There being no objection, the Senate proceeded to consider the bill.

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

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

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

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Wounded Officers Recovery Act of 2017”.

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

(a) AUTHORIZING PAYMENTS FROM FUND.—

Section 2 of Public Law 105–223 (2 U.S.C. 1952) is amended—

(1) by the section heading, by inserting “AND CERTAIN OTHER UNITED STATES CAPITOL POLICE EMPLOYEES” before the period at the end;

(2) by striking “Subject to the regulations” and inserting “(a) IN GENERAL.—Except to the extent used or reserved for use under subsection (b) and subject to the regulations”;

and

(b) FAMILIES OF EMPLOYEES OF THE UNITED STATES CAPITOL WHO HAVE SUSTAINED SERIOUS LINE-OF-DUTY INJURIES.—In addition to the amounts paid under subsection (a), and in accordance with the regulations issued under section 2(b), amounts in the Fund may be paid to—

(1) families of employees of the United States Capitol Police who were killed in the line of duty;

and

(2) employees of the United States Capitol Police who have sustained serious line-of-duty injuries.

(c) REGULATIONS OF CAPITOL POLICE BOARD.—Section 4 of Public Law 105–223 (2 U.S.C. 1954) is amended—

(1) by striking “The Capitol Police Board” and inserting “(a) IN GENERAL.—The Capitol Police Board”; and

(2) by adding at the end the following new subsection:

“(b) REGULATIONS GOVERNING PAYMENTS FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.—In carrying out subsection (a), the Capitol Police Board shall issue specific regulations governing the use of the Fund for making payments to families of employees of the United States Capitol Police who were killed in the line of duty and employees of the United States Capitol Police who have sustained serious line-of-duty injuries (as authorized under section 2(b)), including regulations—

(1) establishing the conditions under which the family of an employee or an employee is eligible to receive such a payment;

(2) determining for the amount, timing, and manner of such payments; and

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

(c) TREATMENT OF AMOUNTS RECEIVED IN RESPONSE TO INCIDENT OF JUNE 14, 2017.—The second sentence of Public Law 105–223 (2 U.S.C. 1951) is amended by striking “deposit into the Fund” and inserting “deposit into the Fund and”.

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

The bill was read the third time.

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

AMERICAN HEALTH CARE ACT OF 2017—Continued

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, I want all my colleagues and everyone listening right now to be very clear about what Republican leadership is planning for today. Faced with defeat after defeat on their plans to rip apart our healthcare system—“no” on a bill that would spike family premiums, gut Medicaid, defund Planned Parenthood, and end Medicaid as we know it, defund Planned Parenthood, and kick tens of millions of people off their coverage—a bill that would, in other words, shatter the promises of more responsible Republicans who I know are deeply concerned about ways these outcomes would impact the people they serve.

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

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

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

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

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

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

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

SEPARATION OF POWERS

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

I gave my promise then because, despite the lazy, partisan rhetoric of this city, is actually fed between Republicans and Democrats. That is because American politics at its best is acutely aware of the difference between justice and strength. That is because when our body by the Constitution’s architecture of separate powers, both vertically and horizontally.

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

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

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

Madam President, with respect to the healthcare debate that we are having in this body, while I obviously look for an opportunity to consider any and all amendments offered by my colleagues, both Republicans and Democrats, the basic trajectory of where we are in healthcare has not changed. We should all be disappointed by where we find ourselves.

Here is what I mean. It is very likely that in the coming decade, basic math is going to force Americans and those who will serve them in this and other institutions of government—they are going to be forced to choose between two paths. This isn’t that hard to see. We are ultimately going to choose between single-payer, socialized medicine—something I think is terrible policy, but it is intellectually coherent—or we are going to build the innovative, disruptive system of consumer-based health insurance that actually goes with consumers and patients and Americans and taxpayers across job and geographic change. We are ultimately going to make a choice.

Sadly, this is our last opportunity. We are not making the big choice now. We are making a choice between a couple of small options. We have forks in front of us that are, I think, really important. I have one constituent at home, who also happens to be my wife, who when she checks in on the processes of Washington, she regularly says: Both of your political parties are so gross. She is dissatisfied, like so many of the constituents who call us and come to our offices, with the fact that we are not debating the real stuff around here. We are making a choice between two small, pretty crappy options, when really the big choice that is in front of us now is bureaucrats and politicians who are choosing between single-payer, socialized medicine and everything else on the Federal budget—the two choices before us aren’t really that hard to see. We are ultimately going to migrate toward a European-style single-payer system, where government will be more effective at controlling costs, but it will do it by crowding out lots and lots of the private sector. We are either going to have single-payer healthcare or eventually we will create a system where you have portable, affordable insurance.

We have none of those things today. We have no portability today. You can’t take your insurance policy with you across job and geographic change. When I change jobs, I don’t lose my life insurance. I don’t have to cancel my car insurance because I changed jobs. But we are still living on a system that launders our insurance, which is really mostly the collectivized prepayment of mostly predictable medical expenses. We are still living on a system from the 1940s. So you have to do that through your large employer group. You can’t do it in the small market or as an individual. So we don’t have portability, and we all know we need portability.

We did this 30 years ago in pensions. We used to also launder through a tax accident where, when people were pre-retiree and job, through their whole career, they had a defined benefit pension plan. It worked when you worked at the same place from high school graduation to retirement. It doesn’t work when the average duration at a job for the American is now under 4 years. So we did the hard work of reforming a pension system from a defined benefit to a defined contribution, tax-protected, portable 401(k) plan.

Obviously, we all know that if we are not going to end up in socialized medicine, we should have portability in our health insurance benefits. We should have farmers and ranchers in the President’s Office’s State or in my State able to keep their insurance that they have. We should have the individual mobile workers who are going to change jobs even faster than every 4 years to not become uninsured for 4 to 6 months every fourth year when they change jobs. This is No. 1 driver of uninsurance in America today.

To listen to pundits screaming on TV, you would think that somehow their TV screen was so many stickier, so many poorer Americans that that is why we have had arcing uninsurance since 1990. But that is not true. We don’t have more poor people and we don’t have more stick people. Uninsurance went up from 1990 to 2009 because people change jobs more rapidly, and every 4 years when they change jobs, if they have a 4- to 6-month period of uninsurance, that is when they get the breast cancer diagnosis, or probabilistically that might be when they get in the car accident. So now they become the pre-existing condition population 5 and 10 and 15 years from today.

This isn’t rocket science. Uninsurance has grown in America over the last 25 years because we change jobs more and we have a stupid, clunky system from 60 years ago that we still launder through a tax accident. We should have portability. We should have affordability. We should have a real debate in this body about why so many Americans feel that they are a defined benefit pension plan. It worked when they had a defined benefit pension plan. It worked when they had a defined benefit pension plan. It worked when they had a defined benefit pension plan. It worked when they had a defined benefit pension plan. It worked when they had a defined benefit pension plan.
farming families in counties where there is only one insurer, where premiums are now north of $20,000 a year for the insurance market.

Stop pretending this is in any way affordable.

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

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

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

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

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

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

Everybody in this body wants every American to have health insurance, and everybody in this body should also want a health delivery system where the average American family living on middle-class income could afford to buy their healthcare without potentially going broke or needing to become a ward of the State in the form of welfare. We should be having that debate. We should have a debate about portable insurance, or about insurance, versus socialized medicine. I am against socialized medicine, but people who want to advocate for it have an intellectually coherent position. That is the debate we should be having. Instead, we are going to kick the can down the road and have another small-ball debate. This is a lost opportunity for the American people, and it kind of makes a sham of the joke that this is the greatest deliberative body on the face of the Earth.

