



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163

WASHINGTON, THURSDAY, JULY 27, 2017

No. 127

Senate

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

PRAYER

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

Let us pray.

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

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

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

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

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. STRANGE). The majority leader is recognized.

HEALTHCARE

Mr. McCONNELL. Mr. President, Americans have been hurting under ObamaCare. Senators took a big step toward moving beyond its failures with

the motion-to-proceed vote earlier this week. It allowed the Senate to proceed with this important debate. It allowed the Senate to work through an open amendment process.

Senators have considered proposals already, including some procedural motions from across the aisle. Senators will have the opportunity to consider many, many more amendments tonight. I know that colleagues in both parties are eager to do so.

I encourage Senators with healthcare ideas—whether Republicans, Democrats, or Independents—to bring their amendments to the floor. We have heard many different ideas on healthcare in recent months. Not every idea, of course, is a good one.

One idea from the Democratic leader is simply to throw money at insurance companies—no reforms, no changes, just a multimillion-dollar bandaid.

Another idea from many other Democrats is to quadruple down on ObamaCare with a government-run single-payer system. It is called single payer because there is one payer, or insurer, the government. Nearly every healthcare decision would be directed by a Federal bureaucrat. Taxes could go up astronomically. The total cost could add up to \$32 trillion, according to an estimate of a leading proposal.

We will vote on single payer this afternoon, and we will find out what support it enjoys in the Senate—especially on the other side of the aisle. We all know this is likely to be a very long night. It is part of a long process that has taken a lot of hard work from a lot of dedicated colleagues already.

One phase of that process will end when the Senate concludes voting this week, but it will not signal the end of our work—not yet. Ultimately, the goal is to send legislation from Congress to the President—legislation that can finally move us beyond ObamaCare's years of failures.

The President is ready to sign legislation. Congress will keep working to

pass it because we know the American people deserve better than ObamaCare. They deserve better than ObamaCare and its skyrocketing costs. They deserve better than ObamaCare and its plummeting choices. They deserve better than the job-killing regulations, crushing mandates, and collapsing markets ObamaCare has given them.

We all know this. We all know that the ObamaCare status quo hasn't been working for the people we represent. We have known it for literally years.

Many of us committed to voting for a better way on healthcare. That is what every Senator who supported the motion to proceed voted for on Tuesday.

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

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

AMERICAN HEALTH CARE ACT OF 2017

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

The senior assistant legislative clerk read as follows:

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



Printed on recycled paper.

S4349

A bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

Pending:

McConnell amendment No. 267, of a perfecting nature.

McConnell (for Daines) modified amendment No. 340 (to amendment No. 267), to provide for comprehensive health insurance coverage for all United States residents, improved healthcare delivery.

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

If no one yields time, time will be charged equally to both sides.

The Senator from Delaware.

Mr. CARPER. Mr. President, I spent many years of my life in Navy airplanes. I am a retired Navy captain. Senator ALEXANDER said something the other day about the fact that a pilot doesn't start up and take off in an airplane unless he or she knows what the destination is. I thought that was pretty interesting. It is true.

With respect to healthcare in this country, we have actually known for a long time what the destination is, and the destination is a combination of three things: better healthcare coverage for less money—and cover everyone. That is really our destination. It is not just the destination this year in this Congress; it has been our destination really since Harry Truman was President.

For some years, we have argued and disagreed about how to get to the destination. I don't think anyone would argue about the need to get to that destination, but the question is how.

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

The third piece of the Republican alternative to HillaryCare was the idea of an individual mandate, which basically said that everybody has to get coverage. If you don't, we can't make you, but you have to pay a fine. Over time the fine would go up.

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

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

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

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

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

I want to go back and revisit 2009 just for a little bit. There are those who believe that there was no bipartisan involvement and the ACA was just hustled through without a lot of thought or debate. As it turns out, I think we spent 80 days all total in the U.S. Senate in that Congress in 2009, debating the bill in committees—the two committees of jurisdiction. I served then and I serve now on the Finance Committee. We spent a heck of a lot of time in debates and markups where people had a chance to offer amendments, debate them. The Health, Education, Labor, and Pensions Committee spent a lot of time that year, 2009, similarly in bipartisan hearings, with bipartisan amendments, debate.

All totaled, I believe, over 300 amendments were offered in Senate committees of jurisdiction, and I am told that 160 amendments offered by Republican Senators were adopted and made part of the legislation.

I know our Republican colleagues believe that they were shut out of the process, but I think a closer review of that process in history would suggest that just wasn't so. Was it a perfect process? No. Could it have been better? Sure. You can always do things better.

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

In 2008, during that year's election, one of the things I learned was that we were spending in this country, as a percentage of GDP for healthcare, 18 percent of GDP. I have a friend who, when I ask him how he is doing, says: Compared to what?

I would just say: Well, what were the Japanese spending in 2008 as a percentage of GDP for healthcare? It was 8 percent. Think about that. Well, maybe we got better results; maybe people live longer in this country or we have lower rates of infant mortality than the Japanese. No, it is not true. They got better results. They spent half as much, and they got better results.

Well, maybe a lot of people in that country didn't have coverage and we covered everyone. Actually, just the opposite is true. They covered everyone. We had 40 million people who went to bed in 2008 without any healthcare coverage, and for a lot of them, access to healthcare coverage was the emergency room of a hospital.

