

been talking about this for too long. We have wrestled with this issue. We have watched the consequences of the status quo. The people who sent us here expect us to begin this debate, to have the courage to tackle the tough issues. They did not send us here just to do the easy stuff. They expect us to tackle the big problems. Obviously, we cannot get an outcome if we do not start the debate, and that is what the motion to proceed is all about.

Many of us on this side of the aisle have waited for years for this opportunity and thought that it would probably never come. Some of us were a little surprised by the election last year, but with a surprise election comes great opportunities to do things that we thought were never possible. All we have to do today is to have the courage to begin the debate with an open amendment process and let the voting take us where it will.

That is what is before us, colleagues. Will we begin the debate on one of the most important issues confronting America today? It is my hope that the answer will be yes.

ORDER OF PROCEDURE

Mr. President, I ask unanimous consent that, following the vote, Senator MCCAIN be recognized to speak for debate only for up to 15 minutes and that the time not count on H.R. 1628.

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

AMERICAN HEALTH CARE ACT OF 2017—MOTION TO PROCEED

Mr. MCCONNELL. Mr. President, I move to proceed to Calendar No. 120, H.R. 1628.

The PRESIDING OFFICER. The clerk will report the motion.

The legislative clerk read as follows:

Motion to proceed to Calendar No. 120, H.R. 1628, a bill to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

Mr. MCCONNELL. Mr. President, I ask for the yeas and nays.

(Disturbance in the Visitors' Galleries.)

The PRESIDING OFFICER. The Sergeant at Arms will restore order in the Chamber. The Sergeant at Arms will restore order in the Chamber, please.

(Disturbance in the Visitors' Galleries.)

The PRESIDING OFFICER. The Sergeant at Arms will restore order in the Chamber.

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

Mr. MCCONNELL. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

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. 167 Leg.]

YEAS—50

Alexander	Flake	Perdue
Barrasso	Gardner	Portman
Blunt	Graham	Risch
Boozman	Grassley	Roberts
Burr	Hatch	Rounds
Capito	Heller	Rubio
Cassidy	Hoeven	Sasse
Cochran	Inhofe	Scott
Corker	Isakson	Shelby
Cornyn	Johnson	Strange
Cotton	Kennedy	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	McCain	Toomey
Enzi	McConnell	Wicker
Ernst	Moran	Young
Fischer	Paul	

NAYS—50

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

The VICE PRESIDENT. As a reminder to our guests, expressions of approval or disapproval are not permitted.

On this vote, the yeas are 50, the nays are 50. The Senate being equally divided, the Vice President votes in the affirmative.

The motion is agreed to.

AMERICAN HEALTH CARE ACT OF 2017

The VICE PRESIDENT. The clerk will report the bill.

The legislative clerk read as follows:

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

The VICE PRESIDENT. The senior Senator from Arizona is recognized.

ROLE OF THE SENATE

Mr. MCCAIN. Mr. President, I have stood in this place many times and addressed as "President" many Presiding Officers. I have been so addressed when I have sat in that chair, and that is as close as I will ever be to a Presidency. It is an honorific we are almost indifferent too; isn't it? In truth, presiding over the Senate can be a nuisance, a bit of a ceremonial bore, and it is usually relegated to the more junior Members of the majority.

But as I stand here today—looking a little worse for wear, I am sure—I have a refreshed appreciation for the protocols and customs of this body and for the other 99 privileged souls who have been elected to this Senate.

I have been a Member of the U.S. Senate for 30 years. I had another long, if not as long, career before I arrived here, another profession that was profoundly rewarding and in which I had experiences and friendships that I revere. Make no mistake, my service

here is the most important job I have had in my life. I am so grateful to the people of Arizona for the privilege—for the honor—of serving here and the opportunities it gives me to play a small role in the history of the country I love.

I have known and admired men and women in the Senate who played much more than a small role in our history—true statesmen, giants of American politics. They came from both parties and from various backgrounds. Their ambitions were frequently in conflict. They held different views on the issues of the day. They often had very serious disagreements about how best to serve the national interest.

But they knew that however sharp and heartfelt their disputes and however keen their ambitions, they had an obligation to work collaboratively to ensure the Senate discharged its constitutional responsibilities effectively. Our responsibilities are important—vitaly important—to the continued success of our Republic. Our arcane rules and customs are deliberately intended to require broad cooperation to function well at all. The most revered Members of this institution accepted the necessity of compromise in order to make incremental progress on solving America's problems and to defend her from her adversaries.

That principled mindset and the service of our predecessors who possessed it come to mind when I hear the Senate referred to as the world's greatest deliberative body. I am not sure we can claim that distinction with a straight face today. I am sure it wasn't always deserved in previous eras either. I am sure there have been times when it was, and I was privileged to witness some of those occasions.

Our deliberations today, not just our debates but the exercise of all our responsibilities—authorizing government policies, appropriating the funds to implement them, exercising our advice and consent role—are often lively and interesting. They can be sincere and principled, but they are more partisan, more tribal more of the time than at any time I can remember. Our deliberations can still be important and useful, but I think we would all agree they haven't been overburdened by greatness lately. Right now, they aren't producing much for the American people.

Both sides have let this happen. Let's leave the history of who shot first to the historians. I suspect they will find we all conspired in our decline, either by deliberate actions or neglect. We have all played some role in it. Certainly, I have. Sometimes, I have let my passion rule my reason. Sometimes I made it harder to find common ground because of something harsh I said to a colleague. Sometimes I wanted to win more for the sake of winning than to achieve a contested policy.

Incremental progress, compromises that each side criticizes but also accepts, and just plain muddling through to chip away at problems and to keep

our enemies from doing their worst aren't glamorous or exciting. It doesn't feel like a political triumph. It is usually the most we can expect from our system of government, operating in a country as diverse, quarrelsome, and free as ours.

Considering the injustice and cruelties inflicted by autocratic governments and how corruptible human nature can be, the problem-solving our system does make possible, the fitful progress it produces, and the liberty and justice it preserves, are a magnificent achievement.

Our system doesn't depend on our nobility. It accounts for our imperfections and gives an order to our individual strivings that has helped make ours the most powerful and prosperous society on Earth. It is our responsibility to preserve that, even when it requires us to do something less satisfying than winning, even when we must give a little to get a little, even when our efforts managed just 3 yards in a cloud of dust, while critics on both sides denounced us for timidity, for our failure to triumph.

I hope we can again rely on humility, on our need to cooperate, on our dependence on each other to learn how to trust each other again and, by so doing, better serve the people who elected us. Stop listening to the bombastic loudmouths on the radio and television and the internet. To hell with them. They don't want anything done for the public good. Our incapacity is their livelihood.

Let's trust each other. Let's return to regular order. 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. That is an approach that has been employed by both sides: mandating legislation from the top down, without any support from the other side, with all the parliamentary maneuvers it requires. We are getting nothing done, my friends. We are getting nothing done.

All we have really done this year is confirm Neil Gorsuch to the Supreme Court. Our healthcare insurance system is a mess. We all know it, those who support ObamaCare and those who oppose it. Something has to be done. We Republicans have looked for a way to end it and replace it with something else without paying a terrible political price. We haven't found it yet. I am not sure we will. All we have managed to do is make more popular a policy that wasn't very popular when we started trying to get rid of it. I voted for the motion to proceed to allow debate to continue and amendments to be offered.

I will not vote for this bill as it is today. It is a shell of a bill right now. We all know that. I have changes urged by my State's Governor that will have to be included to earn my support for final passage of any bill. I know many of you will have to see the bill changed substantially for you to support it. We

have tried to do this by coming up with a proposal behind closed doors in consultation with the administration, then springing it on skeptical Members, trying to convince them it is better than nothing—that it is better than nothing—asking us to swallow our doubts and force it past a unified opposition. I don't think that is going to work in the end and probably shouldn't.

The administration and congressional Democrats shouldn't have forced through Congress, without any opposition support, a social and economic change as massive as ObamaCare, and we shouldn't do the same with ours. Why don't we try the old way of legislating in the Senate—the way our rules and customs encourage us to act. If this process ends in failure, which seems likely, then let's return to regular order. Let the Health, Education, Labor, and Pensions Committee, under Chairman ALEXANDER and Ranking Member MURRAY, hold hearings, try to report a bill out of committee with contributions from both sides—something that my dear friends on the other side of the aisle didn't allow to happen 9 years ago. Let's see if we can pass something that will be imperfect, full of compromises, and not very pleasing to implacable partisans on either side but that might provide workable solutions to problems Americans are struggling with today.

What have we to lose by trying to work together to find those solutions? We are not getting much done apart. I don't think any of us feels very proud of our incapacity. Merely preventing your political opponents from doing what they want isn't the most inspiring work. There is greater satisfaction in respecting our differences but not letting them prevent agreements that don't require abandonment of core principles; agreements made in good faith, that help improve lives and protect the American people. The Senate is capable of that. We know that. We have seen it before. I have seen it happen many times. And the times when I was involved, even in a modest way with working on a bipartisan response to a national problem or threat, are the proudest moments of my career and by far the most satisfying.

This place is important. The work we do is important. Our strange rules and seemingly eccentric practices that slow our proceedings and insist on our cooperation are important. Our Founders envisioned the Senate as the more deliberative, careful body that operates at a greater distance than the other body from the public passions of the hour. We are an important check on the powers of the Executive. Our consent is necessary for the President to appoint jurists and powerful government officials and, in many respects, to conduct foreign policy. Whether or not we are of the same party, we are not the President's subordinates, we are his equal.

As his responsibilities are onerous, many, and powerful, so are ours. We

play a vital role in shaping and directing the judiciary, the military, and the Cabinet; in planning and supporting foreign and domestic policies. Our success in meeting all these awesome constitutional obligations depends upon cooperation among ourselves.

The success of the Senate is important to the continued success of America. This country—this big, boisterous, brawling, intemperate, restless, striving, daring, beautiful, bountiful, brave, good, and magnificent country—needs us to help it thrive. That responsibility is more important than any of our personal interests or political affiliations. We are the servants of a great nation, "a . . . nation, conceived in Liberty, and dedicated to the proposition that all men are created equal." More people have lived free and prosperous lives here than in any other Nation. We have acquired unprecedented wealth and power because of our governing principles, and because our government defended those principles.

America has made a greater contribution than any other nation to an international order that has liberated more people from tyranny and poverty than ever before in history. We have been the greatest example, the greatest supporter, and the greatest defender of that order. We aren't afraid. We don't covet other people's land and wealth. We don't hide behind walls. We breach them. We are a blessing to humanity.

What greater cause could we hope to serve than helping keep America the strong, aspiring, inspirational beacon of liberty and defender of dignity of all human beings and their right to freedom and equal justice? That is the cause that binds us and is so much more powerful and worthy than the small differences that divide us.

What a great honor and extraordinary opportunity it is to serve in this body. It is a privilege to serve with all of you. I mean it. Many of you have reached out in the last few days with your concern and your prayers. It means a lot to me. It really does. I have had so many people say such nice things about me recently that I think some of you must have me confused with someone else. I appreciate it, though, every word, even if much of it isn't deserved.

I will be here for a few days—I hope managing the floor debate on the Defense authorization bill, which I am proud to say is again a product of bipartisan cooperation and trust among the members of the Senate Armed Services Committee. After that, I am going home for a while to treat my illness. I have every intention of returning here and giving many of you cause to regret all the nice things you said about me, and I hope to impress on you again that it is an honor to serve the American people in your company.

Thank you, fellow Senators.

Mr. President, I yield the floor.

(Applause, Senators rising.)

The PRESIDING OFFICER (Mr. HOEVEN).

The majority leader.

AMENDMENT NO. 267

(Purpose: Of a perfecting nature.)