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

The PRESIDING OFFICER. The Senator from Oregon.

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

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

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

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

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

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

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

My colleagues today are planning to push forward a bill tonight, we are told, that creates a death spiral insurance. Who pays the price? Who pays the price? Our Nation pays the price with an estimated 16 million people who would lose insurance. We are talking about those who have to have the peace of mind that if their loved one gets sick, they will get the care they need. We are talking about Americans who have every desire to know that if their loved one gets into a bad car accident, it cannot be covered. But all of that is at risk tonight.

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

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

Mr. President, I yield the floor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I yield the floor.

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

The PRESIDING OFFICER. The Senator from New Mexico.

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

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

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

The shockingly rushed and secretive effort on display this week in the Senate and to the American people, President Trump and Republicans in Congress don’t have any real solutions to improve our Nation’s healthcare system. After months of negotiations behind closed doors, when Senate Republicans released their secret TrumpCare bill, its contents proved too harmful for passage, even among themselves. Stuck without a path forward, their latest idea is to pass a small backroom deal before sundown today—which no one has seen yet—and then go to conference with the tea party and the Freedom Caucus in the House of Representatives.

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

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

These New Mexicans and millions of other Americans will be harmed if this bill becomes law.

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

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

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

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

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

The PRESIDING OFFICER. The Senator from Colorado.

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

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

Mr. BENNET. Mr. President, I thank my colleagues from New Mexico, my neighbors, for being here.

I thank the Presiding Officer for his statement. As usual, he is pointing the Senate in a direction that we should be headed.

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

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

It may be that the debate we are going to have is as binary as the President Officer was saying. Maybe it is a debate about single payer versus what he described as more consumer based.

Maybe we are not in between. America has a way of trying to figure those kinds of things out—or at least we have historically.

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

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

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

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

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

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

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

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

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

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

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

When Democrats couldn’t convince any of us

That is, Republicans—

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

He continued:

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

So I say to the Republicans and Democrats who are here today, maybe it isn’t a great idea because they can’t even get the Republican votes. They haven’t just a Democratic bill. They haven’t gotten the Republican votes to repeal and replace, even though they have run on this for 8 years. They had to bring the Vice President here to cast the deciding vote because we were tied. What a shame for the Senate not to do its work and to rely on the executive branch to come here and supply that vote.

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

I disagree with the facts they presented. I understand that impulse of writing a bill in secret—listen to this folks—not having a single committee hearing—not one committee hearing in the Senate. Talk about ‘read the bill.’

How about having a bill that is written down that we can read it? Where are my brethren in the tea party who wanted to read the other bill? There was a bill then. There had been a bill for a year and a half.

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

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

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

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

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

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

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

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

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

NDAA

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

Three weeks ago, after a lot of debate in committee, after a lot of hard work, debate between Republicans and Democrats, the draft NDAA of 2017, the National Defense Authorization Act—focused on our national security, focused on our troops—passed out of the Armed Services Committee to the floor, a very bipartisan bill, a very important bill, and a very important bill for the country to move on after the healthcare debate. So the majority leader and the chairman of the Armed Services Committee had a very simple request of the minority leader this morning when I was in the chair presiding, and the request was: Once we are done for now—because it is going to continue with the other healthcare debate, we have done for a long time—once we complete the business we are undertaking for the next several hours on the healthcare debate, that we move forward to debate and pass the NDAA of 2017. It is a pretty simple request, a very reasonable request.

This bill, like healthcare, is extremely important for the Nation, for our troops, for national security. On a personal note, it is particularly important to many of our Members, the chairman of the Senate Armed Services Committee, Senator MCCAIN of Arizona. We all know him. Americans
know him. He has been a mentor to many of us, a leader, certainly an American hero who has sacrificed immeasurably for our country. In another of a series of heroic acts by the Senator from Arizona, he returned to the Senate this week after announcing that he is fighting cancer. Senator McCain is a fighter. He is going to win this fight, but he is going back to Arizona very soon for treatment.

So many of us—but especially the chairman of the Senate Armed Services Committee who did more than anyone to move that bill forward in such a bipartisan way—want to take up the NDAA after the healthcare debate. It is pretty simple, pretty reasonable, and really good for the country: finish the healthcare debate for now with this open amendment process that we are beginning already on the floor, then turn to the NDAA after and debate that. It is good for our troops, good for our national security, and it would show respect to the chairman of the committee who has done more for his country and more to advance this important bill than anyone else.

I hope all of my colleagues—this shouldn't be a partisan issue—can agree that. Unfortunately we are hearing rumors that the other side is saying: Unless we vote against any healthcare bill to continue to move forward, unless we vote against it to move forward, then they are not going to take up the NDAA. Now, does that make any sense? We are going to debate healthcare. That is really important, but now we are hearing the other side saying: If they don't get their way in the debate, then forget about it. We are not going to take up the bill that authorizes the training and equipping and the policies of the U.S. military. Does that make any sense?

The answer to everybody—everybody in the Senate Chamber, anyone watching TV—is it makes no sense. These are not connected. These are not connected issues.

Is playing politics with our troops, tying it to another bill, any way to advance the national security and the welfare of the men and women serving in our military? The answer is no.

Unfortunately, we have seen this movie before. Some might remember last summer, right around this time, playing a movie before. Some might remember in our military? The answer is no. We are not connected issues. These are not connected. These are not connected. These are not connected.

In addition to the 115 House Members, who on the Senate side supports this bill? Well, moveon.org has circulated a petition in support of the Conyers' bill, which has 115 Democratic cosponsors as I speak. It is supported by 60 percent of the Democratic caucus in the U.S. House that supports and, in fact, has cosponsored this very bill—this very amendment—that I am putting on the floor here today.

Mr. President, you and I have the honor of serving on the Armed Services Committee. It is a great committee. It is very bipartisan. We get a lot of work done, led again by a great U.S. Senator, John McCain. It is an honor to serve there.

I believe right now the Senate is trying to reach a unanimous consent agreement that as soon as we are done with healthcare, we will then take up this critically important bill. As the chairman wants, as he has requested, and as our military needs, we should do that. This is not a hard decision by Democrats or Republicans. I hope we can do that.

I encourage all my colleagues on both sides of the aisle, whatever our plans are in the next couple of days, we will get through this healthcare debate—very important for the country—and then let's get through the NDAA debate as well. What we shouldn't be doing is playing politics with our military or somehow tying moving forward on an important piece of legislation for them to another issue that has nothing whatsoever to do with it. We shouldn't be doing that, and if we are, shame on those who are.

So let's move forward, let's have this healthcare debate, and when it is completed, let's immediately move to the NDAA and pass that. It is a bipartisan bill. It is going to help our Nation, help our troops, enhance our national security in dangerous times. There is no reason anyone should block moving forward on that important piece of legislation as well.

Mr. President, I yield the floor.

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

AMENDMENT NO. 356, AS MODIFIED

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

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

Some of my friends across the aisle want to see more government control of families' healthcare decisions—in other words, government-run healthcare. Some call it single-payer healthcare. Some call it Medicare for all. But, in essence, it is socialized medicine.