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

What we came up with is a multifaceted approach, which includes that Heritage Foundation idea of the exchanges where people didn't have access to coverage. And the focus would be not just on spending money on people when they were sick, but to save us—not to have so much a sick care system, but to have a healthcare delivery system that focuses more on helping people to stay healthy and well, with a much bigger focus on prevention and wellness and frankly a focus on, for example, making sure people, when they reach the age of 50, get a colonoscopy and they don't have to pay a whole lot of money to get it because it would be part of their health insurance coverage.

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

She said: They are both deceased.

I said: Really? What happened?

She said: My mom died of colon cancer a number of years ago.

I said: Didn't she get the colon screening—the colorectal screening and all?

She said: No, no, no. She didn't like that, didn't want to do that. It costs a lot of money, and so she just didn't do it.

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

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

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

One of the reasons healthcare coverage in Japan—as a Naval flight officer, I flew a lot of missions in and out of Japan during the Vietnam war, and one of the things I learned about Japan is that, one, the people are very slender. In this country, about one-third of our people now are obese or on their way to being obese. Obesity is a great precursor, which says that this person is going to have healthcare problems and costly healthcare problems. There are a lot of people in this country who still smoke—not as many as before—but that is another predictor of people on whom we are going to have to spend a whole lot of money.

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

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

My mom, now deceased, lived until she was 82. She had dementia. She had arthritis. She had congestive heart failure. She had any number of ailments. My dad had passed away several years earlier. She lived near Clearwater, FL. We had people—my sister had people living with her to take care of her until later in her life. At one

time, my mom was seeing five or six doctors. They were prescribing a total of 15 medicines for her. I remember we had in her home something that looked like a fishing tackle box—my dad's fishing tackle box. You may have seen one of these. If you open it up, it has all these medicines in it to take before breakfast, with breakfast, after breakfast, before lunch, all the way to bedtime, and they are all set up and arranged. Fifteen different medicines she was taking from five or six doctors who never talked to each other. Nobody had any idea what was being prescribed for my mom. Nobody was coordinating that care. That is foolish. I know a lot of those medicines probably interacted badly with each other and hastened my mom's decline and death.

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

In Delaware, we just don't have electronic health records for healthcare—we have those all over the country now. One thing that came out of the Affordable Care Act was we put the pedal to the metal and said we want a whole lot more electronic health records being used that talk to each other for coordinated delivery of healthcare—better care. Delaware took it a step further. In Delaware, we have something called the Delaware Information Network, which I signed into law, authorizing it in my last term as Governor. I had no idea really what the potential was of what we were doing, but with some help from the Federal Government, we have now just a terrific utility, a terrific mechanism to help us take this idea of coordinating delivery of healthcare and put it on steroids and further improve the quality of healthcare.

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

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

When you are dealing with a subject that involves maybe everybody in the country and perhaps one-sixth of our population, this is one we ought to do together. We ought to do this together.

JOHN MCCAIN and I served during the Vietnam war. We came to the House of Representatives together, and we worked on normalizing relations with Vietnam. He was a Senator with John Kerry, and I was a House Member with a bunch of my colleagues over there.

JOHN MCCAIN stood right over here a couple days ago. We were all happy to see him back. We welcomed him back because we need him and his leadership. He said a number of times during his remarks that what we need is regular order.

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

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

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

On an issue that is this important, we need regular order because whatever the Republican ideas are—and hopefully we will find out what their ideas are today—we need to check the tires, take the time to find out what is good about it and what is not and fix it in committee, where Democrats and Republicans can offer amendments, debate them. That would be done in the Finance Committee and also in the Health, Education, Labor, and Pensions Committee.

That is what we ought to do. If we take that approach, we will end up with a better final result; rather than being a country that looks at other countries around the world, asking: Why does Japan get better results than

we do, spending half as much money and they can cover everybody—why is that?

I am proud of much of what we do in this country with respect to healthcare; in many ways, we are on the right track, but as I said, in everything I do, I know I can do better. We can sure do a better job on healthcare.

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

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

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

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

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

Do you know who else saves money? Uncle Sam, because we are paying a

significant amount of support to help make sure the exchanges envisioned all those years ago by the Heritage Foundation—to make sure they work.

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

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

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The minority leader is recognized.

THANKING THE SENIOR SENATOR FROM DELAWARE

Mr. SCHUMER. First, let me thank my colleague, the senior Senator from Delaware, not only for his remarks but for his constant, conscientious concern about this country in just about every area. Whenever he speaks, he has a great deal of thought behind it because he is always thinking. My guess is, he is thinking while he sleeps at night. He has so many thoughts. It also comes from a good soul and a good heart because he really cares about making this country better and is working together in a bipartisan way to do that whenever he can. I thank my colleague.

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

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

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

I want to put my colleagues on both sides of the aisle on notice, my Democratic and Republican colleagues, that they should prepare for numerous Democratic amendments if the skinny bill passes. With the skinny bill passing—I hope it doesn't, but if it does—it will not be the last vote. There will be many more after that to change it and to modify it. I want everyone to understand that.

