emissions and the developed countries need to take a leading role developing/implementing and moderating the success of those mitigating measures.

He concludes:

We need to reenter the Paris agreement and move forward at the local and State levels for the benefit of our patients.

He is a respected doctor in Rhode Island. He is a clinical assistant professor of medicine at the Warren Alpert Medical School of Brown University. Also, he was recently the president of the American College of Physicians.

I know my colleagues don't want to listen to any of this stuff about climate change because the fossil fuel industry controls them so much that they cannot even say the words, in many cases, "climate change" on the floor of the Senate, but for crying out loud, you have the former president of the American College of Physicians talking about the health effects; you have a prominent researcher at Stanford University talking about the health effects; and you have the National Weather Service warning about dangerous health effects from climate-related heat in the Southwest. When are we going to finally get around to having a serious discussion about this?

It is great that we had a little pause on this wretched healthcare bill. I couldn't be happier to be rid of it for a while, and I am hoping we can be rid of it for good, but it is probably going to come back. We will have to hammer a few more stakes into the heart of this zombie before we are rid of it, and then we can move on to a serious bipartisan healthcare bill.

There is good work to be done on healthcare. There is good work to be done on climate change. But we have to take the wretched special interest politics out so we can get to serious business.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

HEALTHCARE LEGISLATION

Mr. COONS. Mr. President, I have come to the floor tonight to join my

colleagues in opposing the Senate healthcare reform bill, what I will call the Senate TrumpCare bill. I am also here to thank the thousands of my constituents, the thousands of Delawareans who called and emailed my office to express their opposition to this bill that is about neither health nor care. It is because of your efforts, because of the efforts of thousands of Americans across the country who have made their voices heard, that today the Senate doesn't have enough votes to pass this TrumpCare bill.

I urge everyone watching and listening to remember that this fight is not over. The Senate will be back next month, and Republicans will be doing everything they can to make tweaks or shaves or changes or amendments to the bill to get it past this body. We need the engagement, the persistence, even the resistance of Delawareans and Americans to make sure the Senate TrumpCare bill never becomes law.

This is as urgent now as ever because of how fundamentally heartless this bill is. As many nonpartisan organizations, including the Congressional Budget Office, have pointed out, this bill is essentially a massive tax break for the wealthy paid for on the backs of some of America's most vulnerable citizens.

Many of my colleagues have already discussed the devastating impact this bill would have over time on millions of Americans. This Senate bill would make hundreds of billions of dollars in cuts to Medicaid, it would slash tax credits that help Americans buy health insurance, and it would force 22 million Americans off their health insurance and drive up costs for many millions more.

If that is not bad enough, the Senate TrumpCare bill does all of this slashing and cutting in large part to give another tax break to our wealthiest citizens. If this bill becomes law, the very richest Americans would get an extra \$700 billion in tax breaks over the next decade.

If it only affected the millions of Americans who depend on Medicaid or who purchase insurance on the individual market, it would be unconscionable, but it is even worse. Let me explain.

Many of our constituents don't realize that even Americans who get their health insurance through their employer—the 150 million Americans who get their health insurance through their employer—have benefited from the Affordable Care Act. In fact, I think that in some ways, the consumer protections put in place by the ACA are the most important accomplishment of that bill.

A core requirement of the ACA was that all health insurance plans cover what are known as essential health benefits. These are basic services, such as emergency care, prescription drugs, pediatric services, maternity and newborn care, hospitalization, healthcare for the mentally ill, and substance

abuse treatment for the addicted. To put it more succinctly, these are all the reasons many people want health insurance in the first place. Thanks to the ACA, almost every insurance plan in the country today has to carry these core services, and that includes the more than 150 million Americans and the half a million Delawareans who get their health insurance through their jobs.

The Senate TrumpCare bill would allow States, through waivers over time, to gut these essential health benefit requirements, gradually making many Americans' health insurance less and less valuable and less and less protective of their and their families' health.

That provision of the Senate TrumpCare bill would also allow States to waive the ban on insurers imposing annual and lifetime limits on essential healthcare coverage. Even if you get good insurance through your employer, if you have an unexpected development—let's say the premature birth of a child, who develops serious medical challenges, or a terrible diagnosis that requires expensive and repeated surgery—you either have to come up with that money on your own or you are forced into bankruptcy once you hit the lifetime cap.

Let me demonstrate with an all-too-real example. About 1 in 10 newborns has to spend time in the neonatal intensive care unit, or NICU, after they are born. According to the American Medical Association, in the NICU, "it is not unusual for costs to top \$1 million for an extended stay." That means even a baby born to parents with great insurance coverage through their employer hit their lifetime insurance cap before they even leave the hospital for the first time.

As Americans are scrambling to find ways to pay for their astronomical out-of-pocket costs under the so-called Senate TrumpCare bill, wealthier Americans and corporations will be given big tax breaks.

Moreover, while Senate Republicans may claim their bill still covers preexisting conditions, insurance under this bill would be rendered meaningless if it doesn't cover what you need to treat your preexisting condition through these essential health benefits.

Let's briefly recap this Senate TrumpCare bill. Millions of Americans lose health insurance. Those who managed to keep it end up paying more but get less coverage. The wealthiest Americans get another big tax break. That is a painful, even cynical, political calculation.

Since I came to the Senate 7 years ago, I have said more times than I can count that I want to work with Republicans to fix the parts of the Affordable Care Act that need fixing. Let's simplify the reporting requirements that burden small businesses and increase the tax credits that help small business employers offer insurance to their employees. Let's find ways together to in-

crease competition and expand the tax credits to bring down premiums and deductibles on the individual market. Let's explore new mechanisms that control healthcare costs by incentivizing reforms and producing healthier outcomes, rather than more tests and services. Sadly, this Senate TrumpCare bill does none of these things.

It is my hope that after today's developments, that after the next few weeks, that after hearing from their constituents and returning in the next month, that my colleagues will recognize that if we work together, we can address the broken parts of the ACA and sustain the best of what it has done to expand insurance and healthcare for millions of Americans.

Let me close with a story I shared earlier today on the steps of the Capitol. This is Kerry Orr. Kerry is from my hometown of Wilmington, DE. Kerry is a massage therapist and self-employed yoga instructor. Like many Americans, she considers the Affordable Care Act "nothing short of miraculous."

Kerry signed up for health insurance in 2014, thanks to a subsidy that made it available to her through the ACA. She had some nagging abdominal and lower back pain for years but didn't think much of it, considering she had no family history of disease and had never even had stitches before. But that next year, in January of 2015, a routine procedure covered by her new insurance—which she told me she wouldn't have even gone for if it hadn't been covered by this new health insurance—revealed that Kerry, in fact, had stage III colon cancer. She had surgery a week later. She had 6 months of chemotherapy, and she ultimately faced no out-of-pocket expenses and is fully in remission. Kerry's cancer has now been in remission since September 2015.

She wrote to me earlier this year:

The ACA came along at the last possible moment to save my life. I am certain that without it, I would have continued to live with the discomfort and try to self-treat until the cancer was too advanced to be successfully treated.

I am opposing the Senate TrumpCare bill for Kerry and for the thousands of Delawareans and millions of Americans just like her. I have heard stories from Delawareans about things that need to be fixed in the Affordable Care Act, and I hope I get a chance to work across the aisle to do that, but I have also heard from hundreds of Delawareans whose lives have been improved or, in cases just like Kerry's, saved by the Affordable Care Act. I will not yield on defending the best parts of the ACA that have saved the lives of Americans across this country.

In the days and the weeks to come, I hope all Americans will stay active, stay engaged, and stay the course so that we can push aside this cruel, cynical bill and find an opportunity to work together on a bill with real heart.

That fight is not yet over, and I will not yet yield.

Thank you, Mr. President.
I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 154, Neomi Rao to be Administrator of the Office of Information and Regulatory Affairs.

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 Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

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 Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

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. 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 ANNE ANDERSON

Mr. LEAHY. Mr. President, I would like to recognize Ireland's Ambassador

to the United States, Anne Anderson, on the occasion of her retirement. Since 2013, Anne has served as Ireland's 17th Ambassador to the United States, the first woman to serve in this role. She has done much to further the close relationship long shared between the United States and Ireland. My great-grandparents were Irish immigrants, settling in Vermont, where I was born and raised. I have long been aware of the contributions Irish immigrants make to our Nation.