The amendment that I am putting forward today is cut-and-pasted text. It is the exact, precise language. It is a carbon copy—down to every last comma and period—of Representative John Conyers' bill, who is the Representative from Michigan, which has 115 Democratic cosponsors as I speak. It is endorsed by hundreds and hundreds of organizations, medical groups, and civic organizations.

Let me be clear. I believe that socialized medicine would be a disaster for the American people. Last November, the American people voted to make America great again, not to make America like England again. Yet I believe that Montanans and the American people deserve to see us debate different ideas right here on the Senate floor. This is referred to as the greatest deliberative body in the world. Well, I think we should be leading the idea coming from the other side of the aisle, which is why I have offered this amendment.
Mr. ROBERTS. Will the Senator yield for a question?
Mr. DAINES. Yes, Mr. Chairman.
Mr. ROBERTS. Mr. President, I am sorry that I did not catch all of the Senator's remarks, but I think he said that there is a vote on a bill that was introduced in the House.
Mr. ROBERTS. How many cosponsors are on this bill? Is this a legitimate effort here?
Mr. DAINES. For those who are watching and observing, it is H.R. 676. There are 115 Democratic cosponsors on that bill as we speak.
Mr. ROBERTS. So this is a legitimate bill that is up. Well, it is not up for consideration now in the House.
Is this the Conyers' bill?
Mr. DAINES. It is the Conyers' bill. I did not write this amendment—this bill—that I am offering. We cut and pasted the precise text and are bringing it over here and offering it today.
Mr. ROBERTS. Is there at least a preamble to this bill or just an opening of a couple of paragraphs or something? Would the Senator describe it?
Mr. DAINES. Mr. Chairman, in preparing this and in reading this bill, for those who want to see the heart and soul—the vision—of the Democrats, they can be found in the first paragraph of the bill. In fact, I will read it.

“The bill establishes the Medicare-for-all program to provide all individuals residing in the United States free healthcare.”
If you choose to say a couple of paragraphs later: “Health insurers may not sell health insurance that duplicates the benefits provided under this bill.”
If that is not a complete takeover of the healthcare system from the government, then you tell me what it is.
Mr. ROBERTS. And that is in the bill?
Mr. DAINES. It is in the opening paragraphs of the bill, the preamble part.
Mr. ROBERTS. Well, I think we have a very honest choice. There has been a lot of talk about single payer. There was a lot of talk about it early on in the debate about ObamaCare. I recall in observations made by President Obama that this was the first step toward single payer. I understand that—well, I know that the former Secretary of Health and Human Services, Kathleen Sebelius, had the same plan, that ObamaCare was the first step toward single payer. All you are doing is just saying, OK, if that is the goal, bring it to a vote.
Mr. DAINES. Thank you, Mr. Chairman. I agree with you. That is what I am planning to do today.
I ask unanimous consent for an additional 6 minutes of debate equally divided between the managers or their designees.

The PRESIDING OFFICER. Is there objection?
Without objection, it is so ordered.
Mr. DAINES. As the chairman, the Senator from Kansas, just mentioned, I believe that Montanans and the American people deserve to see us debate different ideas. That is why I brought this amendment to the floor today.
Earlier today, a couple of hours ago, my colleague from Vermont, Senator Bernie Sanders, was on the Senate floor suggesting that my amendment is intended to embarrass Democrats.
Senator Sanders, my amendment shouldn't embarrass anyone. I am trying to show the American people—bring it out here in full light—who is supportive of socialized medicine and who is not. If you are supportive of that, we can say so up front.
The Senator from Vermont announced that he wouldn't support the amendment unless I voted for the amendment myself. But let me be clear. I don't support socialized medicine. Senator Sanders does. It is time to fish or to cut bait. Why are Senators on the other side of the aisle running for the hills when they now have the chance to vote on the gold standard bill their party supports?
Senator Sanders and the Democrats who support Representative Conyers' bill shouldn't be dependent on my support. Senator Sanders said he would vote for it if I voted for it. Guess what.
Tell the American people what you think. I think we should vote no on this. What say you?

The PRESIDING OFFICER. Who yields time?
If no one yields time, the time will be taken.
Mr. DAINES. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.
The senior assistant legislative clerk proceeded to call the roll.
Mr. SANDERS. Mr. President, I suggest unanimous consent that the order for the quorum call be rescinded.

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

Mr. SANDERS. Mr. President, this is an exciting day. After years and years, some of my Republican colleagues have begun to understand that we cannot continue a dysfunctional healthcare system which forces us to pay the highest prices in the world, by far, for healthcare and even higher prices—outrageously high prices—for prescription drugs.
I understand that Senator Daines has offered Medicare-for-all, single-payer system, and I congratulate him. It sounds to me as though the Republicans are beginning to catch on about the need to transform our healthcare system and join the rest of the industrialized world.
So I say to Senator Daines, if he is prepared to vote for this legislation and if he can get maybe five, six more Republicans to vote for this legislation, I think we can win it, and I think the United States can join the rest of the industrialized world and finally guarantee healthcare to all people.
So if Senator Daines and five or six other Republicans vote for this, count me in. And we are going to work together, finally, to provide healthcare to all people. But if Senator Daines is just playing a political trick—I ask unanimous consent for 30 more seconds.

The PRESIDING OFFICER. Is there objection?
Without objection, it is so ordered.
Mr. SANDERS. Mr. President, if Senator Daines is just playing a political trick and does not intend to vote for this legislation or have any other Republican vote for it, I would suggest that every Member in the Senate vote present on this bill.

The PRESIDING OFFICER. The question is on agreeing to amendment No. 340, as modified.
Mr. THUNE. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?
There appears to be a sufficient second.

The clerk will call the roll.
The senior assistant legislative clerk called the roll.
Ms. BALDWIN (when her name was called). Present.
Mr. BENNET (when his name was called). Present.
Mr. BLUMENTHAL (when his name was called). Present.
Mr. BOOKER (when his name was called). Present.
Mr. BROWN (when his name was called). Present.
Ms. CANTWELL (when her name was called). Present.
Mr. CARPER (when his name was called). Present.
Mr. CARPER (when his name was called). Present.
Mr. CASEY (when his name was called). Present.
Mr. COONS (when his name was called). Present.
Ms. CORTEZ MASTO (when her name was called). Present.
Ms. DUCKWORTH (when her name was called). Present.
Mr. DURBIN (when his name was called). Present.
Mrs. FEINSTEIN (when her name was called). Present.
Mr. FRANKEN (when his name was called). Present.
Mrs. GILLIBRAND (when her name was called). Present.
Mr. HARRIS (when her name was called). Present.
Ms. HASSAN (when her name was called). Present.
Mr. HEINRICH (when his name was called). Present.
Ms. HIRONO (when her name was called). Present.
Mr. KAINES (when his name was called). Present.
Mr. KLOBUCHAR (when her name was called). Present.
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Mr. LEAHY (when his name was called). Present.
Mr. MARKEY (when his name was called). Present.
Mrs. McCASKILL (when her name was called). Present.
Mr. MENENDEZ (when his name was called). Present.
Mr. MURPHY (when his name was called). Present.
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Mr. PETERS (when his name was called). Present.
Mr. REED (when his name was called). Present.
Mr. SANDERS (when his name was called). Present.
Mr. SCHATZ (when his name was called). Present.
Mr. SCHUMER (when his name was called). Present.
Mrs. SHAHEEN (when her name was called). Present.
Ms. STABENOW (when her name was called). Present.
Mr. UDALL (when his name was called). Present.
Mr. VAN HOLLEN (when his name was called). Present.
Mr. WARNER (when his name was called). Present.
Ms. WHEELOCK (when her name was called). Present.
Mr. WHITEHOUSE (when his name was called). Present.
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who claim hardship exemptions so they don’t have to buy insurance. But in Texas alone, there are more than 400,000 Texans who earn less than $25,000 a year who can’t afford to buy the insurance. So they pay the fine to the government. So their government fines them not buying a product they can’t afford.