Mr. MCCONNELL. Mr. President, I call up amendment No. 267.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL] proposes an amendment numbered 267.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

Mrs. MURRAY. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

The clerk will read the amendment.

The legislative clerk continued with the reading of the amendment.

(Disturbance in the Visitors' Galleries.)

The PRESIDING OFFICER. The Sergeant at Arms will restore order in the Gallery.

(Disturbance in the Visitors' Galleries.)

The PRESIDING OFFICER (Mr. STRANGE). The Sergeant at Arms will restore order in the Gallery.

The clerk will continue.

The legislative clerk continued with the reading of the amendment.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The PRESIDING OFFICER. Who yields time?

If no one yields time, time will be charged equally.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that, for the duration of the Senate's consideration of H.R. 1628, the majority and Democratic managers of the bill, while seated or standing at the managers' desks, be permitted to deliver floor remarks, retrieve, review, and edit documents and send email and other data communications from text displayed on wireless personal digital assistant devices and tablet devices.

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

Mr. ENZI. Mr. President, I ask unanimous consent that the use of calculators be permitted on the floor during the consideration of H.R. 1628.

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

Mr. ENZI. Mr. President, what is the regular order with respect to the pending amendment?

The PRESIDING OFFICER. It is 2 hours equally divided.

Mr. ENZI. Thank you, Mr. President. I suggest the absence of a quorum and ask unanimous consent that the time be equally divided.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. Objection.

The PRESIDING OFFICER. Objection is heard.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

WELCOMING BACK SENATOR MCCAIN

Mr. NELSON. Mr. President, I am so encouraged by the words of our dear friend and fellow Senator, Mr. JOHN MCCAIN.

First of all, I am so encouraged by seeing that fighting spirit of JOHN MCCAIN and so glad to see him back. In the midst of everything he is facing, that he would come and insert himself to give us some considerable words of wisdom—it was such an enormous, emotional experience when JOHN walked in. Then, to have all of us seated here because of the vote that was occurring—and not a Senator left after the vote was concluded because we wanted to hear from JOHN and did so willingly. His eloquent words about how we all need to come together and stop being driven apart by partisan reasons were timely, and they were well received.

Mr. President, this Senator never thought we would see a vote to advance a bill which, to so many, feels as though it is going to harm so many of our fellow Americans. Obviously, we can disagree on specifics, but we have seen that particular expression of opinion of harm over and over. We have seen it in the coverage of the townhall meetings, where people stand up and say: If I didn't have this healthcare, I would be dead.

This Senator has seen it in Florida over and over, as I have had people come up to me wherever I am—in a meeting, on the street corner, in the airport, wherever—and say: Senator, please don't let them take my healthcare away from me.

Indeed, when people explained their particular circumstances, four different families—one family, if they did not have the waiver on Medicaid, indeed, that fellow would not only not be alive, but even if he were alive, he would be in an institution instead of being able to be cared for or three other families who brought forth testimonies about how the Affordable Care Act has given them insurance they had never been able to get before. It was at a price they could afford and involved coverage they never could have had.

In other cases, people had preexisting conditions. This Senator, as a former elected insurance commissioner of Florida, has seen insurance companies refuse to insure people because they had a preexisting condition. If you had asthma, that was a preexisting condition; if you had a bad rash, that was a preexisting condition, and they were not going to insure you. Also, insurance policies never had the guarantee of lifetime coverage but instead the policy said you had lifetime caps. There was a dollar figure which, if you exceeded it, the insurance policy was not going to cover any more.

If we are really serious about wanting to fix the situation, if our brothers and sisters on the other side of the aisle are not successful in proceeding with what the majority leader is going to be coming forth with, if that is voted down, and if we are serious about it, take what is left, which is the existing law—the Affordable Care Act—and fix it.

Senator COLLINS, a former insurance commissioner, appointed in the State of Maine, and this Senator, a former elected insurance commissioner in the State of Florida, are already working on a reinsurance fund which would insure the insurance companies against catastrophe. I asked for this to be costed out in the State of Florida. This fix would lower premiums 13 percent in the State of Florida.

In the words of Senator MCCAIN, if we really want to get together and fix the problems, we can. Yet, in the midst of hearing from constituents all around the country who have shared their personal stories about how the existing law has helped, we are in the parliamentary position we are in, where we will proceed on trying to repeal what is the existing law.

For some people, they don't care about the politics. As a matter of fact, for a lot of people, they don't care about the politics. They just want access to healthcare. They want what is genuinely described as health insurance—whether it is a Medicaid type of insurance or whether it is an actual policy through a private insurance company offered on the health exchanges in the States or whether it is the guarantees of the coverage in an individual policy that they might buy, they just want healthcare. That is the reason you have health insurance in the first place.

Now, I have heard some fixes say: Oh, let's cut back on Medicaid, which, remember, is spread over millions and millions of people, just like Medicare is spread over millions and millions of people. The difference there is age. If you are 65, you are eligible for Medicare.

There are some people we overlook in the system who depend on Medicaid. How about veterans? Veterans' healthcare has been taken care of while on Active Duty in the U.S. military. Then their healthcare is transferred to the Veterans' Administration, but there are a lot of veterans who are not getting their healthcare through the VA. They get their healthcare through Medicaid. If you start cutting back on Medicaid, which are the versions of the so-called replace bills we have seen—if you start cutting back on Medicaid and make a capped program or a block grant program, we already know the figures. It has been costed out by the CBO. The figures tell us it is close to an \$800 billion cut over a decade. When you start doing that, the people who rely on Medicaid at the edges, like some poor people or like seniors in nursing homes—by the way, in my

State, 65 to 70 percent of the seniors in nursing homes are on Medicaid, and some of those veterans I told you about are not on VA healthcare but Medicaid. How about some of the children's programs on Medicaid? If you start cutting that back to the tune of about \$800 billion over a decade, you are going to knock out a lot of these people. That is not something we want to do. That is why, when explained, you have such low numbers who support what is being attempted as a replacement if you repeal the Affordable Care Act. We should be focused on working together to improve the Affordable Care Act, not to make it worse.

I pretty much have said it all. The bills we have seen coming forth as replacements change the age ratio from the existing law, the Affordable Care Act, of 3 to 1 in the healthcare exchanges so you can charge an older person three times as much as a young, healthy individual—not in the replacement bills we see coming up. It is 5 to 1. What does that mean? That means for those older Americans, before they turn 65 and become eligible for Medicare, they are going to be paying more for their insurance premiums. Is that what we want to do? I don't think so.

You cannot ignore these facts. I ask those who come forth with these replacements, why in the world do you do this? Why do you support a bill that will hurt so many Americans, which has been demonstrated over and over? Why do you support a bill that will hurt so many of your constituents that your constituents cry out to you, please, don't do this? And they give personal testimonies.

I urge our colleagues, after the emotional appeal of Senator MCCAIN, to do things in a bipartisan way. Take a moment, reflect on what your constituents have said—not just some of your constituents. Listen to all of your constituents and ask yourself, are you doing the right thing?

Let's improve our Nation's healthcare system. Let's not make it worse. Let's do it in the spirit of the uplifting words of Senator MCCAIN and what he said: Let's do it together in a bipartisan way.

I yield the floor.

Mr. HATCH. Mr. President, I rise today to once again remind my Senate colleagues what is at stake with the procedural vote that took place today.

The Senate voted on the motion to proceed to the House-passed budget reconciliation bill. The Senate will now start working in earnest to consider and, hopefully, pass legislation that would repeal and replace ObamaCare with a 2-year transition period, or other, specific replacement policies.

That is a complicated undertaking to say the least. However, the first vote on the motion to proceed was relatively simple. While pundits and talking heads have already analyzed this particular vote to death, all of the talk boils down to a single question: Do Re-

publicans want to repeal and replace ObamaCare?

I don't want to belittle or discredit the concerns some of my colleagues have raised about the various legislative proposals that are out there. However, we won't be voting on any particular policy or proposal.

On the contrary, the vote was simply to determine whether the Senate is actually going to consider the budget reconciliation bill. Members were not voting for or against any particular healthcare proposal; they were simply voting on whether the Senate will actually debate any such measure.

That being the case, the vote was a simple one. Anyone who supports the larger effort to repeal and replace ObamaCare should be willing to at least debate the various proposals that have been put forward.

That is the very definition of a no-brainer.

The final pieces of ObamaCare were signed into law in March 2010, more than 7 years ago. Since then, the law has been one of the key focal points of legislative and political debate and discourse nationwide. Very few topics in our Nation's history have been the subject of more public debate and fierce disagreement.

After all this time, one thing is very clear: ObamaCare has failed the American people.

The vast majority of Americans are dissatisfied with the healthcare status quo. These people want answers from Congress that will bring down their healthcare costs, reduce their tax burdens, and put them back in charge of their own healthcare. For more than 7 years now, virtually every Republican in Congress has been promising to provide those solutions.

We have never been closer to making good on those promises than we are right now with a Republican President ready to take action to support congressional efforts to repeal and replace this unworkable law.

Make no mistake, none of the major proposals that have been put forward are perfect. In fact, in my personal view, they are all far from perfect. But, at the end of the day, any bill—particularly a bill as wide and sweeping as one that addresses a large portion of our healthcare system—that is “perfect” in the eyes of one Senator is likely fatally flawed in the eyes of 99 others.

Translation: When it comes to legislating successfully, the word “perfect” shouldn't be in anyone's vocabulary.

Like any aspect of governing, drafting and passing important legislation is about compromise and prioritization. It is about recognizing which fights need to be fought now and which ones can wait for another day.

I have been here a while. In that time, I have noticed a few things.

Some who are elected to this Chamber would rather fight the good ideological fight for legislative purity than get the majority of what they want—but not everything—through com-

promise. These people tend to claim that even the most embarrassing legislative losses are victories, so long as they can say that they went down swinging.

Now, don't get me wrong; speaking in terms of advocating good policy I have never been one to back down from a fight. In fact, I have battled some of the most revered and admired Senators in our Nation's history right here on the Senate floor.

One reason I think I have developed a reputation as an effective legislator is I don't believe that fighting for a cause is an end unto itself. Fights are only meaningful if there is an objective in mind. While I am no mathematician, I believe getting 60, 70, or 80 percent of what you want out of a bill is better than getting nothing, even if, on the way to getting nothing, you have fought a valiant fight for that perfect—yet ultimately unattainable—outcome.

The fight to repeal ObamaCare, at least from where I have been standing, has always had an objective in mind. That objective, of course, has been to actually repeal ObamaCare.

We have fought for that objective for more than 7 years. Now, we find ourselves on the cusp of being able to take major steps toward that larger goal.

No, we don't have a perfect bill to vote on. However, the fact remains that we are close to being able to pass legislation that would accomplish the majority of our goals and keep most of the promises we have all made to repeal and replace ObamaCare.

Before we can do any of that, we need to at least get a chance to consider and debate the matter on the floor. That is what this afternoon's vote was to determine: whether we are committed enough to this effort to at least take that step.

I remind my Republican colleagues that, when the ObamaCare reconciliation bill was brought up for debate in 2010, all of our friends on the other side, who were present at the time, except for one Member, voted in favor of the motion to proceed. They supported their leader. Leader MCCONNELL is owed the same loyalty.

Any Senator who has fought with us to undo the damage caused by ObamaCare should be willing, at the very, very least, to take that step and allow the floor debate to actually happen.

I hope we all will. Toward that end, I urged my colleagues to vote in favor of the motion to proceed to the House-passed reconciliation bill to allow the Senate to begin debate on repealing and replacing ObamaCare.

The PRESIDING OFFICER. Who yields time?

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

The PRESIDING OFFICER. The assistant Democratic leader.

Mr. DURBIN. Thank you, Mr. President.