Ambassador Anderson first represented her Ireland's interests in the United States in 1983, when she became the Embassy of Ireland's economic attache and then press attache. After moving back to Ireland in 1987, she served as counsellor in the Anglo-Irish division of the Department of Foreign Affairs and then became Assistant Secretary General in Corporate Services. In this role, Ambassador Anderson greatly influenced the fight for equal treatment of women in the workplace and worked to pass fair employment legislation in the North of Ireland.

Ambassador Anderson assumed the role of diplomat again in 1995, when she became Permanent Representative of Ireland to the United Nations in Geneva. During her time in Geneva, she acted as chair of the United Nations Commission of Human Rights and vice president of the United Nations Conference on Trade and Development. She then moved to Brussels to serve as the Permanent Representative of Ireland to the European Union in 2001.

After some time as Ambassador to France, she returned to the United States once more to become the Permanent Representative of Ireland to the United Nations in New York until 2013, when she was named the Ambassador of Ireland to the United States. Her focus in her time as ambassador has been in advocating on behalf of immigration issues and undocumented Irish immigrants in the United States, pursuing her passion for inclusivity and equality in human rights and women's rights, and fostering the cultural art connections between the two nations.

The foundations of our relationship with Ireland are built upon and solidified by the great work of diplomats and public servants such as Ambassador Anderson, who seek to facilitate international relationships that rise above any national differences. While she may be retiring from her diplomatic roles, my friend Anne will forever be a diplomat in the truest sense of the word. Marcelle and I congratulate her on her retirement and thank her for her years of service and friendship and her dedicated efforts to strengthen the U.S. relationship with Ireland.

CBO ESTIMATE OF H.R. 1628

Mr. ENZI. Mr. President, for the information of my colleagues, the Congressional Budget Office released its estimate of H.R. 1628, the American

Health Care Act of 2017, in May 2017. Information related to this House-passed bill can be found on the Congressional Budget Office's Website with the following link: <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>.

ADDITIONAL STATEMENTS

RECOGNIZING THE HUNTLEY PROJECT IRRIGATION DISTRICT

• Mr. DAINES. Mr. President, today I wish to recognize the Huntley Project Irrigation District for its 110th anniversary and for its impact on Montana. The district originated from an irrigation project in southern Montana that was completed by the Bureau of Reclamation in 1907. The Huntley Project was one of the first Reclamation projects in Montana and led to the development and success of agricultural land in much of the surrounding area. As agriculture is Montana's No. 1 industry, it is critical that farmers and ranchers have irrigation projects set in place that are able to provide a reliable supply of water for their crops.

Leading by example is the way we do things in Montana, and this project shows how the dedication and ingenuity of our farmers and ranchers works. It has led to economic development for the area and beyond and transformed farming areas to be even more fruitful for our farmers and ranchers.

Our farmers and ranchers have made it through the tough times because of determination and have overcome many challenges. This anniversary celebrates more than an irrigation project but honors the determination and ambition of the Montana farmer and rancher. Congratulations again for the 110th anniversary of the Huntley Project, and thank you to everyone who has made it a success.■

SISSETON-WAHPETON SIOUX TRIBE'S SESQUICENTENNIAL CELEBRATION

• Mr. ROUNDS. Mr. President, today I wish to recognize the 150th anniversary of the Sisseton-Wahpeton Sioux Tribe's treaty with the U.S. Government, which coincides with the Tribe's 150th annual Fourth of July celebration.

Beginning in 1867, the Sisseton-Wahpeton Dakota Nation's annual Fourth of July Wacipi is the oldest continual event in South Dakota and one of the oldest established celebrations in the Nation. The Sisseton-Wahpeton Sioux Tribe is dedicated to maintaining their culture in the modern world through art, language, spirituality, and traditions, all of which is celebrated during its annual Fourth of July Wacipi. They also use the celebration to honor area veterans who bravely fought defending our freedoms.

The story of the Sisseton and Wahpeton bands is one of movement of

the Native people that made their home on the Lake Traverse Reservation, where they still celebrate today. Here, Tribal members draw on their rich history, continue their traditions, and contribute to a vibrant, growing economy in the area.

On behalf of all South Dakotans, I wish to congratulate the Sisseton-Wahpeton Sioux Tribe on their sesquicentennial celebration. I thank them for their treaty, friendship, and alliance with the United States of America over the past 150 years and look forward to continuing our friendship in the 150 years to come.■

MESSAGE FROM THE HOUSE

At 2:03 p.m., a message from the House of Representatives, delivered by Mrs. Cole, 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. 1684. An act to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes.

H.R. 1726. An act to amend title 14, United States Code, to improve the organization of such title and to incorporate certain transfers and modifications into such title, and for other purposes.

H.R. 2258. An act to require that certain standards for commercial driver's licenses applicable to former members of the armed services or reserves also apply to current members of the armed services or reserves.

H.R. 2547. An act to expand the Department of Veterans Affairs medical professionals who may qualify to perform physical examinations on eligible veterans and issue medical certificates required for operation of a commercial motor vehicle, and for other purposes.

MEASURES REFERRED

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

H.R. 1684. An act to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 1726. An act to amend title 14, United States Code, to improve the organization of such title and to incorporate certain transfers and modifications into such title, and for other purposes; to the Committee on Commerce, Science, and Transportation.

H.R. 2258. An act to require that certain standards for commercial driver's licenses applicable to former members of the armed services or reserves also apply to current members of the armed services or reserves; to the Committee on Commerce, Science, and Transportation.

H.R. 2547. An act to expand the Department of Veterans Affairs medical professionals who may qualify to perform physical examinations on eligible veterans and issue medical certificates required for operation of a commercial motor vehicle, and for other purposes; to the Committee on Commerce, Science, and Transportation.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-43. A concurrent resolution adopted by the Legislature of the State of Louisiana memorializing the United States Congress to pass legislation or adopt policies allowing Louisiana to manage the Gulf of Mexico red snapper fishery out to two hundred nautical miles off the coast of Louisiana; to the Committee on Commerce, Science, and Transportation.

SENATE CONCURRENT RESOLUTION No. 67

Whereas, in recent years, the Gulf of Mexico has contained the highest total allowable catch of red snapper in decades, but in 2016, anglers experienced the shortest recreational fishing season to date, lasting less than two weeks; and

Whereas, the federal government has overseen the Gulf recreational red snapper fishery for nearly four decades; today, federal management systems attempt to regulate red snapper fishing by the pound with tools specifically designed to manage the commercial sector, despite the fact that federal data collection systems are incapable of accounting to such a level of specificity for recreational harvests; and

Whereas, the federal government has, moreover, neglected to use recent data to provide meaningful guidelines and requirements for a systematic reallocation of federal fisheries; except for minor adjustments to account for errors in its own data collection system, the Gulf red snapper fishery allocation is based on highly suspect data from 1979-1986 and has remained unchanged since 1991; and

Whereas, the federal government is currently promoting a management strategy to privatize the Gulf red snapper fishery; approximately fifty percent of the fishery is already held by private businesses, while another twenty percent has been designated to be sold; shares of this public resource have also been given away for free, based on a commercial operator's past catch history; and

Whereas, because of extraordinarily remiss requirements in its conflict of interest guidelines, the federal fisheries management system allows commercial operators who already own red snapper shares or who may be gifted shares to serve on the Gulf of Mexico Fishery Management Council and to cast votes on issues that will result in direct financial benefit for themselves; and

Whereas, by creating a prohibitive environment for anglers and ethical issues among user groups and stakeholders, the federal government has proved itself incapable of properly managing the red snapper fishery in the Gulf of Mexico, and all five states along the Gulf Coast have increasingly implemented regulations and seasons that are not consistent with the federal management plan; and

Whereas, numerous studies, including some funded by the National Oceanic and Atmospheric Administration, National Marine Fisheries Service, indicate that the greatest economic engine in the Gulf reef fishery is the recreational angling sector, and federal control should be relinquished to the Gulf states, which depend most on this vital public resource. Now, therefore, be it

Resolved, That the Legislature of Louisiana memorializes the Congress of the United States to pass legislation or adopt policies allowing Louisiana to manage the Gulf of Mexico red snapper fishery out to two hundred nautical miles off the coast of Louisiana; and be it further

Resolved, That a copy of this Resolution be transmitted to the secretary of the United States Senate and the clerk of the United States House of Representatives and to each member of the Louisiana delegation to the United States Congress.

POM-44. A joint resolution adopted by the Legislature of the State of Nevada supporting and encouraging the retention of federal management and control of federal public lands in the state; to the Committee on Energy and Natural Resources.