So now is the time to deliver some relief to our constituents. They are counting on us to keep the deeply personal choice of healthcare plans and doctors in their hands and not the Federal Government’s. So it is time to deliver, and my goal is to make sure we find a solution and get it to the President’s desk.

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

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

Here is a shocking statistic. An estimated 8 million Americans pay the fine associated with this mandate each year. Eight million Americans penalized by their own government, forced to pay a fine that could be used on coverage that might actually suit their needs. If ObamaCare would make it possible that the market could prosper and insurance companies offered a variety of products at different prices that people could choose from, maybe some of these folks could take the money they are paying their own government as a penalty and actually buy insurance coverage.

There are three employers that mandate. This is one of the most pernicious of the mandates. I remember sitting with a friend of mine, who happens to own a small architectural firm in San Antonio, back when ObamaCare passed, and I explained to him: If you have more than 50 employees, then you are going to have to buy or provide ObamaCare-compliant healthcare for your employees.

He said: Well, I may have to lay off some people because we have 54 employees. So I am going to have to fire at least four of them to get below that 50-person threshold so I can avoid the fine and the insurance that I can’t afford to provide for my employees.

So this has literally been a job-killing employer mandate. This is not some benign or innocuous requirement. This has been one of the reasons why the economy stagnated even since the great recession of 2008, and this is the reason why so many people feel like the economy has not really recovered, because it hasn’t provided them job opportunities and larger wage premiums and stifled business growth, to be sure, especially among small businesses, which are the primary job engine of our economy. Often times jobs were cut in order to avoid bankrupting the business through ObamaCare fines.

So Americans have been forced by their own government, no less—government is supposed to serve the people, not the other way around—to live under mandates, taxes, broken promises, and collapsing markets for too long in order to keep our promises, demonstrating that we can govern, even, unfortunately, without the assistance of our Democratic colleagues, and paving the way to tackle other important issues, like tax reform, which is clearly something we need to do to keep the economy growing and moving forward.

And, yes, we are going to push more power out of Washington, DC, and back to the States. I know, based on the public opinion polling I have seen, that Washington, DC is a lot more than they trust Washington, DC, when it comes to healthcare. So we are going to provide the flexibility and tools that the States, the Governors, and the legislators need, as well as the insurance commissioners, to come up with a viable market using resources we are going to provide to them.

It would be better if we could all come together to find a solution to engage in debate—Republicans and Democrats alike—and pass a final product and get it to the President’s desk. That is, actually, how the legislature is supposed to function. But unfortunately we are in unusual times, when almost half of the Senate refuses to participate. Actually, they will be actively trying to undermine our efforts to come to the rescue of the people that are hurting as a result of the defeat and the failures of ObamaCare. I don’t know how you explain that. You certainly can’t explain it to constituents like I have a dollar a dollar that every single one of the Senators here who is trying to blow up this process and undermine the progress we are making has constituents back home who are suffering the same way my constituents are, but they are turning a deaf ear to them and saying: You know what, politics and party and ideology are more important to me than actually addressing the needs of my constituents. That is what their actions are effectively saying, and it is a shame.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

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

Now, as you know, Mr. President, not a single Republican voted for the Affordable Care Act. The Affordable Care Act was passed at President Obama’s suggestion by the Democratic Members of the House and the Senate. They had a majority, and in this body the majorit y rules. I don’t want to ascribe to the President or to our Democratic friends, motives whatsoever. They wanted what was best for the American people. It wasn’t a question of bad motives. It was just a bad idea. It didn’t work.

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

You know we were told when the Affordable Care Act, so-called ObamaCare—I don’t mean any disrespect in calling it ObamaCare. President Obama himself refers to it as ObamaCare. When the Democrats in the House and the Senate passed ObamaCare, I remember well what we were told because I wanted to believe it. The President said: If you like your insurance you can keep your doctor. I think he meant that at the time. It wasn’t true. It turned out not to be true.

The President said: If you like your doctor, you can keep your doctor. I think that is what he wanted, but you couldn’t.

He said the Affordable Care Act would “cover every American and cut the cost of a typical family’s premium by up to $2,500 a year.” It is not even close.

President Obama said ObamaCare would “bend the cost curve for healthcare” without adding “one dime
to the deficit.” None of that was true. I think the President meant it at the time. I think he wanted it at the time. I know I did. I know you did, Mr. President. But it just turned out not to be true.

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

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

In 2016, under ObamaCare, we started out with 281 insurance companies offering insurance to the American people. That is a good start. The problem is that 134 of them, and they are dropping like flies. In my State of Louisiana we are down to three. A third of all the counties in America have only one choice—one insurance company that will still write insurance—and many of our counties have zero, none. They can’t even get insurance. They can’t even get insurance at all. They have been given a bus ticket, but there is no bus.

As for Louisiana, let me talk just for a moment about my State—our State—Mr. President. In Louisiana, premiums have gone up 123 percent on the exchanges since 2013. That is an average of a $3,600 increase per plan. Nationalwise, the average ObamaCare plan now costs 105 percent more than when it started. That is $3,000 per person. What is particularly incredible to me, Mr. President—you know these statistics better than I do—in Louisiana we have 136,000 people who, rather than buying insurance off the exchanges, have chosen to pay the fine. Let me say that again: rather than buying insurance in my State, and looking at the insurance offered to them, with the subsidies, and have said: We would rather pay the fine. Of that 136,000 who said they would pick the fine, I am making $50,000 a year, and, of course, the government is taking some of that for taxes, but I find $9,000 a year. Do you know what I get? I get four doctor visits, I get two lab tests, I get some prescription drugs and additional medical costs for a grand total of $100. That is not insurance; that is giving somebody a bus ticket without a bus.

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

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

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

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

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

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

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

The PRESIDING OFFICER. The Senator from Oregon.

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

America needs a healthcare delivery system and deserves it like someday deserves the dandelion.

The PRESIDING OFFICER. The Senator from Oregon.

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

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

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

We are not seeing anything that resembles that today. You have a rush job. So I am going to try to spend a few minutes talking about what comes out when you have a rush job and about some of the red flags that I think my colleagues might want to think about, particularly some on the other side of the aisle who are thinking about voting for this skinny package.
Any Senator who believes that Medicaid makes it out of the skinny package without taking a hit ought to take a look again. Senator MURRAY and I spent a long time in working with the Congressional Budget Office to, in effect, get them to do some analysis of some of what are in the Skinny or CBO package. What the Congressional Budget Office said—and it is the impartial, nonpartisan umpire—is that under this skinny package that is not supposed to do any harm to Medicaid—and it is—is that under this skinny package Medicaid gets hit with a $220 billion reduction for over a decade under this so-called skinny proposal.