I also want everyone in this body to understand the consequences of the skinny repeal. We Democrats asked the nonpartisan Congressional Budget Office to score the skinny repeal based on the four or five provisions of the bill that seem to be what the majority leader is considering: get rid of the individual mandate, get rid of the business mandate, get rid of the Cadillac tax, get rid of the tax on medical devices, and get rid of some of—I believe they considered getting rid of some of the essential healthcare provisions as well. Even if the bill is slightly different from the one we asked to be scored, the score will be pretty much the same.

To my colleagues on the other side of the aisle who are thinking of voting for this skinny bill, listen to what the CBO said, which is nonpartisan and headed by a Republican whom Senator MCCONNELL and Speaker RYAN agreed to appoint. The Congressional Budget Office said that a skinny repeal would cause 16 million Americans to lose insurance, and millions of Americans would pay 20 percent more for their premiums starting next year. Premiums would go up 20 percent—not 3 years from now but in January—according to the CBO.

Let me repeat that.

A skinny repeal means 16 million fewer Americans with insurance and premiums up 20 percent next year and will stay there. It is not that they go down later, as in one of these CBO estimates of one of the other Republican bills. They stay there, getting higher every year, with people paying more and more. The premiums will go up immediately, as early as January 1, as I mentioned—not 3 years forward but on January 1. One of the promises our Republican friends have made over and over is to bring down premiums, but a skinny repeal would break that promise, and the American people would see it in just 5 months.

Yesterday, a bipartisan group of Governors sent a letter that urges us away from a skinny repeal—these are the Governors, bipartisan—warning that it would “accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.” Republican Governors Sandoval and Kasich and a few other Republican Governors were on that letter.

Now, the argument from the Republican leadership is for Republicans to vote for this bill because they made a campaign promise to repeal and replace the Affordable Care Act. Yet I ask my Republican friends: Did you

promise the American people that you would raise premiums on everyone? I didn't hear that in the promises. That is what a skinny repeal does. Did you promise the American people that you would take healthcare away from tens of millions? I didn't hear that. That is what the skinny bill does.

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

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

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

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

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

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

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

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

this hot potato back and forth, back and forth, back and forth, and not getting anything done.

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

My Republican friends should listen to the wonderful speech that the man whom we admire gave—JOHN MCCAIN—when he came back. We should be working in a bipartisan way. My Republican friends, you should not be passing a bill that you do not support or believe in, that you pray will not become law. If you believe that this bill should become law, vote yes, but if you do not believe that the bill should become law, you vote no—plain and simple. Then we can resume in the Finance Committee and in the HELP Committee a bipartisan process of making the present healthcare system better, which needs to be done.

You do not vote to advance terrible legislation and hope that it will magically get better in conference. Let's not forget that, months ago, many House Republicans justified their voting for their nightmare bill because they thought that it would get better in the Senate. It has not gotten any better. In fact, it has only gotten worse, and a conference will be no different. Voting yes on a bill that you do not support just to get it to conference is an unserious way of legislating, particularly on this issue, but that is, so far, what the Republican leader is doing.

There may be no better example than the amendment offered by Senator DAINES, which favors Medicare for all. I cannot believe that this is happening, because all of the Republicans are going to vote against it. It is just pure cynicism, pure politics, and is not a serious effort to legislate and make things better when people need help. Senator DAINES does not support the bill. He just wants to get Democrats on the record. The majority leader has made pending an amendment that both he and the author of the amendment will oppose, and that is the very definition of a political game.

We Democrats are not going to go along, because this is not a game. This is not a joke. It is not hot potato. We are talking about people's lives. We do not have time for phony amendments or phony bills. You do not play games with the healthcare of the American people.

As I said, anyone who listened to the eloquent words of my dear friend from Arizona should blush at this process. His was a clarion call that both sides of the aisle can do better. He criticized his side for being partisan, and he criticized our side for being partisan. He is

right on both counts. We all can do better. Let's start. The Daines amendment does not do that. That is for sure. The only answer is to start over together, to work together through regular order, and to get some legislation that we can all live with.

RUSSIA SANCTIONS

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

Last night, the chairman of the Foreign Relations Committee here in the Senate said that he was ready to move the package quickly. That is what Senator CORKER said, and I am glad he did. I will work with the majority leader to send this legislation to the President's desk before the recess. We have already cleared this legislation on the Democratic side. We are prepared to move it by unanimous consent at any time.

I hope the White House signs this. This morning, the White House Communications Director said that President Trump may veto the legislation so that he could make a tougher deal with Russia than could Congress. The idea that the President would veto this legislation in order to toughen it up is laughable. I am a New Yorker, too, and I know bull when I hear it. If the President vetoes this bill, the American people will know that he is being soft on Putin, that he is giving a free pass to a foreign adversary who violated the sanctity of our democracy by meddling in our election and who seeks to undermine democracy and American life in any way he can. I hope and expect, if the President decides to use the first veto of his Presidency on this bill, that Congress will swiftly override it.

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

I suggest the absence of a quorum. The PRESIDING OFFICER (Mr. SUL-LIVAN). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

NDAA

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

The PRESIDING OFFICER. The Senator from Arizona.

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

understand his concern about the healthcare issue and the amendments and the process for moving forward and the necessity for doing so. I made my views very clear; I won't repeat that eloquent speech I made. I would just like to say to my friend from New York that we do have a bill that passed through the committee 27 to 0—not a single person against it—after many days of debate, amendments, discussion, including a couple hundred amendments that were disposed of in the tradition of the Armed Services Committee. I believe it is in everybody's interest to go ahead and take up the Defense bill so that we can go to conference and resolve other issues, such as sequestration, et cetera.