SENATE JOINT RESOLUTION No. 12

Whereas, Senate Joint Resolution No. 1 of the 78th Legislative Session urged Congress to enact legislation to transfer title to certain federal public lands in this State to the State of Nevada; and

Whereas, The Federal Government manages and controls nearly 80 percent of the land in this State; and

Whereas, A significant portion of the federal public lands in this State consists of national forests, national parks, national monuments, wilderness areas, conservation areas and wildlife refuges, all of which preserve the natural and scenic beauty of the federal public lands in this State and protect those lands from excessive human encroachment and exploitation; and

Whereas, The management and control of the federal public lands in this State by various federal agencies in this State confers an economic benefit upon the State of Nevada by saving the State of Nevada from incurring significant costs each year in managing those lands; and

Whereas, Some of the costs incurred each year by federal agencies include expenses for fighting fires, the management of wild horses and burros and the maintenance of national forests, parks and monuments; and

Whereas, The retention of federal management and control of the federal public lands in this State will ensure that access to and the use of those lands for recreational and other authorized purposes will remain available to all residents of this State; Now, therefore, be it

Resolved by the Senate and Assembly of the State of Nevada, Jointly, That Senate Joint Resolution No. 1 of the 78th Legislative Session is hereby rescinded; and be it further

Resolved, That the members of the 79th Session of the Nevada Legislature hereby support and encourage the retention of federal management and control of federal public lands in this State; and be it further

Resolved, That the Secretary of the Senate prepare and transmit a copy of this resolution to the President of the United States, the Vice President of the United States as the presiding officer of the United States Senate, the Speaker of the House of Representatives, each member of the Nevada Congressional Delegation and the Governor; and be it further

Resolved, That this resolution becomes effective upon passage.

POM-45. A resolution adopted by the Senate of the State of California relative to new Outer Continental Shelf Oil and gas leasing in federal waters offshore California; to the Committee on Energy and Natural Resources.

SENATE RESOLUTION No. 35

Whereas, California's iconic coastal and marine waters are one of our state's most precious resources, and as elected officials, it is our duty to ensure the long-term viability of California's fish and wildlife resources, and thriving fishing, tourism, and recreation sectors; and

Whereas, Hundreds of millions of California residents and visitors enjoy the

state's ocean and coast for recreation, exploration, and relaxation; and tourism and recreation comprise the largest sector of the state's \$445 billion ocean economy; and

Whereas, There has been no new offshore oil and gas lease in California since the 1969 blowout of a well in federal waters; and

Whereas, Beginning in 1921, and many times since, the California Legislature has enacted laws that withdrew certain offshore areas from oil and gas leasing, and by 1989, the state's offshore oil and gas leasing moratorium was in place; and

Whereas, In 1994, the California Legislature made findings in Assembly Bill 2444, Chapter 970 of the Statutes of 1994, that offshore oil and gas production in certain areas of state waters poses an unacceptably high risk of damage and disruption to the marine environment; and

Whereas, In the same bill, the Legislature created the California Coastal Sanctuary Act, which included all of the state's unleased waters subject to tidal influence and prohibited new oil and gas leases in the sanctuary, unless the President of the United States has found a severe energy supply interruption and has ordered distribution of the Strategic Petroleum Reserve, the Governor finds that the energy resources of the sanctuary will contribute significantly to alleviating that interruption, and the Legislature subsequently amends Chapter 970 of the Statutes of 1994 to allow that extraction; and

Whereas, Section 18 of the federal Outer Continental Shelf Lands Act (43 U.S.C. 1331 et seq.) requires the preparation of a nationwide offshore oil and gas leasing program setting a five-year schedule of lease sales implemented by the Bureau of Ocean Energy Management within the United States Department of the Interior; and

Whereas, Consistent with the principles of Section 18 and the resulting regionally tailored leasing strategy, the current exclusion of the Pacific Outer Continental Shelf from new oil and gas development is consistent with the long-standing interests of Pacific Coast states, as framed in the 2006 Agreement on Ocean Health adopted by the Governors of California, Washington, and Oregon; and

Whereas, In November 2016, the Bureau of Ocean Energy Management released a final 2017-2022 leasing program that continues the moratorium on oil and gas leasing in the undeveloped areas of the Pacific Outer Continental Shelf; and

Whereas, Governor Brown, in December 2016, requested that then President Obama permanently withdraw California's Outer Continental Shelf from new oil and gas leasing, and along with previous California governors, has united with the Governors of Oregon and Washington in an effort to commit to developing robust renewable energy sources to reduce our dependence on fossil fuel and help us reach our carbon emission goals; and

Whereas, The California Legislature has led the nation with its landmark climate change legislation, requiring ambitious greenhouse gas emission reductions of a 40 percent emissions reduction below 1990 levels by 2030, and achieving a renewables portfolio standard of 50 percent by 2030; California must lead the nation in fostering the transition away from offshore fossil fuel production to protect both our climate and oceans from the damaging impacts of climate change, which will affect all life on earth for generations to come; and

Whereas, There are renewed calls for opening offshore areas for drilling and for lifting moratoriums on energy production in federal areas, which could lead to more oil spills and increased dependence of fossil fuels; and

Whereas, The California Legislature considers new oil and gas development offshore

of California to be a threat to the nation's economy, national security, and state's ambitious renewable energy goals; Now, therefore, be it

Resolved by the Senate of the State of California, That the Senate strongly and unequivocally supports the current federal prohibition on new oil or gas drilling in federal waters offshore California, opposes attempts to modify the prohibition, and will consider any appropriate actions to maintain the prohibition; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the President and Vice President of the United States, to the Governor of California, to the Majority and Minority Leaders of the United States Senate, to the Speaker and Minority Leader of the United States House of Representatives, to each Senator and Representative from California in the Congress of the United States, to the Secretary of the United States Department of the Interior, to the Director of the Bureau of Ocean Energy Management, and to each member of the California State Senate and Assembly.

POM-46. A joint resolution adopted by the Legislature of the State of Nevada expressing support for the determination of the Blue Ribbon Panel on Sustaining America's Diverse Fish and Wildlife Resources to recommend that the United States Congress dedicate \$1.3 billion annually in existing revenue obtained from the development of energy and mineral resources on federal lands and waters for programs to diversify the funding for and management of all species of wildlife; to the Committee on Environment and Public Works.

SENATE JOINT RESOLUTION NO. 13

Whereas, The State of Nevada is home to more than 890 species of animals, of which 65 of those species are found only in this State; and

Whereas, Congress has enacted legislation, commonly referred to as the Pittman-Robertson Act, 16 U.S.C. §§ 669-669j, and the Dingell-Johnson Act, 16 U.S.C. §§ 777-777k, both of which were assented to by this State pursuant to NRS 501.115 and 501.117, respectively, to provide federal aid for the support of conservation, restoration projects and science-based management of game and sport fish financed by hunters, recreational shooters, fishermen and boaters; and

Whereas, A similarly dedicated and sustainable method of funding is not available for many species of birds, mammals, fish, amphibians and reptiles which are not hunted or fished; and

Whereas, In 2012, the Board of Wildlife Commissioners approved a Wildlife Action Plan created by the Department of Wildlife; and

Whereas, The provisions of the Wildlife Action Plan prioritize 256 species of wildlife having the greatest need for conservation and 22 types of habitat that require prescriptive actions to ensure the maintenance of those species and types of habitat for current and future generations in this State; and

Whereas, There is a recognized need to expand funding for the conservation of wildlife in the United States; and

Whereas, The Blue Ribbon Panel on Sustaining America's Diverse Fish and Wildlife Resources, consisting of 26 members who are leaders in business and conservation, was recently established; and

Whereas, The Blue Ribbon Panel was required to recommend alternative methods of funding to support fish and wildlife conservation in this State and to ensure the sustainability of all species of fish and wildlife for current and future generations in this State; and

Whereas, Securing a dedicated source of federal funding for the conservation of wildlife in this State will likely require this State to provide matching funds similar to the matching funds that are currently required under the Pittman-Robertson Act and the Dingell-Johnson Act; Now, therefore, be it

Resolved by the Senate and Assembly of the State of Nevada, Jointly, That the members of the 79th Session of the Nevada Legislature express their support for the determination of the Blue Ribbon Panel on Sustaining America's Diverse Fish and Wildlife Resources to recommend that Congress dedicate \$1.3 billion dollars annually in existing revenue obtained from the development of energy and mineral resources on federal lands and waters for programs to diversify the funding for and management of all species of wildlife; and be it further

Resolved, That the members of the Nevada Congressional Delegation are encouraged to support the enactment of federal legislation to carry out the recommendation of the Blue Ribbon Panel; and be it further

Resolved, That support is expressed for the development of policies and enactment of legislation that broaden dedicated methods of funding:

1. For the conservation of wildlife in this State;
2. For carrying out the Wildlife Action Plan of the Nevada Department of Wildlife; and
3. To provide state matching funds if a dedicated method of federal funding is obtained for the conservation of wildlife in this State; and be it further

Resolved, That the Secretary of the Senate prepare and transmit a copy of this resolution to the President of the United States, the Vice President of the United States as the presiding officer of the United States Senate, the Speaker of the United States House of Representatives and each member of the Nevada Congressional Delegation; and be it further

Resolved, That this resolution becomes effective upon passage.