So if you are one of our colleagues on the other side of the aisle who say they really feel strongly about Medicaid and about seniors—Medicaid, we all know, picks up the cost of two out of three nursing home beds, and it covers a wide variety of community-based services.

I have loved to watch the development of the community-based services. We started them in Oregon back in the days when I was the director of the Gray Panthers.

In this so-called skinny budget, according to the Congressional Budget Office, Medicaid gets hit with a $220 billion reduction. I think my colleagues on the other side of the aisle who are saying “Hey, the skinny package isn’t going to have any implications for Medicaid” would want to take a look at the numbers that the CBO is giving us. In the Senate, the process flattened until the majority leader began the shell game that has culminated in today’s vote. There were not 50 votes for TrumpCare here in the Senate. There were not 50 votes for repeal. That is why we are here in conference. It is a why proposal left on the table. As I indicated, who knows what was done at the Republican lunch today at noon between the salad course and the entree?

Yet let’s be clear about what is likely to happen. Health gets involved. The guarantees that Members of this body will get to protect their constituents are out the window—kids with disabilities and older people—say, a baby boomer. My colleague in the chair, who is a skilled physician, understands this. You have a baby boomer who has had a stroke, who is in his late fifties, early sixties, and he is in a nursing home. He is going to really face some challenges in terms of how to have access to care with the kinds of cuts that, on page 1 of the report to Senator MURRAY and me, the CBO has said it believes will take place in Medicaid.

We know these rural hospitals are the economic engine of communities. I have made eight stops on a rural healthcare listening tour in my home State, and what we see is, without rural healthcare, you aren’t going to have rural life. It is going to be parceled out. The States themselves, they could conceivably result in seniors between 55 and 64 paying five times as much as younger people and getting fewer tax credits. Nobody can honestly say that the millions of Americans with preexisting conditions will be shielded from discrimination, and what a step backward that would be.

Before the Presiding Officer was here to move forward via the partisan approach—reconciliation. The decision pertains to a proposal that lets States undo the consumer protections built into insurance marketplaces under the Affordable Care Act. That proposal will not get fast-track privileges or a 50-vote threshold under reconciliation here on the Senate floor.

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

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

We said that all we are going to say is we have to have some basic consumer protection here. You can’t just get a waiver and go off and do nothing or just spend the money on some pork kind of project; you have to do better by people—better coverage, more affordable coverage, having basic consumer protections. The Senate TrumpCare bill tried to basically throw those consumer protections out the window. States would be able to get waivers to opt out of basic consumer protections—basic, plain, vanilla consumer protection for coverage and affordability. My view was that kind of stuff is a backdoor way to set up junk insurance. If Republicans drop the reconciliation, the our-way-or-the-highway approach, colleagues on this side have said that they want to work on a bipartisan basis. It doesn’t take rocket science to figure out what that needs to be.

The first thing that Democrats and Republicans would do is stabilize the private insurance market—the first thing Mr. LEAHY and Mr. KAINE and I have spoken on a number of occasions with the Presiding Officer about the fact that literally out of nowhere over the last few years we saw a whole industry develop around prescription drugs, where a bunch of middlemen are making decisions about what they put in the consumers’ medicine cabinet. A lot of the pharmaceutical benefit managers. So I said: How about a little sunshine, the best disinfectant?

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

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

I urge my colleagues on both sides of the aisle to say: Let’s try to find common ground with people with common sense.

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

Mr. President, I yield the floor.

Mr. President, I yield the floor. Mr. President, on Tuesday, the Vice President cast a tie-breaking vote to move to debate on a healthcare reconciliation bill, the contents of which even now remain a mystery to most of us.

We urge this vote to proceed without a transparent path forward underscores a process that has, from the beginning, been politics and policymaking at their worst. You would think that, after 7 years of campaigning to repeal the Affordable Care Act, the country would have a plan in place to do just that. Instead, a dozen or so male, Republican lawmakers met behind closed doors, shielded from public view, to negotiate a grand plan to repeal the Affordable Care Act and make devastating cuts to the Medicaid Program—no hearings, no debate, no process. This is not the path taken when we considered, debated, and approved the Affordable Care Act. This is not the way the Senate, the greatest deliberative body in the world, conduct such far-reaching and impactful business. This is not the Senate that I know and respect.

In spite of multiple drafts and a go-it-alone, hyperpartisan philosophy, the majority leader was still unable to garner enough support within his own Caucus to pass a sweeping healthcare bill. I joined with many Democrats to offer motions to get the Senate back to regular order and have the appropriate committees study the effects of these policies on Medicaid beneficiaries and those with disabilities, on women and children, on seniors and the most vulnerable, but Republicans voted down those efforts and plowed ahead. During this debate, the Senate has also considered multiple amendments to rewrite the Affordable Care Act. Each of these amendments would have caused tens of millions of Americans to lose insurance and would have made it harder for those with preexisting conditions to obtain coverage. When those amendments failed, the leadership attempted to fully repeal the Affordable Care Act. That did not work either.
The collapse of these ideas should have resulted in a renewed spirit of bipartisanship, where we could work together to stabilize and improve the health insurance markets. Instead, the Republican majority is so intent on voting on anything without considering the content of the legislation that it is voting to repeal two or three policies from the Affordable Care Act solely in order to get something through the Senate and into conference with the House. This is nothing more than legislative malpractice. We are presumably considering a bill that will devastate our health insurance markets, and the best reason the Republicans can come up with for supporting final passage is “because we said we would.”

The notion that this majority would reduce themselves—and the Senate—to finding the lowest common denominator in order to move ahead with a policy of this magnitude is not only absurd. While the versions of the Republican plans we have seen differ slightly, they all have the same, basic structure. Let’s call these plans what they are: a massive tax cut for the wealthy on the backs of pregnant women, children, and the disabled. The Senate proposal that they want Vermonters to make the same sacrifices as those suffering with opioid addiction. In Vermont, 68 percent of those receiving medication-assisted treatment for opioid addiction are Medicaid recipients. If hundreds of billions of dollars are cut from the Medicaid Program, States will be forced to limit coverage, jeopardizing Vermont’s ability to overcome this crisis. Provisions that cap Medicaid spending do not create “flexibility” in Medicaid. This policy would instead force States to ration care. This spring a Vermont mother who has two young daughters. Both of her daughters suffer from cystic fibrosis. Luckily, they have the disease mutation that allows them to benefit from new drug therapies, but it is because of Medicaid that resources are necessary to afford the $20,000 per month that it costs to provide medication for each of her children. How can we tell this mother that her daughters might no longer be able to take this medication without constraints in Medicaid? How can we tell future children who should have access to Medicaid that it was more important to give the wealthiest Americans a tax cut?

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

These TrumpCare proposals are not healthcare bills. A true healthcare bill would not kick millions of Americans off health insurance. Instead force States to ration care. This spring a Vermont mother who has two young daughters. Both of her daughters suffer from cystic fibrosis. Luckily, they have the disease mutation that allows them to benefit from new drug therapies, but it is because of Medicaid that resources are necessary to afford the $20,000 per month that it costs to provide medication for each of her children. How can we tell this mother that her daughters might no longer be able to take this medication without constraints in Medicaid? How can we tell future children who should have access to Medicaid that it was more important to give the wealthiest Americans a tax cut?