I understand the frustration my friend from New York feels, but where I have a disagreement with my friend from New York is saying that these two issues are inseparable. I believe that our obligation to the men and women in the military is transcendent.

I understand the frustration of the Senator from New York. I was here when, with 60 votes, the bill was rammed through over Republican objections without a single amendment. I understand his frustration.

What the majority leader and I are asking for is just that tomorrow we take up the NDAA bill. We can get it done in a few hours. We can send it to conference, take care of the equipment, training, all of the things the men and women who are serving in the military need.

By the way, I understand the emotion on the other side. I felt the same emotion on this side some years ago, and I haven't forgotten it yet. So I would hope—and I know the Senator from New York has to discuss with his conference this issue of the Defense authorization bill. I would remind him and all of my colleagues that for 53 years now, we have passed and had the President of the United States sign the Defense authorization bill. That is a precedent that I really hope we do not break, because of our obligation to the men and women who are serving in the military. I know the Senator from New York feels exactly the same way.

I am not impugning the integrity of the Senator from New York. I just ask that we consider it. I know the Senator from New York has to go back to his conference. I hope they all will consider it.

Let me just finally say, I note, for example, the Senator from Virginia here on the floor, who has been a vital part of the—no, not the other one; not him. Both have been vital members of the Armed Services Committee. Yes, we have our disputes. Yes, we have our arguments. Yes, we are spirited. But we come out unanimously in favor of taking care of the men and women in the military.

I hope the Senator from New York will consider this.

Mr. SCHUMER. Will my colleague from Arizona yield so that I can answer him before the majority leader speaks?

Mr. McCAIN. Yes.

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

I am repeating in my head, as many of us have, the speech our friend from Arizona gave when he came back, and we were all so joyous that he did. He talked about going to regular order. He talked about working in a bipartisan way. He talked about doing this healthcare bill the right way—with hearings, with debate, with amendment. Even I accepted his chastisement that we passed a partisan bill. He knows the record shows I didn't want to do that. But we did have debate and amendments. We had a process where six people—three from each party—spent 6 months trying to come to an agreement. They did not.

But I must say the reason that we must ask unanimous consent to go to the bill is because we are in reconciliation—the very process that has prevented us from debating, from having hearings, from having some kind of bipartisan input. I would say to my colleague, if you want to get rid of this reconciliation, fine. Let's recommit the bill to committee and start on a fair process, and we can go to NDAA immediately—in an hour—if we were to do that.

The reason we can't do that is our dear friend the majority leader is insisting on the reconciliation process. And you can't say—we can't, because we feel defense is important and we feel the healthcare of tens of millions of Americans is equally important. And we can't say you can turn on and turn off the reconciliation process when you want to and when you don't. What is good for the goose is good for the gander.

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

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

I spoke to Senator ALEXANDER, I spoke to Senator MURRAY this morning. If this bill fails, they will go back and try to negotiate bipartisan improvements—just as my good friend from Arizona recommended when he came back and gave his moving speech.

But my caucus—I have spoken to a few—feel very strongly that this process on healthcare has been awful, and it is because of reconciliation, and now reconciliation has put NDAA in a bind as well. Let's get rid of reconciliation, and we can do what the Senator from Arizona wants and what I think the American people want—a fair process.

I yield the floor.

Mr. McCAIN. Mr. President, reclaiming my time.

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

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Arizona.

Mr. McCAIN. Mr. President, I don't want to continue; our leader has important words to say. All I can say to the Senator from New York is, this is not the same. Defending the Nation is our first priority. That is what our Declaration of Independence says. That is the basis for all of our roles here. There are men and women who are in harm's way today, whose lives are in danger, who need this legislation in order to be better equipped and better able to defend themselves and this Nation.

I am asking for a few hours because, as my two colleagues over there will state, we passed this bill 27 to 0 through the Armed Services Committee. We fight. We argue. We insult. But the fact is, we come out with a product that we are proud of, and then all of us have support.

So all I am asking of the Senator from New York is if we could go off of this for a few hours, because we have basically an agreement on amendments, and get this thing to the President's desk so that he can protect and defend this Nation. That is all I am asking.

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

The PRESIDING OFFICER. The Democratic leader.

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

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

I yield the floor.

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

I yield the floor.

The PRESIDING OFFICER. The majority leader.

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

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

What I am saying to our colleagues on both sides of the aisle is when we

finish healthcare either the way I would like to finish it or the way our Democratic friends would like to finish it, we are going to try to turn to NDAA and accommodate the chairman's schedule and give him an opportunity to finish that bill while he is here. That is the issue.

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

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

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

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

Why would I say it needs to be done at the same time? There was a time in the past where we might have just repealed it and said: In 2 years, we may come up with an answer. But we can't do that now. Conditions have changed in Tennessee. Our State insurance commissioner, Julie McPeak, says our individual insurance market is "very near collapse." That means that up to 350,000 individuals in our State—songwriters, workers, farmers—who buy their insurance on the individual market are sitting there worrying in July and in August whether they will have any option to buy insurance in 2018.