History was made on the floor of the Senate Chamber today. I don't think it

has ever happened before. Think about this: 50 out of 100 Senators came to the floor with the Vice President of the United States and voted to begin debate on a bill they have never seen—a bill they have never seen—because we don't know what the Republicans are going to offer as the alternative to the Affordable Care Act.

There have been a lot of different versions. Technically, the one that is before us now is the version that passed the House of Representatives, but I think the Republican leader, Senator MCCONNELL, has known from the beginning that has no chance whatsoever. So many Republicans have taken a look at what the House passed and said: We can't vote for that. You have to give us something different. The problem the Senate Republicans ran into is that they couldn't come up with anything better.

They tried. They wrote several different versions, and every time they would write a version of the new Affordable Care Act, it got worse for the American people, and here is what I mean. Under one proposal for the Republicans—not the one before us, but the Senate Republicans—1 million people in my home State of Illinois would have lost their health insurance. There are 12.5 million people in Illinois, and 1 million would have lost their health insurance because of dramatic cutbacks in Medicaid and cutbacks in the premium support that is given to a lot of working families to buy regular health insurance in the health insurance market.

It was so terrible that every time Republicans came up with a Senate proposal, two or two of them would announce: Can't buy it, won't vote for it—and ran away from it.

So Senator MCCONNELL came to the floor today and said: I am begging you, just vote to open debate on a bill that I haven't written yet, and 50 Republican Senators did, and the Vice President broke the tie, the 50-to-50 tie to move forward, and here we are.

Let me start by tossing flowers—and this will probably get them in trouble—to two Republican Senators, SUSAN COLLINS of Maine and LISA MURKOWSKI of Alaska. They were the only two Republican Senators who had the courage to stand up and say: This is wrong. We shouldn't do this to the American people. They are the only two who are willing to say that we should have done this differently.

There is an interesting thing that happened at the end of this. At the very last moment, the very last vote that was cast was cast by Senator JOHN MCCAIN. Everybody knows JOHN has been diagnosed with a serious form of cancer. He made it back from Arizona here to cast his vote, and he asked for 15 minutes after the rollcall to make a speech. I don't think many, if any, Senators left the Chamber. Democrats and Republicans stuck around to hear his speech after the vote. Can I tell you that is unusual in the Senate? Most of

us race for the doors and go up to our offices and watch on television and may catch a piece of this speech and a piece of the other speech, but we sat and listened because of our respect for JOHN MCCAIN.

He is my friend. We came from the House of Representatives together many years ago. I served with him in the Senate when we put together a bipartisan group to rewrite the immigration laws for America—four Democrats, four Republicans. I sat across the table with JOHN for months. We went back and forth through all the provisions on immigration. JOHN even conceded today that he has an interesting temper. There were days when JOHN MCCAIN was Mount Vesuvius, just exploding in every direction, and you had to step back. And there were days when he smothered you with kindness. That is the way he is. We love him for it.

He came today to give a speech that every American should read if you want to understand how a Democratic Senator can stand on the floor and give compliments and praise to a Republican Senator, which I am about to do. Senator MCCAIN said that we have to do something about this country of ours—the political divisions. I will not get the words perfectly, but he said to us: Will you please start ignoring these radio and TV and internet talking heads who want us to fail and make a living by laughing at us? Will you ignore those people? Instead, look to what this institution, the U.S. Senate, is all about and what we should be doing to solve the problems for the people we represent.

JOHN MCCAIN went on to say: Why don't we have debates on the floor of the Senate anymore?

Do you know what? He is right. We are 7 months into this year's Senate session. We have not had one bill on the floor of the Senate that we have debated and amended—not one. This is a first, and it is in this kind of convoluted reconciliation process where you speed up the amendments.

Think about this. We are amending your healthcare policy that affects you and your family. We are amending how you will buy health insurance as an individual and how your company will buy health insurance for you. We are amending, basically, whether your insurance policy is going to protect your family or not. Listen to how it works.

People propose an amendment, and then we debate it. Do you know how long we debate it? We debate it for 1 minute on both sides. Disgraceful. JOHN MCCAIN called us on it today and asked: Why have we reached this point when an issue this important is going through a process that is totally partisan?

You see, the Republicans decided early on that they were not going to invite us to the party; that they were going to write this healthcare bill by themselves, in secret. Senator MCCONNELL picked 13 Republican Senators,

and they sat for I don't know how long—months, weeks—and wrote a bill. One of them I mentioned earlier was ultimately rejected by the Republicans themselves. JOHN MCCAIN challenged us and said: For goodness' sake. He has been in the Senate—and I have too—during a time when it was much different. He really begged us, pleaded, and urged us to get back to that time when we worked together on a bipartisan basis to solve problems. JOHN MCCAIN was right. I did not agree with his vote to put us in this position we are in at this moment, but I was encouraged by the way he closed. He turned to Senator MCCONNELL, who was sitting right there, and said to him: Do not count on my vote on final passage. I want to see what we do in this bill. I want to see how we debate this bill.

One Republican Senator like JOHN MCCAIN can make the difference as to whether this process stops and a real bipartisan process starts. Isn't that what the American people expect of us?

Seated in the Chair, the Presiding Officer, is a brandnew Senator from the State of Alabama.

Welcome, Senator STRANGE.

He comes here because Senator Sessions went on to become the Attorney General. He has seen the Senate for a couple of months or 3 months, maybe—5 months now—and I am sure he has his impressions of this body. They may be different than what he thought about it before he was elected. Yet I can tell him for sure that this is a much different Senate than the one PATTY MURRAY was elected to, that it is much different than the one I was elected to. Even for MIKE ENZI, my friend from Wyoming, it is much different than the one he saw.

I see my colleague here, Senator SCHATZ, from Hawaii.

How long have you been here now, BRIAN?

Mr. SCHATZ. Four-and-a-half years.

Mr. DURBIN. Four-and-a-half years.

He is a newbie, and he has not seen the Senate I am describing.

Can you believe there was a time in the Senate when we would bring an important measure to the floor on many different issues, and Members would come to the floor—I am not making this up—and actually hand an amendment to the clerk and say: I would like to offer an amendment to the bill. Then we would debate it, and then we would vote on it. Sometimes you won, sometimes you lost, and you moved on to the next amendment. That actually happened on the Senate floor. For the people who are new to the Senate, I am sure they do not believe me, but it did happen over and over and over. We had a healthy respect for one another. The amendments went back and forth, and we ended up seeing bills passed that made a difference in America.

What we are doing now is a disgrace to this institution, and it does not honor the Senate, its Members, or our Constitution when what is at stake is

so important. In looking at some of the provisions that have been brought before us in the Senate's Republican repeal bills to repeal the Affordable Care Act, I do not know how they can do it. I do not know how Senators could go home and say in their home States: A million of you are going to lose your health insurance because of something I just voted for.

Health insurance means a lot to me personally. I have said it on the floor. There was a time in my life when I was a brandnew law student and was married. God sent me and my wife this beautiful little baby. She had some health issues, and we had no health insurance, as I was a law student. We ended up sitting in the charity ward of a local hospital here in Washington, hoping our baby girl would have a good, talented, capable doctor walk through the door and see her. I was not sure because I did not have health insurance. I will never forget that as long as I live, and I thought to myself that it will never happen to me again. I am going to have health insurance no matter what it takes. It meant that much to me, and it means that much to everybody.

There is not a single one of us who does not want the peace of mind of knowing that if we get sick or if someone we love gets sick, he will have access to good hospitals and good doctors. That is what health insurance is all about. As the Republican proposals eliminate health insurance for 60 million, 20 million, 30 million Americans, you ask yourself: How can you do that to this country?

The cuts they make in Medicaid have really educated America about Medicaid. People know about Social Security. They know what that is all about. We all pay into it and wait to receive our Social Security checks when we reach that age. They also know about Medicare. You have to be 65 years of age. It is pretty good coverage, isn't it? The ones who receive it think it is a pretty good deal to have Medicare coverage when they reach the age of 65, but Medicaid was one of those mystery programs. People were not sure. What does it do? The Medicaid Program in America does the following:

In Illinois, that program takes care of half of the new mothers and their babies. Half of them are paid for by Medicaid—prenatal care to make sure the baby is healthy, the delivery of the baby. Afterward, the mom and baby are taken care of, paid for by Medicaid. This is one out of every two births in Illinois.

Medicaid also sends provisions—money—to your local school districts. I will bet you did not know that. If your local school district has a special education program—and virtually all of them do—they receive Medicaid to pay for some basics. It pays for counselors for special ed students. Sometimes transportation in a local school district in downstate Illinois or feeding tubes for some severely disabled stu-

dents are paid for by Medicaid. You may not know that for disabled people, Medicaid is their health insurance. Many of them have no place else to turn.

I mentioned on the floor before that a mother in Champaign, IL, with an autistic child, said: Senator, if it were not for Medicaid, my son would have to go into an institution. I couldn't afford it.

Medicaid is his health insurance.

I have not touched the most expensive part of Medicaid of which you may not know, which is that two out of three people in nursing homes depend on Medicaid to get basic medical care. Medicare is not enough. They need the help of Medicaid. So if it is Mom or Dad or Grandma or Grandpa who is in a nursing home, two out of three of them depend on Medicaid.

The Republican bill to replace the Affordable Care Act says we are going to cut the spending on Medicaid, that 25 to 35 percent will be cut. That is why Governors of both political parties have screamed bloody murder: You cannot do that. You are cutting the Federal contribution to Medicaid in our States. Who is going to pay for that baby? Who is going to pay for the mom? Who is going to pay the school district? Who is going to pay for the disabled? Who will take care of the folks in nursing homes?

Why did they make that deep of a cut in Medicaid—a program that is so important to so many people? There is the tough part. That deep of a cut was made in Medicaid so Republicans, in their healthcare proposal, could include a tax break for the wealthiest people in America, for health insurance companies, and—get this—for pharmaceutical companies. To give them tax breaks, they had to cut Medicaid coverage for all of the people whom I just described.

Is it any wonder that many Republicans backed away from this? Senator HELLER, of Nevada, talked to Governor Sandoval—both Republicans—and said he could not support an early version of the bill because of the deep cuts in Medicaid.

If this is supposed to be an improvement over the Affordable Care Act, which part of it is an improvement? Is it in cutting Medicaid coverage for all of those people, saying that your health insurance policy does not have to cover people with preexisting conditions, raising the cost of healthcare premiums, particularly for people between the ages of 50 and 64, eliminating health insurance for millions? Is that an improvement over the current system? It is not. It is a disaster.

The question is, By the end of this debate, after we have gone through this crazy process of voting up and down quickly and with very little debate, will one more Republican Senator stand up and say unacceptable? Two of them have. If one more will join them, then we can get down to the real business we should face. The real business

is being the Senate again with regular order, which means taking the measure to the HELP Committee. Senator MURRAY, of Washington, is the ranking Democrat. Senator LAMAR ALEXANDER is the chairman from Tennessee. I respect him and like him a lot. The two of them ought to have hearings on a bill to change the affordable care system and make it work better, bring down the cost of premiums, and expand health insurance coverage. I think that is what we should be all about.

Now, there is a basic difference in philosophy here. I will close with this, but this is what drives us. Answer the following question, and I can tell you how you are going to vote on this bill:

Do you believe healthcare is a right for every American or do you believe it is a privilege; that if you have enough money and you are lucky enough, you can get it, and if you don't, you go without.

If you answer the question that it is a right, that it should be a right in America, then you have to reject this approach. You cannot take helpless people, some of whom are working hard in two and three jobs at a time and who have no healthcare benefits, and say to them: Sorry. Our system will not take care of you.

One last point. The irony of that is that if you do not give people health insurance, if you do not give them protection, they still get sick, they still go to the hospital, and they still get care. What happens to the bills they cannot pay? Everybody else pays them. Before the Affordable Care Act, each of us paid \$1,000 a year in premiums just to cover for the people who could not afford health insurance.