POM-47. A concurrent resolution adopted by the Legislature of the State of Louisiana memorializing the United States Congress to take such actions as are necessary to review the Government Pension Offset and the Windfall Elimination Provision Social Security Benefit reductions and to consider eliminating or reducing them; to the Committee on Finance.

SENATE CONCURRENT RESOLUTION NO. 22

Whereas, the Congress of the United States of America has enacted both the Government Pension Offset (GPO), reducing the spousal and survivor Social Security benefit, and the Windfall Elimination Provision (WEP), reducing the earned Social Security benefit, payable to any person who also receives a public pension benefit earned in public employment not covered by Social Security; and

Whereas, the GPO can negatively affect a spouse or survivor receiving a federal, state, or local government retirement or pension benefit earned in public employment not covered by Social Security who would also be entitled to a Social Security benefit earned by a spouse; and

Whereas, the GPO formula reduces the spousal or survivor Social Security benefit by two-thirds of the amount of the federal, state, or local government retirement or pension benefit received by the spouse or survivor, in many cases completely eliminating the Social Security benefit even though the spouse paid Social Security taxes throughout the marriage; and

Whereas, according to recent Social Security Administration figures, more than half a million individuals nationally are affected by the GPO; and

Whereas, the WEP applies to those persons who have earned federal, state, or local government retirement or pension benefits in public employment not covered by Social Security, in addition to working in employment covered by Social Security and paying into the Social Security system; and

Whereas, the WEP reduces the earned Social Security benefit using an averaged indexed monthly earnings formula and may reduce Social Security benefits for affected persons by as much as one-half of the retirement benefit earned as a public servant in employment not covered by Social Security; and

Whereas, the WEP causes hardworking individuals to lose a significant portion of the Social Security benefits that they earn themselves; and

Whereas, according to recent Social Security Administration figures, more than one and a half million individuals nationally are affected by the WEP; and

Whereas, in certain circumstances both the WEP and the GPO can be applied to a qualifying survivor's benefit, each independently reducing the available benefit and, in combination, eliminating a large portion of the total Social Security benefit available to the survivor; and

Whereas, because of the calculation characteristics of the WEP and the GPO, they have a disproportionately negative effect on employees working in lower-wage government jobs, like teachers, school workers, and state employees; and

Whereas, the number of people affected by the WEP and the GPO is growing as nearly 10,000 baby boomers reach retirement age each day; and

Whereas, individuals drastically affected by the WEP and the GPO may have no choice but to return to work after retirement in order to make ends meet, but the earnings accumulated during a return to work in the public sector may further reduce the Social Security benefits the individual is entitled to; and

Whereas, the WEP and the GPO are established in federal law, and repeal or reduction of the WEP and the GPO can only be enacted by Congress; Therefore, be it

Resolved, That the Legislature of Louisiana does hereby memorialize the United States Congress to take such actions as are necessary to review the Government Pension Offset and the Windfall Elimination Provision Social Security benefit reductions and to consider eliminating or reducing them; and be it further

Resolved, That a copy of this Resolution shall be transmitted to the secretary of the United States Senate and the clerk of the United States House of Representatives and to each member of the Louisiana delegation to the United States Congress.

POM-48. A joint resolution adopted by the Legislature of the State of Nevada urging the United States Congress to enact the Marketplace Fairness Act; to the Committee on Finance.

SENATE JOINT RESOLUTION NO. 5

Whereas, In the case of *National Bellas Hess, Inc. v. Department of Revenue*, 386 U.S. 753 (1967), the United States Supreme Court held, in relevant part, that Congress alone has the power to regulate and control the taxation of commerce that is conducted between a business that is located within one state and a customer who is located in another state and who communicates with and purchases from the business using only remote means; and

Whereas, The United States Supreme Court established in *Quill Corporation v. North Dakota*, 504 U.S. 298 (1992), that a state government cannot, of its own accord, require out-of-state retailers to collect sales tax on sales within the state; and

Whereas, The United States Supreme Court also announced in *Quill* that Congress could exercise its authority under the Commerce Clause of the United States Constitution to decide whether, when and to what extent the states may require the collection of sales tax on remote sales; and

Whereas, The State of Nevada and municipalities within this State receive significant operating revenue from sales taxes collected by brick-and-mortar businesses and online vendors with a nexus to the State and from use taxes on purchases made online through vendors without a brick-and-mortar location in the State; and

Whereas, Remittance of use taxes not collected by a vendor from online purchases imposes an undue burden and widely unknown obligation on consumers; and

Whereas, The unequal taxation schemes as between online and traditional retailers create a disadvantage for Nevada-based retailers, who are rooted and invested in the Nevada community and employ residents of this State; and

Whereas, The tax collection loophole for online retailers deprives local governments of revenue that could be used to fund necessities such as schools, police departments and fire departments, and other important infrastructure; and

Whereas, The Marketplace Fairness Act was introduced in the 112th Congress, again in the 113th Congress and again in the 114th Congress, to provide states with the authority to require out-of-state retailers, such as online and catalog retailers, to collect and remit sales tax on purchases shipped into the state; and

Whereas, The State of Nevada has enacted the Simplified Sales and Use Tax Administration Act, chapter 360B of NRS, which is in compliance with the Marketplace Fairness Act; Now, therefore, be it

Resolved by the Senate and Assembly of the State of Nevada, Jointly, That the members of the 79th Session of the Nevada Legislature urge Congress to enact the Marketplace Fairness Act without further delay; and be it further

Resolved, That the Secretary of the Senate prepare and transmit a copy of this resolution to the Vice President of the United States as the presiding officer of the United States Senate, the Speaker of the House of Representatives, each member of the Nevada Congressional Delegation and the Executive Director of the Department of Taxation; and be it further

Resolved, That this resolution becomes effective upon passage.

POM-49. A joint resolution adopted by the Legislature of the State of Nevada urging the United States Congress not to repeal the Patient Protection and Affordable Care Act or its most important provisions; to the Committee on Finance.

SENATE JOINT RESOLUTION NO. 8

Whereas, In 2010, the Patient Protection and Affordable Care Act (Public Law 111-148), commonly known as the Affordable Care Act, was passed by Congress and signed into law by President Barack Obama; and

Whereas, The Affordable Care Act established a comprehensive series of health insurance reforms designed to make universal, affordable health insurance coverage available to all Americans, while also controlling rising health care costs and ending certain common industry practices that limited access to health insurance coverage; and

Whereas, The Affordable Care Act expanded access to health insurance coverage by creating health insurance marketplaces, allowing children to stay on a parent's health insurance plan until the age of 26 years, expanding Medicaid and establishing a system of tax credits to assist consumers in purchasing individual health insurance coverage and provide incentives to businesses to encourage them to provide health insurance coverage to employees; and

Whereas, The Affordable Care Act prohibits an insurer from denying health insurance coverage to a person on the basis of a preexisting condition, prohibits an insurer from rescinding coverage, eliminates lifetime and annual limits on coverage, requires all marketplace plans to provide coverage for 10 essential health benefits, including preventative care, establishes a mechanism for consumers to appeal determinations regarding coverage and establishes a system to assist consumers in navigating the health insurance marketplace; and

Whereas, The Affordable Care Act additionally requires health insurance coverage for annual well-woman visits, screenings for breast cancer and cervical cancer, screening for gestational diabetes, all approved contraceptive methods, sterilization procedures and patient education and counseling services often provided by nonprofit organizations such as Planned Parenthood Federation of America, Inc.; and

Whereas, In particular, since Nevada chose to participate in the expansion of Medicaid in 2011, approximately 181,000 new enrollees obtained health insurance coverage in Nevada through the Medicaid expansion alone; and

Whereas, It has been estimated that 370,000 adults in this State stand to lose health insurance coverage if the Affordable Care Act is repealed; and

Whereas, It has been estimated that Nevada could lose an estimated \$1 billion in Medicaid funding if the Affordable Care Act is repealed; and