So I don't think we can wait 2 years to repeal and replace ObamaCare, which is why I voted twice on Tuesday to do it now and why I voted against an amendment yesterday that said: Repeal it now and replace it in 2 years, if you can. I don't think Tennesseans would be very comfortable canceling insurance for 22 million Americans now and saying: Trust Congress to find a replacement in 2 years. Pilots like to know where they are going to land when they take off, and so should we.

We are proceeding ahead with our debate on the healthcare bill. It may be a little convoluted for people watching from the outside, but it is fairly straightforward. The House of Representatives has gone through a series

of processes in committees and votes, and it passed a bill to repeal and replace ObamaCare now, to do both now. The Senate has been working for 6 months not just to repeal ObamaCare but to repeal and replace it now.

There is some urgency about this. We have millions of Americans who are worrying they may not be able to buy insurance in 2018. That is a very personal worry for millions of Americans. They want us to address it now, not 2 years from now.

How do we do that? Well, later today we will have an opportunity to vote for a bill which will take us to the place called a conference committee with the House of Representatives, where we can get a solution to our goal of repealing and replacing ObamaCare now. It is being called a skinny bill because it won't have much in it. It is not a solution to the Affordable Care Act problems, but it is a solution to how we get to a place where we can write the solution to the Affordable Care Act problems. And it is wide open. For those who want to watch late into the night or early into the morning, we are here. We will be offering amendments. People can see that. When we move to the conference committee with the House of Representatives, historically those deliberations have been open. People can watch that. They can see that. That will take place over the next several weeks.

After the conference committee agrees—if it does—on a bill to repeal and replace major parts of the Affordable Care Act now, not in 2 years, then it goes back to the House and back to the Senate for debate and approval on an up-or-down vote.

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

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

I am convinced that if we can move this process to a conference committee today, between the House of Representatives and the United States Senate—which is part of our regular procedure—we will be able to agree on a way to improve the Affordable Care Act. What that means is that we will repeal major parts of it, and we will replace those parts with parts that work better, parts that give Americans more choices of insurance, that give 350,000 Tennesseans in the individual market some peace of mind to know they will actually be able to buy insurance next

year, whereas if we don't act, many of them won't be able to, just like millions of Americans may not be able to.

If we do not act, there will be counties in the United States where some of the most vulnerable Americans will have zero insurance options in 2018, no support to buy insurance, and if they don't get a subsidy from the Federal Government, a hard-working American who might be earning \$50,000 or \$60,000 a year—no Federal subsidy—that person will have insurance so expensive, with such high deductibles, they won't be able to buy insurance either.

So I think we are on a path toward a solution, and the solution means, No. 1, that we move the debate out of the Senate this afternoon on to the conference committee and that our goal when we get there is to repeal major parts of ObamaCare, the Affordable Care Act, and replace those parts with provisions that transfer responsibilities to the States to make decisions that give consumers more choices of health insurance at lower costs. That is a noble goal, one we are pursuing, and one in which I hope we succeed.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, life is at its core a series of votes. We forget the mundane choices: what we wore to work or what we had for lunch last week. We remember the momentous choices, however: taking a new job or starting a family.

My colleagues in this Chamber on both sides of the aisle are here because they chose to answer the call of public service, and folks in our States chose us to represent them. Week in and week out, we choose how we will vote in committees, on the floor, on nominees, as well as on legislation. We choose to cooperate when we find consensus, and we choose to resist when we don't. We cast hundreds of votes every Congress, year in and year out. Some are memorable, and some are not.

One of the most memorable choices of my career in public service was voting for the Affordable Care Act—a bill that, while imperfect, I knew would literally save thousands of lives and help millions of Americans afford the health insurance they need. In the months and years since, I have heard countless stories from Michiganders whose lives were changed for the better as a result of this law.

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

In December 2015, Stefanie's third-floor apartment caught fire, and an unthinkable choice was forced on her: Stay and die in the fire, or leap from a third-floor window in order to save her

life. Stefanie chose to jump. She sustained serious injuries, including a broken back and a shattered foot. Her total treatment costs came close to \$700,000—an amount which would surely bankrupt nearly all Americans if they did not have health insurance. Because of the Affordable Care Act, Stefanie was able to receive treatment for her injuries and have a second shot at her life.

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

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

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

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

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

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

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

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

The PRESIDING OFFICER. The Senator from Vermont.

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

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

That legislation also cut Medicaid by \$800 billion over a 10-year period. That means children with disabilities in Alaska or Vermont who are now on Medicaid might no longer be able to get the help they need in order to survive or to live a dignified life. At a time when Medicaid provides two-thirds of the funding for nursing homes all over this country, it means that if the Republican legislation were to succeed, we don't know, but thousands and thousands of people all over this country with Alzheimer's, with terrible illnesses, who are now in nursing homes would be thrown out of their nursing homes.

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

Right now in my State of Vermont and across this country, we are dealing with a massive heroin and opioid crisis. Every day, people are dying from heroin, opioid overdoses. It turns out that Medicaid is the major source of funding in terms of treating heroin and opioid addiction.

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

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

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

Two and a half million women have made a choice. The choice they have

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

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

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

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

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

Who in America believes that it makes sense to throw disabled children off of health insurance and tell people with cancer that they can't continue to get the treatment they need in order to get \$300 billion in tax breaks for the top 1 percent and hundreds of billions more in tax breaks for insurance companies and drug companies?