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These TrumpCare proposals are not healthcare bills. A true healthcare bill would not kick millions of Americans off health insurance. Instead, we should be working on proposals that improve our existing system. When there are deficiencies, let’s fix them. Where we can find common ground, let’s act. One of the first things we should do is stabilize the insurance market by making cost-sharing payments permanent. We should also be working to reduce the cost of prescription drugs, which is why I have introduced a bill, along with Senator Grassley, that would help reduce drug prices, rather than actually all allowing these drugs to come to market faster. The American people expect us to work on real solutions. We should not be voting on a proposal unveiled at the eleventh hour, with no debate—a proposal that will impact such a large component of our economy and tens of millions of Americans.

Was the Affordable Care Act absolutely perfect when it was passed? No, and we acknowledged the need for continued improvement and perfection. We are not perfect, but instead of playing partisan games, Republicans and Democrats came together to get something done. Let’s do it again. We did not vote to repeal the Social Security Act. We came together and we discussed what needed to be done to better help the American people, not unravel their safety net.

I hope that we can end this dangerous exercise and move forward in a responsible way. Let us act on the best interests of our constituents and not resort to cynical, bumper-sticker politicking. At its best, the Senate has been able to act as the conscience of the Nation. I hope now is such a time and that the Senate will rise to the occasion to defeat this harmful bill.

Mr. BLUMENTHAL. Mr. President, I had previously ordered that the RECORD my intention to submit a motion to H.R. 1628 regarding the Prevention and Public Health Fund. That motion was also supported by Senator NELSON.

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

There being no objection, the matter is ordered to be printed in the RECORD, as follows:

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions that would repeal the medical loss ratio and allow insurers to spend less of their revenue from premiums on providing high quality medical care and more on corporate profits and administrative overhead.

Ms. HIRONO. Mr. President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.
There being no objection, the material was ordered to be printed in the Record, as follows:

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that any plan which does not cap on benefits, or any plan which does not have medical assistance for infants.

There being no objection, the material was ordered to be printed in the Record.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that any child who is enrolled in the Medicaid program with changes that—

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

(2) ensure that the bill will not reduce funding for, or otherwise harm, rural tele-health programs.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) eliminate any provision in the bill that results in decreased access to primary or specialty care services for low-income children.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that the bill does not reduce funding for, or otherwise harm, rural tele-health programs.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) eliminate any provision in the bill that results in decreased access to primary or specialty care services for low-income children.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that the bill does not reduce funding for, or otherwise harm, rural tele-health programs.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that the bill does not reduce funding for, or otherwise harm, rural tele-health programs.

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

There being no objection, the material was ordered to be printed in the Record.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that the bill does not reduce funding for, or otherwise harm, rural tele-health programs.

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

There being no objection, the material was ordered to be printed in the Record.

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

I am offering this motion to ensure that the healthcare bill does not harm the States’ individual and small business health insurance markets by fracturing or reducing insurance market risk pools in ways that would drive up health insurance premiums and deductibles for Americans or Americans with preexisting conditions.

The following Senators support my motion to commit: Senators Coons and Shaheen.

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

There being no objection, the material was ordered to be printed in the Record.

**MOTION TO COMMIT WITH INSTRUCTIONS**

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

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

(2) ensure that the bill does not weaken or reduce the size of the individual market risk pool in any State.

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

The following Senators support my motion to commit: Senators COONS and SHAHEEN. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD. The motion to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

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

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
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(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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

(1) are within the jurisdiction of such committee; and
(2) eliminate provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.
Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Finance to report back with changes that ensure that no provision in the bill will reduce or eliminate the amount of Medicaid funding provided to schools under current law.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders moves to commit the bill H.R. 1628 to the Committee on Finance and Labor and Pensions with instructions to report back with changes that ensure the bill includes a provision to lower the eligibility age for Medicare benefits to age 55.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders moves to commit the bill H.R. 1628 to the Committee on Finance and Labor and Pensions with instructions to report back with changes that—

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

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

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Finance to report back with changes that—

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

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

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Finance to report back with changes that—

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

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

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

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

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

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

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

(2) ensure that the bill includes a provision establishing a robust public health insurance option that is affordable and high-quality, that provides comprehensive benefits, and that may be offered on the Federal and State exchanges.

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

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

(2) ensure that the bill includes a provision to lower the eligibility age for Medicare benefits under title XVIII of the Social Security Act to 55 years of age.

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

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

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

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

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

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Health, Education, Labor and Pensions to report back with changes that are based on hearings held by the committee.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with the following amendment (inserted at the appropriate place):

SEC. . REQUIREMENT TO HOLD CONFERENCE.

Notwithstanding any other provision of law nothing in this Act shall take effect until the both the Senate and the House of Representatives pass this Act through regular order.

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

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Marky moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with the following amendment (inserted at the appropriate place):

SEC. . REQUIREMENT TO HOLD CONFERENCE.

Notwithstanding any other provision of law, no provision of this Act, including any amendment made by this Act, shall take effect until the both the Senate and the House of Representatives pass this Act through regular order.
of Representatives. The conference committee shall hold multiple public meetings and consider the input of stakeholders.

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

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

1. are within the jurisdiction of such committee; and
2. would strike any provisions that restrict or prohibit Federal funding to Planned Parenthood health centers or other high quality family planning providers, or discriminate against providers based on the provision of constitutionally protected reproductive health care.

Mr. MERKLEY. Mr. President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the record.

The following provision in the record, if any, was ordered to be printed in the record, as follows:

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

Mr. MERKLEY. Mr. President, I move to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could result in the loss of health insurance coverage for people with AIDS.
We cannot let what happen to Deamonte happen again. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

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

(2) would strike any provision that would—

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

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

Mr. CARDIN. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to report the bill back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would strike any provision that would eliminate, limit access to, or reduce the affordability of health services for homeless individuals.

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

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

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

MOTION TO COMMIT WITH INSTRUCTIONS

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

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

(2) would strike any provisions that would eliminate or reduce access to mental health services and substance abuse treatments.

The PRESIDING OFFICER. The Senator from Pennsylvania.

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

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

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

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

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

That latter category we call mandatory spending. In 1980, that was only 50 percent of the Federal budget. By 1995, it was 64 percent. Last year, it was 70 percent of our entire budget, and we are on a path to have these mandatory spending—the blue line. We can see the growth in mandatory spending. We can see a cumulative loss of over 20 percent of the other categories of spending, be it defense or nondefense discretionary spending.
The budgetary problem we have is mandatory spending. This is not breaking news. This is nothing that is controversial. Anybody who has taken an honest look at the numbers can come to no other conclusion. The discretionary portion of the budget, which used to be the lion's share of the budget, has been relatively flat. Actually, it has even declined in recent years. The mandatory spending has been going through the roof.

Of course, there are multiple problems with this, not the least of which is—at this kind of growth in mandatory spending—the thing it does is it squeezes out all other categories of spending. We are already living through that, as the discretionary spending—including on our Nation's defense—has been declining because you can't do so much of both, but in time you could zero out all the discretionary spending, and there still will not be enough for all the mandatory spending. We're living in a world where if we stay on the path we are on.

Where is all this mandatory spending coming from? The next chart shows that pretty clearly. The bulk of mandatory spending, especially in recent years, is from Medicaid. The reason I say that is, Social Security is a big program, but Social Security has a dedicated revenue stream. The payroll tax historically used to cover all of it. For a while there, it covered more than the costs of Social Security, which is coming our way if we don't change something. Medicaid, and the net expense, therefore, is by far the biggest of all our entitlement programs.