Whereas, The Affordable Care Act provides many other benefits and protections to ensure access to health care by all; and

Whereas, Congressional leaders have proposed repealing the Affordable Care Act during the 115th Congress without a plan to replace the Affordable Care Act which adequately protects the thousands of Nevadans who benefit from or may not have access to health insurance coverage without the Act; and

Whereas, The Congressional Budget Office reported that the congressional plan to repeal the Affordable Care Act will cost 24 million Americans their health insurance coverage by 2026; and

Whereas, Repealing the Affordable Care Act without establishing mechanisms to preserve the significant improvements and protections afforded by the law, and without adequately providing for those who stand to lose their health insurance coverage upon repeal, will have significant detrimental effects on individuals and their families, on the health care industry in general and on the overall economic well-being of both Nevada and the nation as a whole; Now, therefore, be it

Resolved by the Senate and Assembly of the State of Nevada, Jointly, That the members of the 79th Session of the Nevada Legislature hereby urge Congress to fully preserve the critical benefits afforded by the Affordable Care Act which many Nevadans have come to rely upon; and be it further

Resolved, That Congress should maintain federal funding for organizations, such as Planned Parenthood Federation of America, Inc., that provide essential family planning, cancer screenings and other preventative

health services to Nevadans; and be it further

Resolved, That Congress should not repeal the Affordable Care Act in a manner that would deny access to these essential programs and services to future generations of Nevadans; and be it further

Resolved, That the Secretary of the Senate prepare and transmit a copy of this resolution to the Vice President of the United States, as the presiding officer of the United States Senate, the Speaker of the United States House of Representatives and each member of the Nevada Congressional Delegation; and be it further

Resolved, That this resolution becomes effective upon passage.

POM-50. A resolution adopted by the Senate of the State of Louisiana memorializing the United States Congress to review federal laws, rules, regulations, and procedures to ensure that veterans and their family members have convenient access to military service and medical records; to the Committee on Veterans' Affairs.

SENATE RESOLUTION NO. 136

Whereas, veterans of the United States armed forces have earned the respect, admiration, and gratitude of the state of Louisiana and its citizens; and

Whereas, the freedom and liberties we are blessed to enjoy today are a direct result of the courage, devotion, and sacrifice of the members of our armed forces; and

Whereas, it is appropriate to recognize their unwavering selflessness and courage by giving due consideration to all laws meant to protect and assist those veterans and their families; and

Whereas, in order to apply for certain military benefits, veterans or family members need access to military service or medical records to fill out the application forms and to meet the requirements to apply for the benefits; and

Whereas, when these veterans or family members need our assistance in accessing their military service or medical records, federal laws, rules, regulations, and procedures should be simple to navigate in order to obtain these records. Therefore, be it

Resolved that the Senate of the Legislature of Louisiana memorializes the Congress of the United States to review federal laws, rules, regulations, and procedures to ensure that veterans and their family members have convenient access to military service and medical records. Be it further

Resolved that a copy of this Resolution shall be transmitted to the secretary of the United States Senate, the clerk of the United States House of Representatives, and to each member of the Louisiana delegation to the United States Congress.

POM-51. A resolution adopted by the Senate of the State of New Jersey urging the United States Congress to increase funding for services for veterans who are returning from deployment; to the Committee on Veterans' Affairs.

SENATE RESOLUTION NO. 65

Whereas, The freedom, peace and privileges that citizens of United States enjoy today are the direct results of the sacrifices of the veterans of the Armed Forces who have selflessly served to protect our nation; and

Whereas, The brave men and women veterans of the Armed Forces, who proudly served the nation and risked their lives to protect our freedom, deserve the investment of every possible resource to ensure their lasting physical, mental, and emotional well-being; and

Whereas, Investing in the well-being of veterans of the Armed Forces benefits not only

those members, but also every citizen of the United States, as such an investment ensures that these individuals will thrive upon their transition into civilian life; and

Whereas, It is no secret that certain services provided by the government have failed to adequately serve our nation's veterans; therefore, increased funding may improve areas where service to veterans is not sufficiently addressing veterans' needs; and

Whereas, Veterans of the United States military have served this country with honor and dignity, putting their lives on the line for this country, and at a minimum, deserve quality care and services upon their return from deployment; and

Whereas, It is altogether fitting and proper for this House to urge Congress to increase funding for services for veterans returning from deployment; Now, therefore, be it

Resolved by the Senate of the State of New Jersey:

1. This House hereby urges Congress to increase funding for services provided to veterans upon their return from deployment.

2. Copies of this resolution, as filed with the Secretary of State, shall be transmitted by the Secretary of the Senate to the President and Vice President of the United States, the Speaker of the United States House of Representatives, the Minority Leader of the United States House of Representatives, the President Pro tempore of the United States Senate, the Minority Leader of the United States Senate, each Senator and Representative from New Jersey in the Congress of the United States, and the Secretary of the United States Department of Veterans Affairs.

POM-52. A resolution adopted by the Senate of the State of Louisiana memorializing the United States Congress to take such actions as are necessary to support the domestic beef industry; to the Committee on Agriculture, Nutrition, and Forestry.

SENATE RESOLUTION NO. 120

Whereas, the value of the domestic beef industry is a vital and integral part of the United States economy; and

Whereas, the 2016 economic impact was approximately sixty-seven billion dollars in farm cash receipts for cattle and calves; and

Whereas, there are over nine hundred thousand total cattle and calf operations in the United States of which ninety-one percent are family owned or individually operated, and eleven percent are operated by women; and

Whereas, domestic beef production in 2017 is estimated to be approximately twenty-five billion eight hundred million pounds; and

Whereas, the amount of beef consumed in the United States in 2016 was approximately twenty-five billion six hundred million pounds; and

Whereas, it is essential to the success of the domestic beef industry to increase international trade to key export markets; and

Whereas, the promotion of policies which highlight the quality, safety, sustainability, and nutritional value of domestic beef will drive growth in domestic beef exports; and

Whereas, it is in the nation's best interest to protect against legislative policies or agency regulations that have a negative impact on the economic health of the domestic beef industry; and

Whereas, minor changes in future domestic beef import or export levels can significantly change the net beef supply and beef prices; and

Whereas, important steps to supporting the domestic beef industry include developing a comprehensive national strategy for including beef in future dietary guidelines and investing in necessary research to improve productivity and efficiency; and

Whereas, it is critical to the success of the domestic beef industry to identify barriers and develop strategies to attract and enable the next generation of farmers into the domestic beef industry; and

Whereas, terrorist attacks have heightened the nation's awareness of agriterrorism and placed a renewed focus on ensuring the protection of the nation's critical infrastructures, including the domestic beef food supply; and

Whereas, an intentional contamination of the domestic beef food supply could harm millions of people and cripple our vast agriculture system; and

Whereas, it is critical to preserve the United States domestic beef supply and prevent reliance on foreign nations for food; and

Whereas, it will be necessary to develop a variety of federal actions to support the domestic beef industry including proposals which encourage domestic beef production, improve consumer demand, protect our nation's critical infrastructure, attract new farmers, improve the business climate, and increase trade to export markets; Therefore, be it

Resolved that the Senate of the Legislature of Louisiana memorializes the Congress of the United States to take such actions as are necessary to support the domestic beef industry; and be it further

Resolved, That the Congress of the United States is strongly encouraged to adopt import and export policies that will protect the economic survival and prosperity of the domestic beef industry in Louisiana and America and the nation's food supply; and be it further

Resolved, That a copy of this Resolution shall be transmitted to the secretary of the United States Senate, the clerk of the United States House of Representatives, and each member of the Louisiana delegation to the United States Congress.

POM-53. A resolution adopted by the Mayor and City Commission of the City of Miami Beach, Florida, supporting United States Senate Bill 928 and related House Bill 2119, creating the Therapeutic Fraud Prevention Act of 2017, which would impose a nationwide prohibition on commercial sexual orientation conversion therapy as an unfair or deceptive act or practice; to the Committee on Commerce, Science, and Transportation.

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. ROUNDS:

S. 1443. A bill to improve Department of Defense software management, and for other purposes; to the Committee on Armed Services.

By Mr. WARNER (for himself and Mr. HELLER):

S. 1444. A bill to amend the Internal Revenue Code of 1986 to modify the tax treatment of certain equity grants; to the Committee on Finance.

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

S. 1445. A bill to amend the National Flood Insurance Act of 1968 to ensure community accountability for areas repetitively damaged by floods, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. HARRIS (for herself and Mr. GRAHAM):

S. 1446. A bill to reauthorize the Historically Black Colleges and Universities Historic Preservation program; to the Committee on Energy and Natural Resources.