Do you know what? My Republican colleagues may think that is a good idea. That is not what the American people believe. The latest poll that I saw, the USA Today poll, had 12 percent of the American people thinking that was a good idea. I can only believe those 12 percent had not really looked at this issue. There is massive opposition from Republicans, Democrats, and Independents to this absurd Republican proposal.

It is not just the American people who think that it is absurd to give tax breaks to the rich and throw 23 million Americans off their health insurance. It is not just the American people. It is

those people who are most engaged in healthcare in America—the people who know the most.

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

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

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

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

How do you deal with one-sixth of the economy and their desire to transform the American healthcare system without listening to one doctor, without listening to one hospital administration, writing a bill with a few Republican Senators behind closed doors?

This is an unprecedented and disastrous process for healthcare. On those grounds alone, what every Member of this Senate should agree to—and Senator McCAIN made this point; this process has been awful. Kill it now. Go back to what is called regular process, regular order. Go back to the committee and start this discussion. Please do not throw 22, 23 million people off of health

insurance without hearing from doctors, patient advocates, hospital administrators.

No, that is not where the Republicans are today. They want to rush this through behind closed doors and get a quick vote on it.

Interestingly enough, as I understand it, Senator DAINES of Montana today is going to introduce legislation for a Medicare-for-all healthcare system. That is very interesting. I hope this is really a breakthrough on the part of my Republican colleagues. I very much hope they finally recognize that maybe the United States of America should join every other major country on Earth in guaranteeing healthcare to all people as a right and not a privilege.

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

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

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

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

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

As you may or may not know, our current healthcare system is the most

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

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

The United States spends far more per capita on healthcare than any major country on Earth. We often have worse outcomes. If we go back to regular order, if we go back to committee process—which is what we should do—the very first question a Member of the Senate should ask is, How does it happen that here in America we spend far more per capita on healthcare than do the people of any other country? Here is the chart. The United States is spending \$9,990 per person on healthcare, almost \$10,000 per person on healthcare. What do they spend in Germany? Well, they spend \$5,300, almost half of what we spend. What about Canada? I live 50 miles away from the Canadian border. It is a really nice country. They spend \$4,533. How does it happen that we are spending more than double per person compared to the Canadians and almost double what the Germans do? The French spend less than half of what we do. Australians spend less than half of what we do. The Japanese spend less than half. The UK spends about 40 percent less.

Don't you think the very first question a Member of the Senate might ask is, Why do we spend so much compared to other countries? By the way, all of these other countries guarantee healthcare to all of their people. In many instances, the outcomes, the

health outcomes in those countries, are better than our country. They live longer. The life expectancy is longer. Their infant mortality rate is lower. In some particular diseases, they do better in treating their people. Here is a simple truth. The truth is, if we took a hard look at countries around the world—all of which have one form or another of national healthcare programs, all of which said healthcare is a right, whether you are rich or you are poor—maybe we might want to learn something, but, no, we have not had one hearing in order to discuss why we spend twice as much per capita on healthcare and why we pay the highest prices in the world for prescription drugs.

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

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

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

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

Australia versus \$4,300 in the United States. An appendectomy costs about \$5,200 in Australia versus roughly \$14,000 in the United States, et cetera.

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

What all of this comes down to is the fact that America is the wealthiest country in the history of the world. The question we have to ask ourselves—and I hope Senator DAINES will address that question as he introduces his Medicare-for-all bill—is how does it happen that in Canada, every man, woman, and child is guaranteed healthcare? The same is true in the UK, in Germany, France, Australia, Japan, and every other major country on Earth. How does it happen that every industrialized country understands that healthcare is a right of all people, because all of us get sick? All of us have accidents, not just the rich. How does every major country on Earth say healthcare is a right except the United States? How is it today we have 28 million without any health insurance—more who have high deductibles and high copayments, who are underinsured—and the response of our Republican friends is to say: Twenty-eight million uninsured? That is not enough. Let's throw another 22 million people off of health insurance.

Our response should be to move forward and guarantee healthcare to all people, not throw another 22 million people off of health insurance. I don't have the time to go into great detail as to why our wasteful and bureaucratic healthcare system ends up spending almost twice as much per capita as systems around the world. That is a subject for a lot of discussion, and I intend to play an active role in that discussion, but let me just give you some examples: because we have such a bureaucratic and complicated system; because hospitals in America have to deal with this person who has a \$5,000 deductible, that person who has an \$8,000 deductible; this person who has this, that person has that—they have to deal with dozens and dozens of different configurations for insurance. It requires an enormous amount of time, energy, and manpower to deal with those myriad of insurance companies. The result of that is, the United States spends far more on hospital administrative costs than most other countries. These costs accounted for one-quarter of total U.S.

hospital spending from 2010 to 2011, more than \$200 billion—over twice what was spent in Canada and in Scotland.

What I would hope—if we don't sit around just worrying about the profits of the insurance companies—what I would hope is, all of us would agree that when we spend a dollar on healthcare, we want that dollar to go to doctors, to nurses, to medicine. We want that dollar to go to the provision of healthcare, not to advertising, not to profiteering, not to dividends, not to outlandish CEO insurance company salaries but to the actual provision of healthcare which keeps us well. Yet we do that worse than any other major country on Earth.