Medicaid also has a revenue stream that is dedicated from payroll taxes, but it doesn't cover nearly as large a percentage of the Medicare costs as Social Security so we see the green line generally is higher than the blue line. That's higher than the blue line far is the Medicaid line because there is no dedicated revenue stream to Medicaid, and the net expense, therefore, is by far the biggest of all our entitlement programs.

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

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

This picture right here summarizes, really, for me the very definition of an unsustainable Federal program because as it continues to grow at a rate that is much greater than our economy, it necessarily is consuming an ever greater percentage of the rest of our economy and our Federal budget. Nothing can grow faster than our economy indefinitely. It is just arithmetic. Eventually, it would become bigger than the economy, which is obviously unsustainable. If you think to yourself, after that happened, it would cause a fiscal crisis. This is the very essence of what is unsustainable.

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

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

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

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

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

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

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

Mr. President, I hold in my hand today a letter to President Clinton that is signed by all 46 members of the Senate. This letter urges him to hold firm to our commitment to basic health care for children, pregnant women, and the disabled in this country. This letter supports a per capita cap approach to finding savings in the Medicaid program.

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

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

One can imagine that some of us are a little bit surprised by the shrill, over-the-top attacks we have been hearing from the other side. We Republicans have been accused of launching a war on Medicaid. We have been accused of draconian cuts. We have been accused of wanting to decimate healthcare for the most vulnerable. We could go on. As you and I both know, all across this country, on this floor, in every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for every form imaginable, our Democratic colleagues have attacked Republicans for the proposal in the BCRA bill we have been considering.

What is really so outrageous about this is, we proposed the Democratic solution. What we proposed was Bill Clinton's idea, as ratified by every single Democrat serving in the Senate at the time, including several who are still with us today. We proposed that we take Medicaid and restructure it the way the Federal Government reimburses States for their expenses so that we would put caps on the amount the Federal Government would contribute per beneficiary. We would allow the caps to grow, but just as President Clinton and all the Democrats in the Senate suggested, we would make sure that growth eventually converged to the growth of our economy so we would have a sustainable program.

There are two big differences between what the Democrats proposed in the mid-1990s and what many of us have proposed in these last few weeks: One, we proposed that the change occur more gradually. We suggested that we would implement these
changes, but we do it over time, not suddenly, the way they had proposed it.

The other big difference, I would suggest, is they proposed this structural change to Medicaid before ObamaCare came along, and an unusual way not that we would disallow this coverage, not that we would eliminate this category of eligibility, but that we would throw a single person off Medicaid—we have said, in fact, we will codify the expansion. We will make it permanent. No one loses eligibility, no one gets thrown off.

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

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

Let’s get to the discussion about these cuts. We have another chart that illustrates this because it has been a favorite theme for some of my colleagues on the other side to talk about all of these cuts.

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

In the BCRA, that was only the lion’s share of the so-called cuts. Another category of so-called cuts to Medicaid in the CBO analysis of the BCRA are their assumptions about expansion. They decide that under current law, if nothing else happens, a whole lot of States will choose to become Medicaid expansion States.

They haven’t made that choice yet. They can’t point to which ones. It is a political decision in the various States. They don’t know who is going to be leading those States. They have no idea about how that would happen, but yet they predict States that have chosen thus far not to be Medicaid expansion States would adopt the expansion under current law. If we passed the law that was proposed earlier, those States would not make that decision. Furthermore, some States that have expanded will rescind the decision to expand.

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

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

Let me go to chart 5. Despite that, even if you accept the CBO’s unbelievable assumptions that people only participate in Medicaid if they are forced to and that these mysterious States will expand and others will not—these are the draconian cuts—each and every one of these is based on Medicaid grows. It grows every year—every single year. It is only in Washington that spending can increase every year, and it is a draconian cut.

No, the truth of the matter is that what we do under that legislation is that we slow down the rate of growth. We slow the rate at which the program grows to a rate that is sustainable, so that this program is viable, so that we are diminishing the certainty of a fiscal crisis. That is what we do under that bill.

If somebody has a better idea for how we put Medicaid on a sustainable path, I am all ears. I would love to hear it. In the 1990s, our Democratic colleagues proposed exactly what we are proposing now. That was a very constructive idea. Unfortunately, there wasn’t a consensus to do it, and that is a shame.

I urge my Democratic colleagues to go back to their notes, to go back to the discussion, to go back to the arguments they were making together with President Bill Clinton on the floor of this Senate and around the country about Medicaid, because we are making the arguments now. You would think we might be able to find some common ground.

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

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

We are not going to vote on this provision today. This was embedded in the BCRA. That is behind us this week, but it is my hope that we will pass a version of ObamaCare repeal that will enable us to go to conference and that we will be able to begin to repair the enormous damage to the individual markets that ObamaCare has done, that we will be able to stabilize them, that we will be able to move in the di-rection of consumers actually having control of their own healthcare once again, and that we will put Medicaid on a sustainable path, because the time is overdue.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

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

The PRESIDING OFFICER. The Senator has 3 minutes remaining.

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

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

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

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, I ask unanimous consent to speak for 17 min-utes.

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

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

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

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

Look at what that got us. Health in-surance markets are collapsing around the country. Since 2013, the average premium increase on the individual market has jumped 105 percent. Remember when President Obama promised affordable healthcare for all? He promised we could keep our doctor. He promised that Americans could keep their healthcare plan, and he promised all Americans that their pre-miums would go down by $2,500. We all know ObamaCare did not up-hold these promises. Instead, we got higher taxes, costly penalties, double-digit premium increases, unaffordable copays, job-crushing and wage-crushing employer mandates, and thicketts of Federal regulations.

Now ObamaCare is collapsing. No one on the other side of the aisle has made an attempt to legislate remedies to the law despite its grave condition.

At this very moment, 72,000 Iowans in my home State are gripped with uncer-tainty. Two insurance carriers have dropped out of the exchanges, leaving only one to offer individual plans start-ing in January. The policies offered by that insurance company will go up over 40 percent next year, on top of huge in-creases this year, making it still unaffordable.

ObamaCare is unsustainable, unaffordable, and unacceptable. This brings me to the reality check that I mentioned when I started. As I listen to some of my colleagues on the other side of the aisle, I am, frankly, as-tounded that they can deliver their talking points with a straight face. They would like the American people to believe that Republicans are dead set on ripping healthcare away from children, the elderly, and the disabled. Despite their red hot rhetoric, we have neither horns nor tails, but we are dead set on coming out the devilish details to get to yes.

Democrats’ hyperbole and smear mongering are standing in the way of getting the job done for the American people. Fear is easy to achieve. Legislating in good faith is hard work. ObamaCare enrollees would rather dis-parage than engage. They would rather obstruct a path forward than to con-struct a path forward. They are stand-ing in the way of solving problems.

In the process, they are scaring the living daylights out of millions of working Americans who aren’t able to stretch their paychecks to afford health insur-ance for their families. If there is one job the defenders of the big government have mastered, it is the role of Chicken Little. They squawk, cluck, and crow at every opportunity to grow the size, scope, and reach of government into our daily lives. To their way of thinking, ObamaCare was a step toward sing-ing us all in.