We think there is a better way. We think Americans should have access to affordable health insurance across the board, and we think we can achieve that if we work together on a bipartisan basis. So I hope one more Republican Senator will join Senators COLLINS and MURKOWSKI and bring us back to what JOHN MCCAIN described on the floor today to the Senate—of having a real debate about real issues and really caring about the American people.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Ohio.

MR. BROWN. Mr. President, I ask unanimous consent that after my remarks, the senior Senator from Hawaii be recognized.

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

MR. BROWN. Mr. President, what is happening today on the Senate floor is outrageous. I still cannot quite believe my colleagues as their staff members stood behind them in the Senate Chamber to my right. All of them have health insurance that is paid for by taxpayers. All of us—all of them, all of the staff, all of the Senators, all of the House Members—have insurance paid for by taxpayers. Yet they would come to the Senate floor with their votes entrusted to them and given to them by

the voting public in their districts and their States. All of them have health insurance that is paid for by the taxpayers, and they would vote to take insurance away from hundreds of thousands of people in my State and in Washington and in Wyoming and in Alabama and in Hawaii.

Millions of people around the country, most of whom have jobs—people who are working \$8-, \$10-, \$12-, \$15-an-hour jobs—are not as well paid as the staff who stand behind us as these floor sessions go on, and they would take insurance away from people like them. I am still just incredulous that that would have happened. This bill affects all of our constituents. It would upend one-fifth of the American economy. Yet the people whom we serve have no idea what is in this bill. We really do not know what is in it.

Over the weekend, people said Senator MCCONNELL was going to bring us all to the floor on Tuesday to vote on the healthcare law. This is the law to repeal the Affordable Care Act. I was part of writing the Affordable Care Act as a member of the Health, Education, Labor, and Pensions Committee. That bill took months and months and months, dozens of hearings, and hundreds of amendments. The committee adopted, and I supported, 150 Republican amendments. It was the way we should do things here. Instead, Senator MCCONNELL met just down this hall—I know the camera does not quite show this. Down this hall in his office, he met with lobbyists from Wall Street, with lobbyists from the drug companies, and with lobbyists from the insurance companies. I do not think the Presiding Officer was part of this—he is, perhaps, too junior—but four or five Republican Senators were in there, and they wrote a bill that, alas, was good for drug companies, was good for insurance companies, and was good for Wall Street. It just left out the public.

Now, we do not really know what is in the bill this time. One of the things we do know is, all of the options are bad for my State of Ohio and that all of the options are bad for the people who elected us to serve here. Let me talk about those options.

First, behind door No. 1, we have the repeal of the Affordable Care Act with no replacement. Again, behind door No. 1, I do not know if that is what this bill is. I do know it is one of the options. So behind door No. 1 is repeal with no replacement. That means repealing the entire Affordable Care Act with no plan to replace it. It creates dangerous uncertainty that of course will drive prices up for everyone. When insurance companies, when the people who have insurance now have no idea what is going to happen, of course it drives prices up. Of course, it means insurance companies will pull out of Wyoming and Alabama and Washington State and Hawaii and Ohio.

According to the nonpartisan Congressional Budget Office, 18 million Americans will lose their health insur-

ance next year, and premiums will go up 20 percent. Professionals hold these jobs. They are people who are not Republicans, who are not Democrats, who are just like the Parliamentarian, who is not aligned with either party. The Congressional Budget Office is just like that.

Again, think about that. Think of the Members of the Senate. Think of the Senate's staff who line up along this wall during floor sessions. All of us have insurance. Yet we are going to take it away. According to this plan behind door No. 1, we are going to take it away from 18 million Americans. There would be less coverage, and premiums would go up 20 percent—higher costs. By the end of this decade, 32 million Americans—that is like 1 out of 10 Americans—who currently have insurance would be without health coverage and premiums would double. So 32 million people lose their insurance within the decade and premiums double.

Let's talk about Barbara. Barbara, whom I met in Toledo just recently, is 63. She is not old enough for Medicare; she relies on the healthcare exchanges. Repeal with no replacement would create massive uncertainty for Ohioans.

The people in this body who voted yes today—does the Senate staff who stands behind here who have insurance from—taxpayers like Barbara—do they think about Barbara? Do they think about somebody who reads in the paper that the Senate took the first—still reversible but barely—step toward taking their insurance away? Do they ever think about people like Barbara? Do they, as President Lincoln said, ever get out and get their public opinion pass and listen to people like Barbara? She is 63 years old, and she doesn't know if she will have insurance next month. Imagine that. Do the staff back here, do the Senators who get insurance from taxpayers—do they think: Oh, maybe my insurance won't exist a few months from now. Do they think about that? I am guessing they don't.

Repeal with no replacement creates massive uncertainty for Ohioans like her. We have already seen this year what that uncertainty does to Ohio families, with insurance companies that have been forced to pull out of the market as Congress and the White House create more and more uncertainty. When Aetna pulled out of Dayton and other communities in Ohio—in that part of Ohio—they and others left nearly 20 counties in Ohio without any insurer next year. When they did that, they announced it was because of the uncertainty in this Congress, that nobody really quite knows what is happening.

So that is door No. 1—repeal with no replacement, higher cost, less coverage.

Let's look at door No. 2. Behind door No. 2 is the plan that MITCH MCCONNELL negotiated in secret. As I said, straight down this hall, go to the right, that is MITCH MCCONNELL's office. That is where the drug company lobbyists

hung out; that is where the insurance company lobbyists hung out; that is where the Wall Street lobbyists hung out and a small number of Senators, and then they slammed the door shut. That is how they wrote this bill. The Presiding Officer knows this from his constituents in Florida. The drug companies wrote the bill. The insurance companies wrote the bill. Wall Street wrote the bill. And, alas, the bill: tax cuts for insurance companies and tax cuts for the drug companies. The 400 richest families in America—many of them contribute huge numbers of dollars, with lots of zeroes on them, to my Republican colleagues who voted for this bill. The 400 richest families in America will get—under this McConnell door No. 2, there are not just higher costs with less coverage for the public, but 400 families will average a \$7 million tax cut for each of the next 10 years. Four hundred families will get a \$7 million tax cut for each of the next 10 years.

The McConnell plan would increase healthcare costs for working families. We know that. They would slap on higher costs. They would slap an age tax on Ohioans over 50 when they buy insurance. And when it comes to healthcare costs, Senator HELLER from Nevada said it best: There is nothing in this bill that would lower premiums.

So they give tax cuts to rich people. They give tax breaks to the insurance and the drug companies. They cut Medicaid. But there is nothing in this bill, according to Senator HELLER, a Republican from Nevada, that would lower premiums. There are, however, those massive tax breaks for drug companies that have been jacking up prices on lifesaving medicines like insulin and those drug companies that played a role in creating the opioid epidemic that devastates my State. More people in my State—as the Presiding Officer, who also represents a large State, knows—more people in my State died of opioid overdose than any other State in the United States.

What does this plan do for the opioid epidemic? I have had dozens—maybe not dozens—I have done at least 15 or 20 roundtables around Ohio to talk about the opioid epidemic with doctors and counselors, psychologists and therapists and nurses, people who are recovering from addiction and their families, and others. One thing they all agree on is that the single best tool to help with opioid addiction is, alas, Medicaid. The single best tool to combat the opioid epidemic is Medicaid. This bill would take away the No. 1 tool we have to fight that.

So 220,000 Ohioans right now struggling with opioid addiction, getting treatment for opioid addiction—220,000—they are getting their addiction treatment because they have the Affordable Care Act and insurance provided by the Affordable Care Act. We are going to take that away from them.

At one of my roundtables in Cincinnati—the Talbot House—a father

sitting next to his daughter, who I believe was in her early thirties, looked at me and said: My daughter would be dead from an opioid overdose had it not been for Medicaid expansion. I thank Governor Kasich for having the courage to stand up against his President and stand up against the Republican leadership in this town and do the right thing in expanding Medicaid.

This plan, door No. 2, has higher costs, less coverage, and would kick many of those 220,000 people off their insurance. It would disrupt treatment for hundreds of thousands of Ohioans as they fight for their lives. It would pull the rug out from under local police and communities in the midst of an epidemic.

A number of police officers told me that when they go to a home—a police officer or a firefighter or another first responder—when they go to a home where somebody is unconscious because of an opioid epidemic, first they give them Narcan to revive them, and the second thing they do is sign them up for Medicaid. They sign them up for Medicaid so they can get treatment. Otherwise, there is a very good chance that person will die.

The most important tool for fighting opioid addiction is Medicaid. Yet this body voted today—2 Republicans stood up and voted against this—today, 50 Republicans and the Vice President of the United States, who honored us with his presence today with the tie-breaking vote, voted essentially to kick those people off their treatment.

So door No. 2, the insurance company lobbyist plan: higher costs, less coverage. The same plan written by lobbyists.

Let's talk about door No. 3. Behind door No. 3 are higher costs and less coverage. It is the same plan written by lobbyists, just with taxpayer dollars thrown in to buy off votes. Same result—higher costs and less coverage.

They can't just throw money at this bill and make it better.

Take opioids. They want to take away Medicaid, which is the No. 1 tool we have to get people treated, and then they throw in a \$45 billion Federal grant program instead.

Governor Kasich said that those dollars—taking away Medicaid, taking away treatment, taking away insurance from the 700,000 Ohioans in Medicaid expansion and hundreds of thousands of Ohioans later—Governor Kasich is a Republican, and he and I see this pretty much the same way. Governor Kasich said that putting that money in after taking away Medicaid is like spitting in the ocean.

The director of Ohio's Medicaid Program said the Republican Senate plan would be devastating for Ohio. For instance, if someone had cancer, I don't think the best treatment for cancer is to cut off their insurance and then give them a Federal grant to pay their oncologist—not even a Federal grant to pay their oncologist. You don't treat people by a Federal grant, you treat

people by insurance and all of the wraparound part of insurance that matters.

It is not just those fighting addiction—I talked a lot about opioids—it is kids with special healthcare needs. It is Ohio schools. There is a program called Medicaid in Schools that helps young people struggling with various kinds of physical and mental illnesses in the schools. That is helpful.

It is rural hospitals. I have been on the phone with literally four dozen hospital CEOs in this State—at least four dozen, a number of them a number of times—and small hospitals in rural communities know that they may close if this bill, the one behind door No. 3, is adopted.

It is seniors in nursing homes, and it is their families who help care for them. Few people realize that three in five nursing home residents in my State rely on Medicaid to cover the cost of their care. That is 60 percent. They are our parents and our grandparents. These are middle-class families and working-class families who end up in nursing homes. They run out of money at the end of their lives. That is Medicaid dollars. Two-thirds of Medicaid dollars don't go to children or opioid addiction, they go to nursing homes to take care of our parents and grandparents.

I met with families again in Toledo last week who rely on Medicaid to help afford nursing home care.

Bob's mother Blanche lives at a home in Perrysburg, a suburb of Toledo.

My mother and father worked all their lives. My mother is 95 and receives a pension of only \$1,500 a month. Medicaid keeps her alive so she is able to spend time with her kids and her grandkids.

I remember Margaret Mead, the great anthropologist, who said that wisdom and knowledge are passed from grandparent to grandchild. A child can spend time with her grandparents, as my daughters got to spend time with their grandparents, especially my grandmother in her last years. It didn't just bring great joy to the grandparents, it imparts wisdom and understanding and education to the grandchildren. Medicaid does that, too, when people have insurance, when people are taken care of in nursing homes and assisted living.

We talk about people like Blanche who worked hard to build a good life for their families. They paid their taxes. They paid their insurance premiums. They paid into Medicare and Social Security. So we are going to cut their Medicaid in the last years of their lives. They shouldn't have to lose everything because they need more intensive care in the later years of their lives, and neither should their families, who are already squeezed—people in their forties and fifties and early sixties—who worry about their children's education on the one hand and then worry about paying for nursing home care for their parents on the other.