By Mr. CARPER (for himself, Mr. INHOFE, Mr. BARRASSO, and Mr. WHITEHOUSE):

S. 1447. A bill to reauthorize the diesel emissions reduction program, and for other purposes; to the Committee on Environment and Public Works.

By Mr. PORTMAN (for himself, Ms. COLLINS, Mr. LANKFORD, Mrs. ERNST, and Mr. JOHNSON):

S. 1448. A bill to affirm the authority of the President to require independent regulatory agencies to comply with regulatory analysis requirements applicable to executive agencies, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. SULLIVAN (for himself and Mr. TESTER):

S. 1449. A bill to authorize payment by the Department of Veterans Affairs for the costs associated with training and supervision of medical residents and interns at certain facilities that are not Department facilities, to require the Secretary of Veterans Affairs to carry out a pilot program to establish or affiliate with residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service, and for other purposes; to the Committee on Veterans' Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

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

By Mr. BOOZMAN (for himself, Mr. PERDUE, and Mr. LEAHY):

S. Con. Res. 19. A concurrent resolution commemorating the 50th anniversary of the Smithsonian Folklife Festival; to the Committee on Rules and Administration.

ADDITIONAL COSPONSORS

S. 59

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

S. 109

At the request of Mr. GRASSLEY, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 109, a bill to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of pharmacist services.

S. 220

At the request of Mr. SASSE, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 220, a bill to amend title 18, United States Code, to prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion.

S. 266

At the request of Mr. HATCH, the names of the Senator from Minnesota (Mr. FRANKEN), the Senator from Vermont (Mr. LEAHY) and the Senator from Wisconsin (Ms. BALDWIN) were

added as cosponsors of S. 266, a bill to award the Congressional Gold Medal to Anwar Sadat in recognition of his heroic achievements and courageous contributions to peace in the Middle East.

S. 298

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

S. 360

At the request of Ms. KLOBUCHAR, the names of the Senator from Minnesota (Mr. FRANKEN) and the Senator from New Hampshire (Ms. HASSAN) were added as cosponsors of S. 360, a bill to amend the Help America Vote Act of 2002 to require States to provide for same day registration.

S. 654

At the request of Mr. TOOMEY, the names of the Senator from New Jersey (Mr. MENENDEZ) and the Senator from New Mexico (Mr. UDALL) were added as cosponsors of S. 654, a bill to revise section 48 of title 18, United States Code, and for other purposes.

S. 667

At the request of Mr. FRANKEN, the names of the Senator from New Jersey (Mr. BOOKER) and the Senator from Missouri (Mrs. MCCASKILL) were added as cosponsors of S. 667, a bill to amend titles 5, 10, 37, and 38, United States Code, to ensure that an order to serve on active duty under section 12304a or 12304b of title 10, United States Code, is treated the same as other orders to serve on active duty for determining the eligibility of members of the uniformed services and veterans for certain benefits and for calculating the deadlines for certain benefits.

S. 697

At the request of Mr. DAINES, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 697, a bill to amend the Internal Revenue Code of 1986 to lower the mileage threshold for deduction in determining adjusted gross income of certain expenses of members of reserve components of the Armed Forces, and for other purposes.

S. 822

At the request of Mr. INHOFE, the names of the Senator from Delaware (Mr. CARPER) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of S. 822, a bill to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, and for other purposes.

S. 844

At the request of Mr. WYDEN, the name of the Senator from North Carolina (Mr. TILLIS) was added as a cosponsor of S. 844, a bill to amend title 38, United States Code, to consider certain time spent by members of reserve components of the Armed Forces while

receiving medical care from the Secretary of Defense as active duty for purposes of eligibility for Post-9/11 Educational Assistance, and for other purposes.

S. 947

At the request of Ms. HASSAN, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 947, a bill to protect passengers on flights in air transportation from being denied boarding involuntarily, and for other purposes.

S. 951

At the request of Mr. PORTMAN, the name of the Senator from Wisconsin (Mr. JOHNSON) was added as a cosponsor of S. 951, a bill to reform the process by which Federal agencies analyze and formulate new regulations and guidance documents, and for other purposes.

S. 1014

At the request of Mrs. FISCHER, the name of the Senator from Alabama (Mr. STRANGE) was added as a cosponsor of S. 1014, a bill to direct the Secretary of Veterans Affairs to make grants to eligible organizations to provide service dogs to veterans with severe post-traumatic stress disorder, and for other purposes.

S. 1024

At the request of Mr. ISAKSON, the name of the Senator from Virginia (Mr. WARNER) 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.

At the request of Mr. BLUMENTHAL, the names of the Senator from West Virginia (Mr. MANCHIN) and the Senator from Hawaii (Ms. HIRONO) were added as cosponsors of S. 1024, *supra*.

S. 1172

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 1172, a bill to impose sanctions with respect to foreign persons responsible for gross violations of internationally recognized human rights against lesbian, gay, bisexual, and transgender (LGBT) individuals, and for other purposes.

S. 1196

At the request of Mr. SULLIVAN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1196, a bill to expand the capacity and capability of the ballistic missile defense system of the United States, and for other purposes.

S. 1201

At the request of Mrs. MCCASKILL, the name of the Senator from Indiana (Mr. DONNELLY) 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. 1217

At the request of Mr. ISAKSON, the name of the Senator from South Carolina (Mr. GRAHAM) was added as a cosponsor of S. 1217, a bill to amend the National Labor Relations Act to provide for appropriate designation of collective bargaining units.

S. 1228

At the request of Mrs. SHAHEEN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1228, a bill to require a National Diplomacy and Development Strategy.

S. 1312

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

S. 1343

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

S. 1393

At the request of Mr. CORNYN, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 1393, a bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses.

S. RES. 136

At the request of Mr. MENENDEZ, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. Res. 136, a resolution expressing the sense of the Senate regarding the 102nd anniversary of the Armenian Genocide.

SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 19—COMMEMORATING THE 50TH ANNIVERSARY OF THE SMITHSONIAN FOLKLIFE FESTIVAL

Mr. BOOZMAN (for himself, Mr. PERDUE, and Mr. LEAHY) submitted the following concurrent resolution; which was referred to the Committee on Rules and Administration:

S. CON. RES. 19

Whereas the Smithsonian Folklife Festival, founded by the Smithsonian Institution on July 1, 1967, is commemorating 50 years of cultural exploration, exchange, and engagement on the National Mall of the United States this year;

Whereas the purposes of the Smithsonian Folklife Festival are to collaborate with individuals and communities throughout the United States and around the world to present diverse, community-based traditions in an engaging, accessible, and culturally appropriate way, to show the connections between traditional and emerging practices, skills, and knowledge through research, performance, demonstration, conversation, and documentation, and to support the efforts of

individuals and communities working to promote the resilience, integrity, vitality, and sustainability of the cultural heritage of those individuals and communities;

Whereas the Smithsonian Folklife Festival continues to collaborate with the American Folklife Center of the Library of Congress, the Folk and Traditional Arts Program of the National Endowment for the Arts, the National Park Service, scholarly societies, and State and local arts agencies to deepen and advance public curiosity and appreciation of rich folk and traditional arts and practices as vital and integral to the social fabric of families, communities, and other countries;

Whereas the Smithsonian Folklife Festival has inspired similar cultural exhibitions and festivals across the United States and around the world;

Whereas the Smithsonian Folklife Festival has generated educational curricula, scholarly publications, documentary films, and nongovernmental organizations committed to the documentation and presentation of folk and traditional arts;

Whereas the Smithsonian Folklife Festival fosters intercultural dialogue, cross-generational learning, and cultural equity;

Whereas the Smithsonian Folklife Festival celebrates the diversity of artistic expression and the dignity, delight, and innovation found in the creative process; and

Whereas the week of June 26, 2017 through June 30, 2017 is an appropriate week to designate as “Folk and Traditional Arts and Culture Week” in honor of the 50th anniversary of the Smithsonian Folklife Festival: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress recognizes “Folk and Traditional Arts and Culture Week” in honor of the 50th anniversary of the Smithsonian Folklife Festival, to—

(1) recognize practitioners of folk and traditional culture, and the institutions and organizations that support them;

(2) explore the creativity found within the families and communities of these practitioners; and

(3) congratulate the Smithsonian Folklife Festival for 50 years of outstanding efforts to champion creativity, cultural diversity and sustainability, cross-generational engagement, and intercultural communication through community-based research, public presentation, and archival documentation during the week.