They will say and do whatever it takes to secure sweeping, universal government control of the healthcare system, no matter how much it costs the taxpaying public, the toll it takes on our nation’s economy, or the loss of per-sonal freedom.

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

Some of my colleagues will remem-ber that when Senator Daniel Moynihan of New York, then-chairman of the Senate Finance Committee. He strong-ly opposed efforts to reform the welfare system. He predicted that the bipar-tisan proposals would result in an apocalypse and said:

If, in 10 years’ time, we find children sleep-ing on grates, picked up in the morning fro-zen, and ask, why are they here, scavenging, awful to themselves, awful to one another, who anyone remember how it all have begun on the House floor this spring and the Senate chamber this autumn.

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

In the two decades since historic, bi-partisan welfare reform was enacted, twenty years shatters the dark proph-ecy of 20 years ago. The reality is that the number of African-American chil-dren living in poverty has fallen to the lowest level in history. The problem still exists and deserves our attention, of course, but 1.5 million fewer children are in poverty today, and 3.4 million more families are independent from as-sistance.

At the time of welfare reform, the Chicken Littles forecasted homelessness, poverty, and despair. Senator Moynihan also said that requiring wel-fare recipients to work and limiting the length of time that they could col-lect benefits added up to “the most brutal act of social policy since Recon-struction. Those involved will take this disgrace to their graves.”

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

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

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

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

Still another Democrat said that his constituents are “scared for their children, they are scared for their spouses, they are scared for their aging parents. . . . And . . . scared . . . for their own health.” Well, those are terms I can live with.

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

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

Such overheated rhetoric shows Democrats have abandoned rhyme, reason, and reality. Too often, the arguments from the other side are based on what Medicare was supposed to do, not what it actually did, which fell far short of what the experts hoped for.

Defenders of ObamaCare are relying on a phantom rather than the reality of the law.

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

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

I will end my speech today with an appeal from an Iowan from Avoca, IA. She has contacted me many times about the hardships her family has experienced since ObamaCare was enacted. She pays more than $25,000 a year to buy health coverage on the individual market. If that sounds like chicken feed to some of ObamaCare’s defenders, I urge you with all sincerity to get your heads out of the clouds and join us to fix this flawed law. Republicans can and must work together for the greater good of the country.

It is said that when there is a will, there is a way. Many of us recognize that ObamaCare isn’t working as promised. That of us passed this reform 20 years ago move ahead to fix this problem. The other half is blocking any effort put forward to reform the broken law. They are diggin in their heels and pulling out all stops of any solution and stay in the right tracks. Again, it reminds me of those who fought tooth and nail to stop welfare reform 20 years ago. I quoted those people from 20 years ago. At the time, they predicted the most dire consequences of our most vulnerable citizens. Thank goodness, the pessimists back then did not prevail in their obstruction against welfare reform. While welfare reform has not been perfect, it has provided hope and opportunity to millions of Americans.

We can’t afford to let the pessimists and obstructionists prevail today against healthcare reform, and they seem to be acting like the very same people that opposed welfare reform 20 years ago. The American people deserve high-quality, affordable healthcare. ObamaCare has not lived up to its promises, so it is time for elected leaders to live up to the promises we made to the American people.

Let’s worry less about who wins and worry more about who will lose when Congress fails to restore the collapsing Federal law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time until 5 p.m. be equally divided between the managers or their designees; that at 5 p.m., the Senate vote in relation to the Strange amendment No. 389; further, that following disposition of the Strange amendment, the Senate proceed to the consideration of H.R. 3364, which was received from the expedited process at the House; that there be 20 minutes of debate, equally divided between the leaders or their designees; that following the use or yielding back of that time, the bill be read a third time and the Senate vote on passage of H.R. 3364; finally, that following disposition of H.R. 3364, the Senate resume consideration of H.R. 1628.

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

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

The Senator from Wyoming.

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

We have heard from our colleagues across the aisle, questioning our motives and our actions. Congress literally has millions upon millions of reasons to replace and repeal this law. Hard-working American families are begging us to provide them with some relief. These are families who are forced to purchase high-deductible coverage insurance and are facing thousands of dollars of out-of-pocket costs before their coverage even begins. For them, the status quo—doing nothing—is not an option.

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

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

Some on the other side of the aisle like to focus on how many people are insured under the law, but let’s look at how many are not insured. Almost 28 million Americans remain without insurance under ObamaCare because they cannot afford insurance or no longer have access to ObamaCare’s collapsing markets in their State or county. But coverage numbers can be misleading because, even with insurance, many hard-working families still cannot afford the care due to surging deductibles. Insurance with sky-high deductibles is coverage in name only.

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

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

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

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

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

For years, Republicans have pledged to repeal this disastrous law, and this week we are working to address the broken promises of ObamaCare to help ensure better care for each and every American. We are doing this by working to stabilize collapsing insurance markets that have left millions of Americans with no options, which will help improve the affordability of healthcare and produce healthcare reform that works.

Our goal is to preserve access to care for Americans with pre-existing conditions and to safeguard Medicaid for those who need it most by giving States more flexibility, and to do so without overburdening those who rely on this program. And while the rug is pulled out from under them. Most importantly, Republicans hope to free the American people from onerous ObamaCare mandates that require them to purchase insurance they don’t want or can’t afford.

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

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

The PRESIDING OFFICER. The Senator from Missouri.

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

The PRESIDING OFFICER. Three minutes.

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

The PRESIDING OFFICER. Yes.

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

The PRESIDING OFFICER. The Senator from Wyoming.

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

The PRESIDING OFFICER. The Senator from Alabama.

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

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

Mr. STRANGE. Thank you.

AMENDMENT NO. 389

Mr. President, I rise today in support of an amendment that will relieve millions of Americans of a moral conflict. For too many, access to healthcare coverage comes only with the restriction of deeply held personal convictions about the sanctity of human life.

The amendment before us offers the opportunity to end the flow of taxpayer dollars to abortion procedures once and for all. It allows Hyde protections to be extended to all funds appropriated through the healthcare legislation we are considering today.

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

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

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

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

When hard-working Americans pay their taxes, they do so with the understanding that the rights granted to them by the Constitution are not checked at the door. For the people of my State, the right to life is foremost among these, codified by the Hyde amendment and engrained in the conscience of a majority of Americans. The amendment before us allows for a clear conscience. It allows for a concise, conservative solution to a problem that has dogged this Chamber for the 44 years since Roe v. Wade changed the landscape of American society.

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

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

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

[Rollcall Vote No. 174 Leg.]

YEAS—50

Alexander
Barrasso
Cassidy
Capito
Cochran
Corker
Croney
Cotton
Boozman
Burr
Crapo
Gardner
Graham
Grassley

Riki
Ernst
Fischer
Flake
Garnder
Grassley

Crapo
Ernst
Fischer
Flake
Gardner
Graham
Grassley

Cassidy
Daines
Ernst
Fischer
Flake
Gardner
Graham
Grassley
The PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 50. The Senator from Tennessee. Both of them have worked standing efforts, along with many others.

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 3364, which the clerk will report.

The legislative clerk read as follows: A bill (H.R. 3364) to provide congressional review and to counter aggression by the Government of Iran and North Korea, and for other purposes.

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

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

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

I yield the floor.

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

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

The PRESIDING OFFICER. The Senator from Ohio.

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

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

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

I rise to urge my colleagues to join me and vote for this critical sanctions