Another huge portion of the people Medicaid helps are Ohioans who are

workers, who pay taxes, who have children with a disability or with serious special needs. Nearly 500,000 kids in Ohio—20 percent of Ohio kids, 2 in 10—have special healthcare needs. Boaz, whom I met in Cleveland, was born with several heart defects. He wouldn't be alive today without treatment covered by Medicaid. Benjamin Dworning from Akron, born with Down syndrome, visited my office recently with his parents.

It is not just kids with special needs who will lose out. Ohio schools could lose \$12 million a year. Twenty-two percent of rural hospitals would be at risk of closing. It goes on and on.

These are all problems created by this bill behind door No. 3, written by lobbyists, written down the hall in Senator McCONNELL's office by drug company and insurance company and Wall Street lobbyists. That is the bill—undisclosed, unknown until he regurgitated it on the Senate floor and gave us this bill.

Cleveland.com wrote: "As for the proposed \$200 billion to ease the path for ACA funding losses, this too would pale compared with the losses themselves."

Again, Governor Kasich—he, a Republican; I, a Democrat—said this is spitting in the ocean.

So that is what is behind door No. 3—higher costs, less coverage.

That brings us to door No. 4. What is behind the last door? We have no idea. It is the ultimate mystery plan.

Remember what Washington uncertainty has already done to Ohio families? There are 20 counties with no insurer next year.

As an editor at the Columbus Dispatch—Ohio's most conservative newspaper—said to me about a month and a half ago, uncertainty is like carbon monoxide for business, a silent killer.

Now, the Republican Party, which fashions itself as the party of business, seems to have specialized over the last 10 years in injecting uncertainty into the economy—uncertainties such as, are we going to pass the Export-Import Bank, which Senator MURRAY worked so hard on, so our companies can export American-manufactured, well-made products? Are we going to pay our debts or are we not going to meet our obligations and shut down the government? Are we going to leave hanging out there the Affordable Care Act repeal? All of these things create uncertainty, and as a result, business investment freezes. We know what happens. So who knows what kind of damage this latest vote will do in the insurance market.

What we know for certain is that this mystery plan behind door No. 4 will mean higher costs and it will mean less coverage, because nothing so far—nothing that has been put on the table—could result in anything else. The math doesn't work. How can anyone stand here—again, staff standing by the wall here and Members of the Senate, all getting insurance provided by taxpayers—how can you stand here and

threaten to take away the insurance of others and at the same time drive up costs?

The Affordable Care Act is not perfect. Of course, it is not. We have work to do. Senator SCHUMER talked today about it. Sit down with us. We would love to work through many of the items and get more young, healthy people into the insurance pool, to stabilize the insurance market, to go after the high cost of prescription drugs and maybe, even to consider Medicare at 55. We were one vote away from opening up Medicare in a revenue-neutral way for people between 55 and 64 who might have lost their insurance as they get sick or as they get older. There are all of those options, but don't start with repeal, throwing millions of Americans off of their insurance.

I agree with Governor Kasich one more time. Yesterday, Governor Kasich said: Until Congress can step back from political gamesmanship—which we saw in spades today, as Senator JOHNSON and Majority Leader MCCONNELL were negotiating the last parts of the bill, and as, more or less, 98 of us sat here and watched and wondered what was going on and saw that political gamesmanship—and come together with a workable bipartisan plan, it is a mistake for the Senate to proceed with the vote we just took on Tuesday. He said that yesterday.

Instead of down the hall Senator MCCONNELL working with insurance company and drug company lobbyists, instead of listening to the drug companies so that he puts the tax break for drug companies in the bill, let's listen to the people of Kentucky, Wyoming, Texas, Louisiana, Alabama, North Carolina, Ohio, Hawaii, and Washington. Let's listen to the people of the States of my colleagues in this body.

Let's work on a bipartisan plan to fix what is not working in the Affordable Care Act. Let's keep what is working and make healthcare work better for the people whom we serve.

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

Mr. SCHATZ. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 5½ minutes.

Mr. SCHATZ. Mr. President, we just took one of the most reckless legislative actions in this body's history. We are blowing up the American healthcare system, and we don't even know what comes next.

I want to be clear. The Senate has never before voted on major legislation that would reorder about one-sixth or one-fifth of the American economy and impact millions of lives without actually knowing what the bill would even do.

There has been no bipartisanship. There has been talk of it, but there have been no real discussions. There have been no public hearings. Let me say something about hearings. This is not a technical point. This is the way a legislative body does its work. This is

the way we figure out whether our bill is any good or not.

This is the way the Senate has always worked. We don't do major legislation without hearings. But that is what we are doing today, and that is because people don't want to disclose what is in this bill.

It is true that we don't know exactly what is in the bill, but we can be sure of a few things. First, whatever problems there are with the ACA, this bill doesn't even bother to take a swing at them. To the extent people are worried about high deductibles, it will increase the deductibles. To the degree people are worried about the choices on the exchanges, it doesn't even try to solve that problem.

We don't know exactly how much Medicaid will be cut, whether it is just rolling back the Medicaid expansion or making these radical structural reforms, but we know there will be deep cuts to Medicaid. This will hurt people. It will hurt people in nursing homes. It will hurt people with drug addiction. Medicaid is a program that works for tens of millions of Americans, and it will be slashed massively.

We don't know whether they are going to get rid of the capital gains tax or just other revenue, but we know they are going to reduce many of the taxes in the original Affordable Care Act, and they are going to pay for it by cutting Medicaid.

So under the guise of fixing the ACA, they are actually doing nothing about ACA. What they are doing is cutting taxes and cutting Medicaid. We don't know exactly what is in the bill, but we do know that.

People are going to be hurt—people with preexisting conditions, families with loved ones struggling with opioid abuse, people in nursing homes, people who rely on Planned Parenthood, and the tens of millions of people who will lose their insurance almost instantly. That is why every group—from the American Medical Association to the nurses, to the American Cancer Society, to the March of Dimes, to the National Physicians Alliance, and the AARP—opposes this bill. There are 14 different versions of this bill, but, actually, these organizations oppose them all.

There are some core elements of the vote we took that are going to be true no matter what. It will cut Medicaid and cut taxes. It will reduce patient protections. It will reduce the number of people who have insurance.

It was all done with no hearings, with no Democrats, with no experts on healthcare. This thing is going to be dropped on us without enough time to review it and without enough time to interact with our home State and figure out the impact.

Make no mistake, the reason they will not tell you what is going to be in the final bill is because the moment they do, this thing will come crashing down. What the American people have to do is to make sure that this thing

comes crashing down anyway. We have to do it for the tens of millions of Americans who depend on Medicaid and the ACA. We have to do it for our rural hospitals. We have to do it for the people with preexisting conditions. We have to do it for the people without power, without money, without the ability to walk 200 yards from this gilded Chamber and get the best healthcare in the world.

I will be fine. All the Members of this Chamber will be fine. But our job is not to take care of ourselves. Our job is to represent our constituents, and this bill has earned the title of most unpopular major bill in American history, most unpopular major legislation in American history.

There is still time to walk back from the brink.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask for the yeas and nays with respect to amendment No. 267.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 270 TO AMENDMENT NO. 267

(Purpose: Of a perfecting nature.)

Mr. MCCONNELL. Mr. President, I call up amendment No. 270.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL] proposes an amendment numbered 270 to amendment No. 267.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

The PRESIDING OFFICER. Is there objection?

Mrs. MURRAY. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

The clerk will read the amendment.

The senior assistant legislative clerk continued with the reading of the amendment.

(Mr. DAINES assumed the Chair.)

The bill clerk continued with the reading of the amendment.

(Mr. ROUNDS assumed the Chair.)

The legislative clerk continued with the reading of the amendment.

The senior assistant legislative clerk continued with the reading of the amendment.

The bill clerk continued with the reading of the amendment.

The assistant bill clerk continued with the reading of the amendment.

(Mr. DAINES assumed the Chair.)

The legislative clerk continued with the reading of the amendment.

The senior assistant legislative clerk continued with the reading of the amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. ENZI. Mr. President, I ask unanimous consent that there be 1 hour for debate on amendment No. 270, equally divided between the two managers or their designees; that following the use or yielding back of time, Senator MURRAY or her designee be recognized to make a point of order against the amendment, and that Senator ENZI or his designee then be recognized to make a motion to waive; further, that following the vote on the motion to waive, Senator ENZI or his designee be recognized to offer a second-degree amendment, No. 271, and that Senator MURRAY or her designee be recognized to offer a motion to commit; finally, that the time from 10 a.m. until 12 noon be equally divided between the managers or their designees; that at 12 noon tomorrow, Senator MURRAY or her designee be recognized to make points of order, and that Senator ENZI or his designee be recognized to make a motion to waive; that following the motion to waive, the Senate vote in relation to the amendment No. 271; that following disposition of the amendment, the time until 2:15 p.m. be equally divided on the Murray motion to commit, with a vote on the motion at 2:15 p.m. I further ask that following disposition of the Murray motion, Senator MURRAY or her designee be recognized to offer an additional motion to commit.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, the pitch to Republican Senators this afternoon before the first vote was that it was nothing but a little bit of throat clearing—just a first step to get the conversation started.

Let's be clear, nobody can pretend the stakes aren't real now. In a few minutes, the Senate will be voting on yet another version of the Senate TrumpCare bill. I call it the BCRA 3.0. It features a special gut punch to consumer protection offered by Senator CRUZ.

My view is, the Cruz proposal is a prescription for misery for millions of Americans dealing with serious illness and bedlam in the private insurance market. Forget, colleagues, all the talk about bringing costs down. This bill is going to send health expenses like deductibles and copayments into the stratosphere.

TrumpCare 3.0, BCRA 3.0, tells insurance companies: Look, you are off the hook for basic consumer protection. You get to bring back annual and life-

time caps on coverage, and those caps would hit people who get their healthcare through their employer, as well as those who buy it for themselves in the individual market. You can forget about essential health benefits. You get to flood the market with bargain-basement insurance plans, as long as you offer one, single, comprehensive option, the kind of plan that actually works for people with preexisting conditions and, by the way, you get to price that through the roof.

Under the Cruz proposal, we will be looking at a tale of two healthcare systems in America. The young and healthy are going to opt for the bare-bones insurance plans that don't cover much of anything, but there are millions of people in this country who cannot get by with skimpy Cruz-plan insurance. They are people who have had a cancer scare or suffer from diabetes. They are people who get hurt on the ski slopes or in a car accident. The only coverage that works for them will come with an astronomical pricetag.

There was no hearing in the Finance Committee, no hearing in the HELP Committee. Senators are flying in the dark, and as far as I can tell, the proposal is going to be before us without having been scored by the CBO.

Let me close with this. It is not too late for Republican Senators to put a stop to this shadowy, unacceptable process. Nobody in this Chamber—not one Senator—has to choose between TrumpCare and straight repeal or any partisan plan. I hope my colleagues will reject TrumpCare 3.0, BCRA 3.0 and say it is time to stop this my-way-or-the-highway process and say, after rejecting this ill-advised amendment, that they would like to return to the regular order, where we look to bipartisan approaches.

I urge my colleagues to oppose and to oppose strongly this first amendment that we will vote on tonight, BCRA 3.0. It is a prescription for trouble for millions of consumers, and I think it is going to cause chaos for the reasons I described in the private insurance market.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I rise tonight to talk about the Portman amendment and about the broader substitute that repeals and replaces the Affordable Care Act, otherwise known as ObamaCare.

Is this replacement perfect? No. I don't think any replacement is. But it is a big improvement over the status quo. The status quo on healthcare is simply no longer sustainable.