APPOINTMENT CORRECTION

Mr. MCCONNELL. Mr. President, I ask unanimous consent that a correction to an appointment made on March 22, 2017, be printed in the RECORD. For the information of the Senate, this correction is clerical and does not change membership of the Service Academy Board made by the appointment.

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

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 GARY C. PETERS of Michigan (Committee on Commerce, Science and Transportation) and the Honorable BRIAN SCHATZ of Hawaii (At Large).

ORDERS FOR WEDNESDAY, JUNE 28, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Wednesday, June 28; 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.

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

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

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

The Senator from Massachusetts.

HEALTHCARE LEGISLATION

Mr. MARKEY. Mr. President, we have now reached a point where the Senate majority, the Republicans, and President Trump, have been unable to put together the package that allows them to take Medicaid and try to successfully turn it into a shadow of what it once was in our country, to turn it into a debt-soaked relic of what it is today by taking out \$770 billion that otherwise would have gone to the families of those in our country who need healthcare services, who need help in providing for those who need it the most within our country.

The same thing was true in the House of Representatives when they were moving through their bill over there. People said: Trump doesn't have the votes. The Republicans don't have the votes. They are not going to be able to be successful. However, this TrumpCare Hail Mary that they threw in the House, notwithstanding the remarkable defense put up by the American people—the millions of phone calls, protests, and rallies—they still were able to find the votes to ultimately pass this incredible attack upon the healthcare of tens of millions of Americans.

What they did in the House is what they are doing in the Senate. The GOP retreats; they wait for the defense to disperse, but then they plow through to get this bill over the finish line, hoping that a 2-week hiatus will be sufficient for the energy level of the defense against these cuts to so wane that then they can come back and finish off the job on their second try in the same way they did in the House of Representatives. Right now it is only halftime.

It is halftime. They are coming back. The ball is in their court. They will attempt again to destroy the healthcare system of our country as we know it today. We have not defeated this bill yet.

Now is the time for those who oppose this bill to redouble their energy, to play even tougher defense against this Republican attempt to undermine Medicaid, to undermine access to care to everyone in our country. Their bill is now down, so let's keep it down for the count. Let's make sure this bill cannot get up and come back and haunt us in the middle of July.

The Senate proposal right now has \$188 billion, which is now going to be within the hands of the Trump administration, in the hands of the Republican leadership as a slush fund to be used to get the votes they need in order to pass their bill. That \$188 billion is right now being divided up in a way that will help them to get the votes.

What is the ultimate goal of the GOP? The ultimate goal is to take a machete to Medicaid because they harbor an ancient animosity toward Medicaid, and I will throw in Medicare and ObamaCare—all of it. They see this as the best opportunity they have had in two generations to be able to leave these programs as debt-soaked relics of what they are today. When they say: Well, we are going to cap the funding and send it back to the States with more flexibility—when they say “cap” the funding, they are talking about decapitating the funding, to cut it in half, send it back to the States, and then say to the States: You figure it out. You try to help those people who are poorest in your State whom you were never able to figure out how to help in the first place, which is why we put the Federal programs on the books in order to help those who are most in need in all of those States.

What is their real goal? It is pretty simple: Slash these programs and then turn them into one huge tax break for the richest people in America. That is what this program will do. One little example of that \$770 billion—let's take \$33 billion of it. That \$33 billion gets divided up by the 400 wealthiest families in America; 400 billionaires walk up and say: Can I please have my \$7 million that I get as part of taking away coverage for cancer, coverage for Alzheimer's, coverage for opioid treatment? Can I now get my payoff for the success in your wealth-income transfer program? Because that is what you have. You don't have a healthcare program; you have a wealth care program. The wealth of the wealthiest—please make them even wealthier; that is what their entire plan is about.

By the way, that \$33 billion would be enough to take care of the healthcare of 700,000 people in our country, but the Republican priority is to give all that money back to the wealthiest people in our country. That is immoral. That is inhumane. It is just plain wrong. The American public has to rise up and

fight against the greatest legislative injustice that has been perpetrated or attempted to be perpetrated on the American people in more than a generation.

This bill is “the bill” of my entire career in the U.S. Congress, which is now 41 years. This is the worst bill. It is the greatest attack upon the well-being of our Nation. This program is of the rich, for the rich, by the rich, and where are they going to take the money from? From the poor, from the sick, from the elderly, from the disabled. It is selfishness on stilts.

To think that there is a plan to take healthcare away from the poorest and sickest and most disabled people in our country in order to give a tax break to the wealthiest is the most indecent action that may have ever been perpetrated on the floor of the U.S. Congress.

There are billions in tax breaks for those who don't need them or deserve them, paid for by people who cannot afford it. It is healthcare heartlessness; that is what it is. If you kicked these people in the heart, you would break your toe. There is no heart. There is no sense of decency toward those families who are going to see their loved ones' diseases get even worse or to see them ultimately die because of lack of coverage.

The Republicans say that their plan—at least they purport it as their plan—is to decrease the deficit by passing this bill, but what do they do with the money that they save? Ah, a tax break for the wealthy.

I thought that you were shedding tears about your concerns of subsequent generations having such huge deficits, but we know those are crocodile tears about future generations because you want to pay off this generation of billionaires and this generation of millionaires who need no additional wealth for their families today.

So there is no real concern about the deficit. This is, once again, just an attack on the programs that the Republicans have always opposed, and if they combine it as a tax break at the same time, all the better.

From my perspective, people are just going to wind up paying more for healthcare, and they are going to be getting less. They are going to be paying for a Cadillac but only getting a tricycle as the people go forward. For too many families, they will not be able to afford anything, and there will be no subsidy to help them get healthcare for their families. The anxiety of suffering from an illness will only be exacerbated by their families' understanding that they cannot even afford the care for their loved ones because of the financial insecurity in their own families.

This is going to be a historic 2 weeks in which we must raise our voices as they have never been raised before—in which we stand on the ramparts and let those Republicans know that they are in for the fight of their lives. Cas-

sandra-like, we must warn of the dangers of complacency, of the misunderstanding of what is happening right now.

The Republicans have removed the healthcare bill from the Senate floor for consideration. They are not defeated. They are just at halftime. They are now trying to construct a plan that will bring it back as soon as we return and with the votes now secured, from their perspective, in order to pass this bill and send it over to the House of Representatives and then down to President Trump for his signature.

These next 2 weeks will be the most important 2 weeks for the healthcare of our Nation in two generations. This battle is the battle to ensure that they are not successful. From my perspective, this is a fight that each and every American has to be a part of because it is your families who are going to be harmed.

If we just take opioid addiction coverage in Massachusetts, 2,000 people died from opioid overdoses last year. We are only 2 percent of America's population. If that number were to multiply across the whole country, that would be 100,000 people overdosing and dying. That would be two Vietnam wars of deaths in one year from one disease—a disease that we could begin to reverse if there were the treatment for families and if the prevention were put in place. Yet, if there is no treatment, if there is no prevention, if there is no access, then people, who otherwise would have been able to live normal lives with treatment, will now die.

If you have Alzheimer's, if you are in a nursing home, there is a very high probability—since two-thirds of all grandmas and grandpas in nursing homes are on Medicaid, if you slash Medicaid, the care that loved one is now receiving in a nursing home is going to be slashed. Grandma and Grandpa in that nursing home are going to see the services that they otherwise would have been provided not being available to them. That is what this Republican plan is going to do.

It says to a kid—a family member—with opioid addiction problems, it says to Grandma and Grandpa in a nursing home, it says to a woman who has cancer, it says to a man who has diabetes: I am sorry. We no longer can afford in America to help you get the healthcare you need.

We are better than that. We are a better country than that, and we are definitely a better country than our saying that we are going to take away that healthcare from all of those people and then give it as a tax break to billionaires. We are better than that. That is just wrong. So this is the battle, the most important battle.

In 1967, Martin Luther King said that the most important civil right was access to healthcare because health is the first wealth. Without health, you have nothing. That is what we are fighting for right now. We are fighting for that fundamental civil right for everyone.

This slashes coverage for those who are disabled in our country. We have made progress over the last generation in reconfiguring how we view the disabled in our country. We have given them access to the help they need so that they can be fuller citizens in our society. This bill slashes the funding to help 20 million disabled in our country live fuller, more functioning lives in order to give a tax break to a billionaire.

It is wrong. It must be stopped. We must put up the defense against this bill's ever becoming law. For the next 2 weeks, while they sit and plot to try to find a way of camouflaging what they are doing, the American people must rise up and say: No, America is better than that. We will not allow this to happen. God help us in 2017 in the United States of America.