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

In 2015, the top 58 health insurance companies made \$24 billion in profits. Should the function of healthcare in America be to allow insurance companies to make huge profits or should we make sure all of our people get quality healthcare? Not only do the insurance companies make huge profits, but their CEOs make outlandish salaries, while 28 million Americans have no health insurance at all, and others have very high deductibles. In 2015, Aetna's CEO made \$17.2 million in compensation. Now, Aetna, like every other insurance company, spends half their life trying to tell people they are not covered for what they thought they were covered, but they do manage to find \$17 million in salary compensation for their CEO. CIGNA's CEO made \$17.3 million in compensation. UnitedHealth Group's CEO made \$14.5 million in compensation. Anthem/Wellpoint's CEO made \$13.6 million. Humana's CEO made \$10.3 million. Is the function of healthcare in America to make CEOs of insurance companies outlandishly wealthy, or is it to provide healthcare to all people?

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

We are the only major country on Earth not to control the prices of the pharmaceutical industry. The result is—and this is an outrage, and it speaks to everything that should be discussed but which is not being discussed in the Republican bill—is that

today, one out of five patients under the age of 65 who gets a prescription from their doctor is unable to afford that prescription. How crazy is that? What kind of dysfunctional healthcare system allows somebody to go to a doctor because they are sick, the doctor writes a prescription, and one out of five Americans can't even afford to fill that prescription. What happens to that person? Well, the likelihood is they get even sicker, and then they end up in the emergency room at outrageous costs or, maybe even worse, they end up in the hospital. How crazy is that?

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

Lantus, a diabetes drug, costs \$186 in the United States. Diabetes is a very serious problem. Lantus costs \$186 in the United States and \$47 in France. It is the same drug.

This is a healthcare reform debate. I have yet to hear one Republican raise that issue, but I think the people in Iowa and the people in Vermont want us to raise that issue.

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

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

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

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

To give an example of the greed of the pharmaceutical industry—and I can go on and on. They are the greediest, maybe with the exception of Wall Street. It is hard to determine which one of these institutions is more greedy, but the pharmaceutical industry certainly can make a claim for being the greediest industry in this country. Out in California a few months ago, there was an effort to lower the cost of prescription drugs in their State. It is called proposition 61. The big drug companies spent \$131 million to defeat that ballot initiative—\$131 million to defeat a ballot initiative in California that would have lowered the cost of prescription drugs. And all over this country, the American

people cannot afford the medicine they need, but the drug companies had \$131 million to spend just on one initiative.

Meanwhile, while the American people are getting sicker and sicker and sometimes dying because they cannot afford the medications they need, I have received—and I think every Member of the Senate has received—communications from oncologists, people who are dealing with patients who have cancer, who are saying: My patients cannot afford the high cost of cancer medicine. And it is not just cancer, of course.

While the American people are getting ripped off by the drug companies, in 2015 the five largest drug companies in America made over \$50 billion in profits—five companies, \$50 billion in profits. Yet one-fifth of the American people cannot afford to buy the prescriptions they need. How outrageous is that? And my Republican colleagues are telling us they are dealing with healthcare reform without mentioning one word about the high cost of prescription drugs. Give me a break. You are dealing with many things, but you are not dealing with healthcare reform.

Again, it is not just the pharmaceutical companies that are making huge profits; we are seeing executives from these large drug companies making outrageous compensation. In fact, in 2015, the top 10 pharmaceutical industry CEOs made \$327 million in total compensation. Elderly people walking to the drugstore can't afford the prescription drugs they need, and yet CEOs of major drug companies are making \$327 million in total compensation.

Former CEO of Gilead, John Martin, became a billionaire because his drug company charged \$1,000 a pill for Sovaldi, a hepatitis C drug that costs \$1 to manufacture and can be bought in India today for just \$4. In this country, it sold for \$1,000 a pill, and he became a billionaire as a result of it. That is a healthcare system out of control.

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

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

I want to say a word about freedom. This is a 203-foot yacht. This is a yacht owned by a billionaire that costs about \$90 million to purchase. Like everybody else, I think, in this Chamber, I think the American people—every American should have the freedom to purchase this \$90 million yacht, and I would urge all Americans to go on the internet, find out where the yacht stores are—wherever they sell yachts—and go out there and say: Hey, I got the freedom to buy this \$90 million yacht. We all believe in that. You got the money; you buy it.

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

You know, I think every American who wants to own a home worth tens and tens of millions of dollars, go to your local Realtor. You go out and you buy that home.

What we are talking about today in terms of freedom is not freedom to buy a yacht or freedom to buy a mansion; we are talking about the freedom to stay alive, the freedom to be able to go to the doctor when you are sick, the freedom not to go bankrupt if you end up in the hospital with a serious disease.

So when my Republican friends talk about freedom of choice, fine, we all agree: You got the money, you go out and buy any big house you want or buy any big yacht you want. But where there is a serious disagreement is, we say that the children of this country who have serious illnesses have the freedom to stay alive even if their parents do not have a lot of money; that older people who are now in nursing homes should have the freedom to get dignified care in a nursing home even if they have Alzheimer's and even if they don't have a lot of money. Healthcare is not another commodity. Healthcare is not a mansion. Healthcare is not a yacht. Healthcare is whether we stay alive or whether we don't, whether we ease our suffering or whether we don't. And I believe—unlike, unfortunately, many of my Republicans—that right to get healthcare when you need it is something every American should be able to get.