It isn't working for Ohio. We heard a lot about the middle-class squeeze in Ohio, and it is real. Wages are flat and expenses are up. For most folks, the biggest single expense is healthcare costs. It is the fastest growing expense because of higher premiums and higher deductibles.

It wasn't supposed to be this way. In fact, when the Affordable Care Act—

ObamaCare—was enacted in 2010, we heard a lot of promises about lower costs. They promised that ObamaCare would bring down premium costs by 2,500 bucks for the average family, but we now know that families have seen their premiums skyrocket. According to the Ohio Department of Insurance, health insurance premiums on the individual market in Ohio have nearly doubled since the Affordable Care Act went into effect 7 years ago. Small business premiums have gone up 82 percent. Premiums for this year are up double-digits, and next year we all expect the same. No one can afford that.

To make matters worse, we have seen a sharp increase in deductibles. For a lot of people covered by insurance, they feel as though they really don't have health care insurance at all because their out-of-pocket expenses are so high and deductibles are so high, they really can't access it.

These higher premiums and deductibles have already made healthcare unaffordable for a lot of hard-working Ohioans. But it is not just about costs, it is also about choice. Some people are losing their coverage altogether because the policies established in the Affordable Care Act were set up for failure.

Fifteen of the 23 nonprofit insurers set up around the country as co-ops around the Affordable Care Act have now gone bankrupt. One was in Ohio. Last year in my State, 22,000 hard-working Ohioans lost their coverage because our co-op declared bankruptcy. Many of them, by the way, had already paid their deductibles on that, and they lost that as well.

Worse than that even, right now there are 19 counties in Ohio without a single insurance company in the exchange market, the individual market—not one insurance company. Another 27 counties in Ohio have only 1 insurer. That is not competition. That is not choice. Far too many Ohioans—thousands of them—if they want health insurance, are told they have to move out of their county to another county.

Less competition has also meant less choices and higher costs for Ohio families and cost shifting on to employer-based plans. As these insurance companies have lost money, some of them haven't left Ohio, but they shifted their costs to other people. That is why so many people's costs have gone up.

Without competition and choice in the market, we are never going to be able to lower healthcare costs for families and small businesses. That is one more reason why the status quo on healthcare, the system we have now, is not sustainable.

The Affordable Care Act has failed to meet the promises that were made, but we can do better, and we have to do better. It is our job to do better, but we should do it in a way that protects low-income beneficiaries of Medicaid, that protects the most vulnerable in our State. We can do that too.

At the outset of this debate and consistently throughout the debate, I have

said my goal was to create a more workable healthcare system that lowers the cost of coverage and provides access to affordable care while protecting the most vulnerable. This most recent version of the Better Care Reconciliation Act—as my colleague just called it, BCRA.3—is an improvement over the House bill, but it is also an improvement over the previous Senate bill. This measure includes reforms that will help lower premiums on families and small businesses. The No. 1 priority out there should be to lower those costs. This bill will help lower those premiums.

Throughout the process, I have expressed my concerns about how we deal with Medicaid, which is a critically important Federal program that provides healthcare benefits to about 70 million Americans who live below the Federal poverty line. The Affordable Care Act allowed States, including Ohio, to expand Medicaid eligibility actually above the poverty line, to 138 percent of poverty, and to cover single adults.

With our growing debt and deficits, we know the current Medicaid Program is not financially sustainable over the long term, and we have to look for innovation and reform to protect and preserve it now so that Ohioans can count on this program in the future and so that those who need it will have it.

My point all along has been that these reforms can and should be done in a way that doesn't pull the rug out from under people and gives States time to adjust. So, in this Senate bill, I have worked to put Medicaid expansion on a glidepath for 6 years, with the current law for 3 years and then a transition for another 3 years. That transition would be to a new healthcare system. This is a big improvement over the House bill, which had a cliff in 2 years without a glidepath.

Just as important, in this substitute before us, Governors would have new flexibility in this legislation to design innovative Medicaid Programs that meet the needs of their States and their expansion populations.

One issue I have focused on a lot in this discussion has been the opioid epidemic. In my own State of Ohio, this epidemic has had a devastating effect. About 200,000 Ohioans now suffer from drug addiction, primarily from heroin and prescription drugs and the new synthetic heroins, such as fentanyl. Unbelievably, I will tell you that about half of the funds we spend in expanded Medicaid in Ohio go for one purpose, and that is mental health and substance abuse treatment, primarily driven by addiction to heroin and prescription drugs and fentanyl.

We have to deal with this issue in a smart way. In this latest version of the substitute, that is why I fought to provide not only that transition for those on expanded Medicaid but also an additional and unprecedented \$45 billion in new resources for States to address the

opioid epidemic. I am pleased to say that in the legislation we are going to vote on tonight, it is included. We want those receiving opioid treatment under Medicaid expansion to maintain access to treatment as they work to get back on their feet. This new funding is critical to help with regard to that treatment and longer term recovery.

An additional issue I have been working on is to ensure that those on expanded Medicaid are able to find affordable healthcare options under a new system, whether it is under the new Medicaid structure or affordable healthcare options in the private sector on the private market. Over the past few weeks, I have worked with the President, the Vice President, administration officials, and many of my colleagues on ways to improve this bill further in this regard, to help out low-income Ohioans and others who are trying to find affordable coverage. That is why this proposal before us, the Portman amendment, is so important.

By the way, it is called the Portman amendment, but it is the result of the work of a lot of different Senators, some of whom I saw on the floor earlier and one I see here tonight. Senator CAPITO, who has been a leader on this, and Senators HOEVEN, GARDNER, SULLIVAN, CASSIDY, YOUNG, BOOZMAN, HELLER, MURKOWSKI, and others, have worked on this proposal.

I am pleased that we have received a commitment that the Senate will vote tonight on this approach to help those on Medicaid expansion and other low-income Americans get access to affordable healthcare in the private market.

This plan has two parts. First, it provides an additional \$100 billion to the long-term stability fund in the Better Care Reconciliation Act to help people with out-of-pocket expenses, such as deductibles and copays, thus ensuring that those who transition from Medicaid expansion into private insurance under a new system not only have the tax credit to help them, which is part of the underlying bill, but also have this additional help for affordable coverage options.

Second, it is a Medicaid wraparound that allows States to provide cost-sharing assistance to low-income individuals who transition from Medicaid to private insurance and receive a tax credit on the exchange. The States could use this flexibility in combination with this long-term stability fund increase—the additional dollars I am talking about—to assist individuals with their deductibles, out-of-pocket expenses, and copays.

It would also allow the States to capture Federal Medicaid matched dollars to supplement the tax credits under the Better Care Act without having to seek and renew existing waiver authority.

This Medicaid wraparound is already available through a waiver, but we think it is critically important to put it in a statute so that other administrators and the current ones—Seema

Verma has said she supports this waiver being granted—but others will grant it, and you don't have to renew this waiver or beg for a waiver. It is a commonsense way to help get people who are going into private plans the help they need to be able to afford the premiums, deductibles, and copays.

This is a commonsense approach to help ensure that these low-income Americans have access to affordable care, and I urge my colleagues to support it.

We must do better than the Affordable Care Act. I have heard from people across Ohio on both sides of this debate. Trust me, I have heard a lot. There is a lot of passion. I understand that. But it is interesting, the common denominator in many of these discussions is that doing nothing is not sustainable. Pretty much everybody acknowledges that the status quo is not working. Ohioans deserve action.

In my view, to throw in the towel and give up on finding a better alternative is to give up on Ohio's families, give up on Ohio's small businesses, and I am not willing to do that.

We all know the Affordable Care Act has not lived up to its promises to the American people. Today, after 7 years of consistently calling for repeal and replace, I am supporting a sensible plan to do just that. Is it perfect? No. I don't think any substitute is. Replacement is hard. But it is an improvement on the unsustainable status quo, and it does help keep our promise to the American people to do better.

I urge my colleagues to support the legislation before us.

I yield back my time.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

Mr. President, earlier today the Senate voted on a bill to dismantle this country's healthcare—a cruel bill that would affect every single American and one-sixth of our economy; a heartless bill that was crafted in secret, without public debate and without input from the families who will be impacted; an inhumane bill that would make health insurance unaffordable for millions of Americans and leave millions more with no access at all.

Despite this legislative malpractice, despite numerous independent analyses and nonpartisan Congressional Budget Office findings that millions of Americans will lose coverage and face increased costs, despite Americans from across the country pleading with Republicans not to rip away their coverage or take a machete to Medicaid, despite all that, President Trump and Republican leadership put politics ahead of people and voted to repeal the Affordable Care Act. That is a travesty.

I have often said that the proudest vote of my career was the one I cast in favor of the Affordable Care Act. The second proudest vote is today, voting no on this cruel, heartless, inhumane bill.

To all of my constituents in Massachusetts, please know that I vote no with you in mind.

Massachusetts is the home of universal healthcare. We have a model for the Affordable Care Act. Because of our belief that healthcare is a right and not just a privilege, 98 percent of Massachusetts residents have healthcare coverage. That was a dream of the great Teddy Kennedy, the lion of this Chamber, and it is a reality in Massachusetts.

We cast this historic vote today to proceed to debate on healthcare legislation, but rest assured, the fight to protect the Affordable Care Act is far from over.

It is a testament to how divided the Republican Party is over how to replace the healthcare law that we still don't know which version of TrumpCare we will proceed to vote on for final passage. It is not because Republicans haven't had time—they have had 7 years to craft a plan to repeal the Affordable Care Act. Rather, the chaos we have seen so far from Senate Republicans is because millions of Americans are finally benefiting from insurance coverage, many for the first time, and they don't want these protections taken away.

In many ways, it doesn't matter which bill they bring up for a vote because all versions of the Republican healthcare bill are terrible. Republicans still have no idea how they will go about protecting those with pre-existing conditions and ensure that millions aren't kicked off their current insurance plan.

Senate Republicans have so far proposed three bills that would each devastate the healthcare sector, take a machete to Medicaid, and make the poorest in our country pay for tax breaks for the wealthiest. These bills are the bad, the worse, and the ugly.

First, the bad.

Senate Republicans proposed legislation at the end of June—just a month ago—that would rip away health insurance from 22 million Americans and give the top 400 wealthiest people in our country a tax break worth \$33 billion.

Then the worse.

They introduced yet another bill that would also kick 22 million Americans off of their health insurance and cut Medicaid by \$750 billion. They tried to buy Republican votes with a separate opioid fund, but that craven, political Hail Mary was not fooling anyone.

Then the ugly.

When Republican leadership realized that they did not have the votes for either of these cruel replacement bills, they decided to just repeal the healthcare law without any kind of replacement. This proposal would take coverage away from 32 million Americans and double premiums over the next decade.

That is the slate of Republican healthcare bills—the bad, the worse, and the ugly. All of these healthcare

proposals have one thing in common: heartlessness. They all reduce coverage. They all increase costs for Americans. They all eviscerate Medicaid, causing irreparable damage to a program that provides coverage for 70 million Americans, and they all hand over billions in tax breaks to the wealthiest in our country, who do not need them or deserve them. Even in Massachusetts, the Republican proposals would mean more than 260,000 people would lose coverage, often the lowest income residents in the State. It would cost the State more than \$8 billion by the year 2025.

There are no changes, no so-called fixes, no modifications to make any of these bills less cruel. Each of the Republican proposals will just exacerbate the most devastating public health crisis facing the country—the battle against opioid overdose deaths.

Leader MCCONNELL said today that he would be thinking about the families who are hurting in Kentucky when he casts his vote to kick at least 20 million Americans off of their health insurance coverage. Yet do you know who will really be hurting? It will be the families of the nearly 1,000 people who died of an opioid overdose in Kentucky last year.