I yield the floor.

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

Mr. SCHATZ. Mr. President, this is the beginning, not the end. Today, we claim an important victory because of thousands of people across the country. There are not enough Senators who support this Republican healthcare plan, so there will not be a vote this week. Because of all of the people who spoke up, the realities of this bill are delayed—the tens of millions of people without insurance, a decimated Medicaid Program, the closure of health clinics and hospitals. Yet that is the key word here—that this bill is delayed. This bill is not dead.

Everyone who spoke up about this bill should take a victory lap. Pat yourselves on the back tonight. It is an extraordinary moment in terms of what grassroots democracy can accomplish. You did what you had to do with what you could, and you succeeded but only for tonight. Tomorrow morning, we have to get ready because the minute that the Senate comes back from the July 4 recess, they will have 3 weeks to ram through a bill. They are not done.

I heard the Vice President say today that they are going to keep working until they get it done. They are not giving up, so we cannot rest either.

Most importantly, we cannot let them forget that we are watching, that we are waiting, and we will still be here when they try to come back and jam this bill through.

I really hope that the Republicans take another course. In setting aside the policy disagreements that we are having, there is really a better way. There is a way for the Senate to be a Senate, which is to empower two of the best Republican Senators whom we have seen in generations. They are LAMAR ALEXANDER and ORRIN HATCH—two people whose conservative credentials nobody doubts. They are the chairmen of two of the biggest committees in the U.S. Senate—the Health, Education, Labor, and Pensions Committee and the Finance Committee. They have done bipartisan work—

ORRIN HATCH for decades and LAMAR ALEXANDER for decades. Both of them, relatively recently, have done bipartisan work on tax extenders and on repealing No Child Left Behind. These are not easy issues. For these two chairmen, because they understand the committee hearing process and because they earned those gavels, I can only imagine their frustration.

Look, I am a Progressive, and I support the Affordable Care Act, but if I were sitting there as a Republican member of the HELP Committee or the Finance Committee and if these bills were going through and taking the country in a direction to which I objected and if I were the ranking member or were, maybe, a couple off from being the ranking member, I would be thinking to myself that I cannot wait until I get that gavel back.

I can tell you that I can have my own hearings, and I can listen to expert testimony, and I can craft a bill. That is what I want to do. The point of being a legislator is to actually work together on a bipartisan basis. Everybody knows that the chairman or the chairwoman has the lion's share of the authority, but it is still a collaborative process. It is politics. You try to accommodate people on both sides of the aisle, and you have quite an ideological spectrum, both on the D side and the R side, but that is the fun of it. That is the way the Senate is supposed to work.

You have a hearing, and the thing that we should remember about a hearing is that, generally speaking, if you have four testifiers—I do not know if it is a rule or just kind of an operating assumption—the majority party gets to pick three out of the four testifiers. So you are going to get three Republican witnesses and one Democratic witness if you have a normal hearing in HELP or Finance about the Affordable Care Act or what ought to happen with the American Health Care Act or whatever it may be. So it is not as if you cannot control the message, and it is not as if you cannot, in the end, do whatever bill you want to do. Isn't that the fun of being in the Senate?

Forget the Democrats for the moment. I mean, the Democrats were totally in the dark, and the public was totally in the dark. Even for the Republican Members, I mean, this has to irritate them that 13 people were sort of kept in the loop—some more than others, some less than others—but it was like these consecutive conversations: What will it take to get you to yes? OK. We will consider that. We will let you know what we are able to do.

Why not just have a public hearing? That is, literally, what we do for everything—for the Defense authorization, for appropriations bills. Of the 12 subcommittees, we have several hearings. Whether it is telecommunications or railroads or education or even other healthcare issues, we have public hearings, and we do so on a bipartisan basis.

As tough as we are on each other in the election context and as tough as we are sometimes with each other on the floor, the committee hearing process is rarely as partisan. The committee hearing process allows you to kind of get to the work of legislating.

All I am suggesting is that I understand what Leader MCCONNELL is going to try to do. He is going to try to peel off votes. Senator MARKEY is exactly right in that he is going to try to peel off votes. Yet there is another way to go here, and that is to legislate. Let me just make the political argument for this on behalf of Republicans.

The problem with being the majority party and trashing the healthcare system by not properly funding the exchanges right now and by creating all of this uncertainty is that prices go up, and everybody understands this. Barack Obama is not the President. He was river rafting when all of this was happening, and he deserves it. I am happy for him. He is not the President. So the idea is that you are going to sort of say: Well, we are going to cut Medicaid, cut opioid funding, and we are going to turn this into a big tax cut for people who are already doing well financially because that last bill was called ObamaCare. It had the word "Obama" in it.

Listen, Republicans and Democrats across the country may not be politically sophisticated like we pretend to be, but they are smart. They are thinking to themselves, I am a Republican, I am a conservative, but I don't care about Barack Obama anymore. He is gone. He is not the President. So if you sit there and tell me we need to slash funding for mental health services or slash funding for my community health center in a rural neighborhood, I don't care—your argument cannot be: Because ObamaCare, right? You can't be: Because ObamaCare.

Now you have a majority in the House, a majority in the Senate, you have the Presidency. So now Republicans own the healthcare system. So here we are trying to figure out a way where we can both own the healthcare system. We are acting like this is impossible to discover. We are acting like: Gosh, what way would we work where we can each sort of shoulder some of the political and policy responsibility, the personal responsibility for the American healthcare system?

There is a very simple answer to that. We just do this through the regular order. If you do this through the regular order—what that means is—it is interesting to me that the difference between now and, say, 6 months ago is people actually know what reconciliation is. They know there is a threshold for regular legislation of 60 votes to overcome a filibuster, but it is a really important point. The moment the Republicans decided to do this via reconciliation, that was tactical, and that was kind of technical, but what that meant was, they said: We have 52. We only need 51. We don't need to talk to you.

I understand that kind of rationale. You have 52 votes. You can give up actually two and have Vice President PENCE break the tie. That may be a judgment they made; I am not sure if they regret it or not.

So here we are. The way to take this off the table as a political liability for the Republicans is to get a bill that could get 60 votes because once it becomes a bipartisan enterprise, it cannot be a cudgel. We cannot beat each other up over it.

When the Affordable Care Act passed originally, one of the challenges we had as a political matter is that we had not a single, solitary Republican vote. I will take everybody at their word that they just couldn't vote for it because it was against their political ideology and their principles, but it also had the side benefit of, the moment a bill doesn't have the patina of bipartisanship—the moment only one party participates in a process—boy, do you own it.

So the question I have is, Do you really want to own the American healthcare system, whatever happens, good or bad? You become like the utility company. Nobody likes their utility company. The best thing that can happen, if you are a utility company, is the lights stay on and the rate of increase slightly slows. You are never going to have cheaper rates, right? And when you flip your light switch on and your lights go on, you don't say: Gosh, I am so pleased with my utility company. You ignore it.

The best thing that can happen is, you come up with a brilliant bill, without any Democratic support, and then everybody shrugs their shoulders and moves on. More likely you are going to own all the problems you are creating, and you are creating myriad problems. I just want to say, there are a lot of Democrats who are on the level about wanting to legislate here, and we will do it the moment repeal is taken off the table, the moment there is a commitment to public hearings, the moment there is a commitment to doing things through the regular order.

Now, those were not my prepared remarks, but that really matters to me. I really believe in the Senate. For all of our flaws, we are still the place that has to solve the problems. We are still the world's greatest deliberative body because we must be, because these are Federal problems and we are the Federal legislature so we have to fix this ourselves. There are only two paths; one is the partisan path, which is great peril for people across the country and great political peril, and then there is the path of statesmanship and stateswomanship—the path of us working together and being a Senate again. We can do that, but we have to decide that is what we want to do.

I am hoping we go home, we participate in our parades, we hang out with our families, we cook some burgers, we cook some hot dogs, and we think: You know what, I want to legislate again. That was the battle, that was tough, I

am angry, I am disappointed, I am relieved—it depends on who you are—but I would like to start legislating again, and I would like to do so in the regular order.

I am hoping that is what happens over the next week. If it doesn't, then

we will be ready to fight again, and I know there are literally millions of Americans who are not going to let up until this bill is dead.

I yield the floor.

ADJOURNMENT UNTIL TOMORROW

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

Thereupon, the Senate, at 7:20 p.m., adjourned until Wednesday, June 28, 2017, at 12 noon.