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

Senator DAINES is going to come down here in a while to offer a Medicare-for-all proposal. Again, I hope this is a breakthrough. I hope our Republican colleagues understand that we have to join the rest of the industrialized world. And if Senator DAINES comes down here and is prepared to

vote for that legislation, prepared to get his other Republican Senators prepared to vote for that legislation, my God, we can win this vote overwhelmingly and move this country in a very different direction.

But I have a feeling that is not what Senator DAINES has in mind. I think this is another joke, another game, another sham as part of a horrendous overall process. So I will not be supporting that amendment, unless Senator DAINES and Republicans vote for it as well. But this I will do: Whether in this debate—and I hope I have the opportunity—or in the very near future, I will offer a Medicare-for-all, single-payer program which finally has the United States doing what every other major country on Earth does—guarantee healthcare to every man, woman, and child in a cost-effective way. And when we do that and when we eliminate the need for families to spend \$15 or \$20,000 a year for health insurance, we will save the average middle-class family substantial sums of money.

I yield the floor.

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

Mr. MORAN. Madam President, I come to speak about healthcare, and I begin by paying tribute to our colleague from Arizona, Senator MCCAIN, on his return earlier this week. I wish him the very best as he begins a process of cure, treatment, and a bright future in his life. I appreciate the remarks he indicated that were so heartfelt to his colleagues here in the Senate. We welcome him back and thank him for his service to the Senate, to the people of Arizona, to the people of America, but I also thank him most especially for his service in the U.S. military.

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

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

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

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

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

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

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

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

With Choice, the funds that they had anticipated would last until January now will run out sometime in August—we think in the next couple of weeks. Those depleted funds will mean that Kansas veterans and veterans across the country who have been using the Choice Program will no longer be able to, and it means that those who could use the Choice Program into the future will be without that option. We run the real risk—the likelihood is almost a certainty—that the Choice Program will be discontinued in a matter of days.

I chair the Appropriations Subcommittee that funds the Department

of Veterans Affairs, and when I learned of the budget miscalculations, we immediately contacted the Secretary of the Department to get his understanding of the circumstance that we were in. We only learned of the shortfall after we learned that veterans at home were being denied access to the Choice Program. The Secretary had made a decision to reduce those veterans who are eligible. We asked him to withdraw that guidance to his regional officers across the country, and he did. However, when the Secretary then testified before our subcommittee, the subcommittee on Military Construction, Veterans Affairs, and Related Agencies, we learned that new guidance had been issued because of the fear of depleting those dollars. It again limited the access of veterans to the Choice Program.

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

Dr. Shulkin of the VA recognized that their projections and budgeting were off and must be fixed. I hope that turns out to be the result and that we have a better ability at the Department of Veterans Affairs to make the calculations necessary for Congress and the Department to make wise decisions. The system has to be fixed, and it has to be fixed quickly. There is an immediate crisis.

One of the things that now happens as a result of reduced use of Choice is that the networks that were created to support Choice—the third-party administrators of the Choice Program—because of a lack of volume, are no longer financially viable to stay in the business of being the network to connect the VA, the private sector, and the veterans in a way that cares for those veterans, gets them their appointments, and establishes the payment process by which the provider—the physician or the hospital—is paid.

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

It will not happen. Choice will be gone.

There are big consequences at play for the future of community care. The funding crisis and the inability to sustain Choice risk shutting down—shutting—the entire networks, and it will diminish the faith that veterans and our providers were slowly beginning to have in the Choice Program.

Early in the Choice Program, many veterans were discouraged because of the bureaucracy and paperwork associated with Choice. Providers then were not often paid in a timely fashion, and they became discouraged by the program. In recent months, that confidence in the program had returned as veterans were beginning to get their care at home, and providers were being paid for the services that they provided veterans. Now, if the third-party administrators—the network—go away, we will send one more message to veterans and to those who wish to serve them—the healthcare community—that the program is not a viable or a valuable one.

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

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

My point to my colleagues here today is that we do not have the luxury of then trying to figure out something different to do than what the House sends us. We need to have our plan in place, and we need to have something that can pass both the House and Senate in the next 2 days. I want to motivate my colleagues to do what is right for veterans and set aside the differences that have prevented the necessary cooperation to see that we have one bill that can pass both the House and Senate and save Choice.

I stood here in 2014 to implore my colleagues to support the passage of the Choice Act in the first place, and I stand here again today to implore my colleagues to come together and support the passage of this critical funding for the continuation of the Choice Program and community care for veterans. I am here to make certain that we end the delays and find a way to understand the differences and accept that we must act quickly on behalf of veterans. It has to happen immediately. We owe our veterans better than what we have been providing them.

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

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

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

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

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

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

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

Madam President, I thank you for the opportunity to address the Senate. The PRESIDING OFFICER. The Senator from Arizona.

WOUNDED OFFICERS RECOVERY ACT OF 2017

Mr. FLAKE. Madam President, I come to the floor to pass the Wounded Officers Recovery Act. This legislation comes after last month's terrible

shooting at the Republican practice for the annual Congressional Baseball Game.

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

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

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

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

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

I wish to thank the cosponsors here in the Senate, including Senator PAUL, Senator DONNELLY, Senator MURPHY, and all of those who played in the congressional baseball game, also, in the House, the managers of the Republican and the Democratic teams respectively, Joe Martin and MIKE DOYLE.

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

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

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

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

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