In a blatantly craven attempt to make TrumpCare more palatable, moderate Republicans from States that have been ravaged by the opioid crisis included a paltry opioid fund in the most recent version of the GOP replacement fund. Those are crumbs compared to the amount that the Affordable Care Act would likely spend on covering opioid use disorder treatments if we would just leave the law alone to work as intended. This opioid fund is not a fix; it is a falsehood. It is a false promise to the people who are suffering from opioid addiction. It is a false future that will not include critical Medicaid funding for treatment and recovery services, and it is a false bargain that Republicans will make at the expense of families who are desperate for opioid addiction treatment.

The American people will not be fooled. They realize that opioid funding in this proposal is nothing more than a public health pittance—a wholly inadequate response to our Nation's preeminent public health crisis. No amount of money in an opioid fund can replicate the access to treatment that is provided through the comprehensive health insurance program that the Affordable Care Act represents. Families of those who suffer from substance abuse disorders have been shouting from the rooftops that cutting Medicaid and hamstringing access to health insurance coverage will only make a difficult situation worse.

We should be making health coverage and treatment access more robust, not weaker. Today, only 1 in 10 people with substance addiction receives treatment, and it has been estimated that 2 million people who live with opioid use disorders are not receiving any treat-

ment for their disorders. It should not be a surprise to anyone that the epidemic of opioid abuse will only worsen as long as we have a system that makes it easier to abuse drugs than to get help.

These Republican proposals will be a death sentence for millions of people with substance use disorders. A vision without funding is a hallucination. They are cutting the funding for substance abuse. Republicans are turning their backs on their vow to combat the opioid epidemic, and President Trump is beginning to break his own promise from the campaign trail to "expand treatment for those who have become so badly addicted." Instead, they are moving forward with a proposal that threatens insurance coverage for 2.8 million Americans with a substance use disorder—all to give hundreds of billions in tax breaks to billionaires and big corporations—and slashing funding for our Nation's preeminent public health crisis is just part of it.

Creating a separate fund for opioid use disorders just further stigmatizes the disease and pushes it back into the shadows. This is not how we treat chronic health conditions in this country, and it is insulting to those 33,000 Americans who lost their lives just last year from opioid overdoses.

This latest political maneuver proves yet again that TrumpCare has never been about creating health. It has always been and still is about concentrating wealth—tax breaks for the rich coming from the cuts in healthcare coverage for those who need it the most in our country. They are abandoning hard-working families so that they must fend for themselves while they bestow those gifts of billions in tax breaks to the wealthy. That is shameful.

The GOP replacement plan also imposes an age tax on older Americans, allowing insurance companies to charge older Americans five times more than younger Americans for the same coverage. That is unconscionable.

The GOP plan reduces access to care for those with preexisting conditions—Americans with cancer, diabetes, women who have had children. They want to force them to pay for a Cadillac, but they then hand over to them a tricycle. That is just plain wrong.

On this floor, it is going to be a battle to the very end on this bill, and I am going to keep speaking and keep fighting until my Republican colleagues understand how important these issues are to every single family in our country.

The American people who believe in quality, affordable healthcare will not be silenced by today's vote. Instead, we will be invigorated to call out the callousness in any of these bills that would threaten the economic security for low-income and working families in order to fill the already overflowing bank accounts of the 1 percent. Oh, no. This fight is just beginning out here on the Senate floor because the lives of all

Americans who would be hurt by the Senate's vote today to begin debate on repealing the Affordable Care Act are simply too important for us to stop fighting.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, today is an important step in a very long journey. Some 7 years ago, ObamaCare passed into law, and in the 7 years that ObamaCare has been on the books, we have seen the results of this catastrophic law. We have seen the devastation that has resulted. ObamaCare is the biggest job killer in this country.

You and I and the Senators who have listened to their constituents across the country have heard over and over again from small businesses that have been hammered by ObamaCare. As I have listened to small businesses in the State of Texas over and over again, they have described ObamaCare as the single biggest challenge they face.

Indeed, thanks to ObamaCare, we have discovered two new categories of people who have been hurt by the Federal Government—the so-called 49ers and the so-called 29ers. The 49ers are the millions of small businesses that have 47, 48, 49 employees and yet do not grow to 50 because at 50, they would be subject to ObamaCare, and in being subject to ObamaCare, they would go out of business. There are literally millions of new jobs that are waiting to happen, waiting to grow, small businesses ready to expand that ObamaCare penalizes so punitively that they do not expand.

By the way, those jobs that would be the 50th and 51st and 52nd are typically low-income jobs. They are jobs for people who are just starting out in their careers. They are jobs for people who are minorities, who are African Americans, who are Hispanics. They are jobs for people like my father in 1957—washing dishes, making 50 cents an hour, but he was glad to have freedom in this new country.

Then there are the 29ers, the people all across this country who are forcibly put into part-time work at 28, 29 hours a week because ObamaCare defines a “full-time employee” as 30 hours a week. People all over the country are being hurt. Single moms who are trying to feed their kids are being hurt because they have been forced into part-time work so that they end up working two or three part-time jobs at 28, 29 hours a piece, and none of them provide healthcare. The burden on them has been enormous.

It hasn't just been jobs, although that is a big part of it; it has also been the millions of Americans who have had their health insurance canceled because of ObamaCare. We all know President Obama looked at the TV cameras and said: If you like your health insurance plan, you can keep your health insurance plan, and if you like your doctor, you can keep your doctor.

PolitiFact—that left-leaning news site—labeled Obama's promise as 2013's Lie of the Year, and it was. It was a deliberate lie, as Jonathan Gruber, the architect of ObamaCare, said that they were banking on what they called the stupidity of the American people—selling it based on a lie.

Then there is the impact on premiums. President Obama promised the American people that under ObamaCare the average family's premiums would drop \$2,500 a year. That wasn't just a little bit wrong; it was wildly and dramatically wrong. In fact, the average family's premiums have risen over \$5,000 a year.

People are hurting because health insurance is unaffordable. I hear from Texans over and over and over again: I cannot afford health insurance anymore.

I will say that the harms from ObamaCare—the people suffering under this failed law—have been mounting and mounting and mounting, and for 7 years, the Democrats have been content to do nothing. Barack Obama as President and Democrats having majorities in the Senate did nothing for the 49ers who could not get new jobs; nothing for the 29ers, the single moms forced to work part time; nothing for the millions of people who had the insurance plans that they liked canceled; nothing for the millions of people who could not go see their own doctors anymore; nothing for the millions of people whose premiums had skyrocketed.

After 7 years of stonewalling and blockading and saying “We do not hear you” to the American people, now our friends on the Democratic aisle are suddenly insisting that they want to do something. Today, we had a vote to take the first step in doing something—in honoring the promise every Republican made to repeal this disaster.

The bill before the Senate is not perfect. No one would expect it to be perfect. Bismarck's comments about sausage-making are certainly true in this process here today. Yet I will say that in the bill before the Senate, which is not likely to pass tonight—but I believe, at the end of the process, the contours within it are likely to be what we enact, at least the general outlines—there are at least four positive elements that are significant.

No. 1, it repeals the individual mandate.

The IRS fines about 6.5 million people a year because they do not have enough money to buy insurance. Think about that for a second. You are struggling to make ends meet, and you do not have the money to buy health insurance. Not only do you not have insurance, but the IRS slaps you with a fine—millions of dollars of fines. In the State of Texas, there are roughly a million people who are getting fined by the IRS, roughly half of whom make \$25,000 a year or less and nearly 80 percent of whom make \$50,000 a year or less. The Democratic solution is, if you

do not have the money for healthcare, the IRS is going to fine you on top of it, and you still do not get healthcare. That is a terrible outcome.

This bill will repeal the individual mandate, repeal the IRS fines on 6.5 million Americans and the job-killing fines of the individual mandate.

It also repeals the employer mandate, which is the driver of the 29ers and 49ers. For 7 years, the Democrats had no answer to the single mom forced to work part time. Repealing the employer mandate provides relief to everyone who finds himself in those camps.

No. 3, this bill has a major reform that allows people to use health savings accounts—pretax money—to pay for insurance premiums. That means, for millions of Americans, their effective premium rates instantly drop 20 to 30 percent by using pretax money. That is a major reform for empowering you, the consumer, to choose the healthcare for your family.

No. 4, the bill before the Senate includes the consumer freedom amendment—an amendment that I have introduced like the health savings account amendment. It is an amendment that says you, the consumer, should have the freedom to choose the healthcare that is best for your family. You should have the freedom. You shouldn't have to buy what the Federal Government mandates that you must buy; you should choose what meets the needs for you and your family.

The consumer freedom amendment was designed to bring together and serve as a compromise for those who support the mandates in title I. The consumer freedom amendment says that insurance companies, if they offer plans that meet those title I mandates—all the protections for pre-existing conditions—they can also sell any other plan that consumers desire. So it takes away nothing. If you like your ObamaCare plans, those are still there. It just adds new options and lets you decide: Do you want the ObamaCare option or do you want something else that is affordable? So rather than getting fined by the IRS, you can actually purchase something you and your family can afford.

Now, our friends on the Democratic aisle have been unwilling to look at any option expanding consumer freedom; they just say it won't work. What we know won't work is ObamaCare. We know premiums have risen over \$5,000 a year. What happens with the consumer freedom amendment? And this is critical. Over the past 2 weeks, the Department of Health and Human Services conducted a study on the impact of the consumer freedom amendment. They concluded, No. 1, it would expand insurance coverage by 2.2 million people. Our friends on the Democratic aisle are constantly alleging that repealing ObamaCare will reduce coverage. Well, HHS found the consumer freedom amendment expands it by 2.2 million people.

But what does it do to premiums? This is powerful. HHS found that it will reduce premiums by over \$7,000 a year. If you are a single mom, if you are a school teacher, if you are a truck-driver, \$7,000 a year is a lot of money. It is the difference between making ends meet and not, perhaps. HHS found specifically that for those choosing freedom plans—the less expensive options—premiums would drop \$7,260 a year.

But what about those on the exchanges? What about those purchasing plans subject to all of the mandates? HHS found those plans would also drop, they projected by \$5,580 a year. So consumers benefit across the board with lower premiums.

This has been a process. At the end of this process, it is not clear what the Senate is going to pass, what is going to bring together and unite the Republican conference because, sadly, the Democrats are not willing to help us provide more consumer freedom, to help us lower premiums, to help us provide relief to the 49ers and 29ers who have been hammered by this bill. But I believe the key to getting this done—and I believe we can and will get to yes. We are not likely to get to yes tonight, but we can and will get to yes. I think the key to it is the consumer freedom amendment, if we are lowering premiums. If Texans, if Montanans, if people across this country are going home and seeing premiums \$5,000 a year cheaper with protections for pre-existing conditions or \$7,000 cheaper if you want a catastrophic plan on a freedom plan, that is a win for everyone. It is a win for conservatives. It is a win for moderates. It should be a win for Democrats. If Democrats were not engaged in this partisan fight, Democrats ought to be saying that lowering premiums \$5,000 or \$7,000 is a win for our citizens. That, I believe, will be the key to getting this done.

Let me finally say that there is rhetoric about insurance companies. Do you know who loves ObamaCare? It is insurance companies. Under ObamaCare, the profits of the top 10 insurance companies have doubled. When you have the IRS fining people to force them to purchase their product and driving up premiums so they are unaffordable, ObamaCare effectively sets up a cartel for the large insurance companies.

Consumer freedom puts you, the consumer, in charge of your choices. Instead of the giant insurance companies, instead of the Federal Government, it puts you in charge. Freedom is the key to unifying our conference, and lowering premiums is the key, and I believe we can and will get this done.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, we are now considering the Cruz amendment, which he titles consumer freedom, but there could not be a more

misnamed amendment to come to the floor.

Americans know this as the fake insurance amendment. This is the amendment that says: Hey, insurance companies, we are going to do you a big favor and let you sell these policies that aren't worth the paper they are written on. And, Hey, isn't this wonderful, says my colleague from Texas, because, you know what, people will only have to pay a few dollars per month for those worthless policies, and that is freedom.

Well, I will tell you that if my colleague had been out talking to people in rural America, as I have been, if he had been out there talking to people in red America, as I have been, he would be hearing that people are terrified about this effort to annihilate health insurance.

One out of three people in Oregon have been able to be on the Oregon Health Plan because of ObamaCare. It has had an incredible impact on our rural healthcare centers. Many of them have doubled their number of employees. About 20,000 employees across the State have been added. Oh, we just heard a speech about it being a job killer, but, in fact, it has employed thousands and thousands more people in the healthcare industry across America. Little communities that didn't have folks being able to take on mental health can now take on mental health issues. Rural communities that didn't have a drug treatment program now have a drug treatment program. Rural hospitals that were going out of business now have a strong financial foundation. And that is just the beginning.

Entrepreneurs across this Nation were tied up in their companies, afraid to leave and pursue their vision because they couldn't get healthcare by themselves. Now, they can, so they are starting one business after another after another after another, and what we have seen is month after month after month of growth in employment in this Nation.

Oh, we can tell you about the amendment that my colleague from Texas is putting forward and what it does in terms of offering these fake policies, but that is only the beginning of it because what it is designed to do is carve off those who are young, carve off those who are healthy, and put them into one pool, and then those with pre-existing conditions, those who are sick, those who are older, have to go to another pool in which the rates go way up and create a death spiral. So whether we call this fake insurance for the young and healthy or a death spiral insurance for the old and those with health problems or preexisting conditions, it is really blowing up the insurance market at both ends.

Don't take my word for it; take the experts' word for it. We have a Republican Senator who said that there is a real feeling that there is subterfuge to get around the preexisting conditions, referring to this amendment. And then

we have a staffer for a Republican who says: "And outside health policy folks have said this would set up a death spiral for the markets."

OK, but let's turn to the American Enterprise Institute, an extremely conservative organization. What does their scholar say? He says, "This means that people with those kinds of illnesses will end up paying more." And then he goes on to say, "The people who don't know something will happen and come down with something, those are the ones at issue."

Or let's turn to the American Action Forum Deputy Director Tara O'Neill Hayes, who says: "I think that really would be the definition of a death spiral."

Or we can turn to the former CBO Director, Douglas Holtz-Eakin, who says "What that will do is allow insurers to offer cheap policies to young invincibles. And on the exchange you're going to get all the sick people."

He continues and says: "That's a recipe for meltdown. You've split the risk pool into two exchanges."

And he says: "I think it would end up being bad politics."

I am not concerned about bad politics, but I am concerned about those folks whom I have been meeting out in rural America, out in red America, because they are coming to my townhalls and they are saying: Stop this diabolical plan. The Cruz amendment only makes it a lot worse by creating the fake policies for the young and healthy—the young invincibles—and the death spiral insurance for everyone else.

So someone can stand up here and speak glibly about how this is going to fix job creation in America, but what it really says is healthcare for the wealthy—not healthcare, but wealth care.

It is so interesting to see this whole coalition of individuals who want to pass a bill that not only demolishes healthcare for 22 million, but gives hundreds of billions of dollars to the very richest in America. My colleague mentioned a moment ago that the richest 400 families would get \$33 billion. No, not \$33,000 apiece or \$33 million—\$33 billion. They feel it is so important to rip healthcare from ordinary working families to deliver benefits to the wealthiest Americans. That is the opposite—opposite—of what we should be doing in America.

Franklin Roosevelt said that the test of our progress is not whether we add more abundance to those who have much; it is whether we do enough for those who have too little. What that translates to is whether we provide a foundation of affordable healthcare so that every family in America has a foundation to thrive. That is what we are fighting for.

This amendment is absolutely a bomb going off in healthcare on both ends of the spectrum, with the young and with the old, with the healthy and

with the sick, and with those with pre-existing conditions.

So let's defeat this amendment and make sure we don't make a really terrible bill a lot worse.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. Mr. President, unfortunately, there is far too much scaremongering that occurs in the political world. But as John Adams famously said: "Facts are stubborn things."

My friend from Oregon just described the consumer freedom amendment as "a bomb going off in healthcare." That is interesting rhetoric, but it is disconnected from the actual facts.

Let's talk about what my friend from Oregon neglected to mention or respond to in any way, shape, or form. He said not a single word about HHS finding that the consumer freedom amendment would expand insurance coverage by 2.2 million people. He had not a word to say in response to that. What he did say is that those who might choose freedom plans would be choosing what he called junk insurance.

Well, it is very nice that ObamaCare mandates that every person must buy a full-fledged Cadillac plan with all the coverage in the world. The problem is, there are millions of people who can't afford it. Not only can they not afford it, they get fined by the IRS because they can't afford it. My friend from Oregon said not a word about the 6.5 million people being fined by the IRS, roughly 50 percent of whom make \$25,000 a year or less.

It is interesting that Democrats are advocating fining people who make \$25,000 a year or less because they can't afford insurance. And what they say is: Look, we are going to fine you until you can afford to buy the full Cadillac plan. Well, you know what, if you are a young woman, you are 28 years old, you are just starting your career, you are making \$30,000 a year, you may not be able to afford the full Cadillac plan, but you might like some coverage. You might like catastrophic coverage. So if you get a cold, you break your arm, you cover that out of your health savings account perhaps. But if, God forbid, you get some terrible disease or hit by a truck, you would like to have an insurance policy.

Sadly, our friends the Democrats say that you are out of luck. If you can't pay for the full-fledged Cadillac, you get nothing. They think your choices are junk insurance.

Remember when Barack Obama said that if you like your insurance plan, you can keep it? Well, listen to how the Democrats have moved today. If they don't like your insurance plan, you can't keep it. If they think your plan is junk, you can't keep it, and they are going to fine you through the IRS. I think you know better what your family wants.

The consumer freedom amendment doesn't take away a single choice. If you like the ObamaCare plans, they are still on the market with all of those

mandates. But the Democrats are terrified of freedom. They are terrified that if people actually had the choice, they might not choose the full Cadillac; they might make a different choice.

But then in the world of scaremongering, my friend from Oregon also said: Well, those on the ObamaCare exchanges would go into a death spiral, would see their premiums spike.

Remember that John Adams quote about facts being stubborn things? Here is something else my friend from Oregon ignored, said nothing about. HHS found that for those on the exchanges, with all the title I mandates, including preexisting conditions, their premiums would drop by over \$5,500 a year.

So the question is, Who is more trustworthy, the experts at HHS analyzing what would occur with competition and choices in the marketplace or the rhetoric and scaremongering that sadly is being offered from the other side?

It would be one thing if they were confronting facts, if they were actually addressing real facts; instead, it is nothing but angry rhetoric.

My friend from Oregon described repealing ObamaCare and empowering consumers and lowering premiums as "wealth care." Well, there is an irony in that; in that, No. 1, roughly half of the people paying the IRS fines are making less than \$25,000 a year. It is the Democrats who are fining low-income people.

No. 2, do you know who agrees with the Democrats on this? The insurance companies. Indeed, my friend from Oregon was reading from the insurance companies. Why have the top 10 insurance companies had their profits double? Because of the Democrats' mandate you have to buy their products. Do you know where the Democrats and the insurance companies agree? None of them want premiums to lower.

Of course, the insurance companies don't want more competition, more options, and your premiums going down. They want to stick it to you as much as they can. Sadly, I don't understand why, but the Democrats are standing arm in arm with the insurance companies, saying their profits need to increase even more. I don't know, maybe they cynically believe eventually it will push it to single-payer socialized medicine. I don't know why they do it, but what is wealth care is ObamaCare fattening the insurance companies at the expense of working men and women.

Facts matter, and if our friends on the Democratic side of the aisle want to raise accusations, they need to stay in the realm of reality and deal with actual facts: You want lower premiums, you want more choices, more options, more competition. You want higher premiums, you want fewer choices, less options, less competition. That is what ObamaCare does, and it is why millions of people are hurting and frustrated. It is why today is an important day.

I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, of course my colleague from Texas made this big rant a little while ago about how ObamaCare is a job killer. When I pointed out it has created jobs all over our country in healthcare, no response. When I pointed out it has created the opportunity for entrepreneurs to create jobs and healthcare jobs, no response. When I pointed out it creates fake insurance that doesn't cover anything when you get sick, no response. All he has to say is that it makes insurance a little cheaper.

Yes, it is worth the paper it is printed on. Well, not even that, actually, because you pay \$40 or \$50 a month, you go to the hospital, not covered. If you get in an accident and you need an MRI, not covered. You and your spouse have the opportunity and have a child, not covered. Not covered, not covered, not covered. Fake insurance.

It is the experts who say it throws it into a death spiral. It is the experts who say it in conservative think tanks and in liberal think tanks. So what does he have to say? We have something from the Trump team that says it is OK—not a CBO score because he is afraid it will show it makes it worse than the existing bill.

So let's talk about real facts. Next time, don't bring in a political statistic from the Trump team. Let's get a CBO score on this. Then let's have that debate. You had plenty of time to get it and you didn't get it.

This is a terrible amendment. We must defeat it.

Mr. CRUZ. Will the Senator from Oregon yield for a question?

Mr. MERKLEY. I believe my colleague has the remainder of the time.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, despite all Senate Republican leaders' efforts to keep this mean bill hidden from public view, patients and families know the truth.

This legislation would cause families' healthcare costs to spike. It will gut Medicaid, and it will deny tens of millions of people their healthcare coverage. It will defund Planned Parenthood and take away critical healthcare services that women and men rely on, especially in our rural areas where it is already hard enough to get the care you need. TrumpCare would also completely pull the rug out from under patients with preexisting conditions. I could go on.

I hope every one of my colleagues joins me in voting against this awful legislation, but this vote is far from the last time Senate Republicans need to reject TrumpCare, if they are really serious about protecting patients and families from the damage it would do, because if any version of this awful bill leaves the Senate, extreme Republicans in the House are going to do everything they can to make it even

more damaging—and anyone who believes differently is refusing to see the writing on the wall.

I urge my Democratic and Republican colleagues to vote against this bill and every other version of it that we are going to see in the coming hours and days.

Mr. President, I yield back all of our time.

The PRESIDING OFFICER. Is all time yielded back?

The Senator from Washington.

Mrs. MURRAY. Mr. President, I raise a point of order that the pending amendment violates section 311(a)(2)(B) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CRUZ. 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. 270 and, if adopted, for the provisions of the adopted 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 legislative clerk called the roll.

The yeas and nays resulted—yeas 43, nays 57, as follows:

[Rollcall Vote No. 168 Leg.]

YEAS—43

Alexander	Flake	Roberts
Barrasso	Gardner	Rounds
Blunt	Grassley	Rubio
Boozman	Hatch	Sasse
Burr	Hoever	Scott
Capito	Inhofe	Shelby
Cassidy	Isakson	Strange
Cochran	Johnson	Sullivan
Cornyn	Kennedy	Thune
Crapo	Lankford	Tillis
Cruz	McCain	Toomey
Daines	McConnell	Wicker
Enzi	Perdue	Young
Ernst	Portman	
Fischer	Risch	

NAYS—57

Baldwin	Gillibrand	Murkowski
Bennet	Graham	Murphy
Blumenthal	Harris	Murray
Booker	Hassan	Nelson
Brown	Heinrich	Paul
Cantwell	Heitkamp	Peters
Cardin	Heller	Reed
Carper	Hirono	Sanders
Casey	Kaine	Schatz
Collins	King	Schumer
Coons	Klobuchar	Shaheen
Corker	Leahy	Stabenow
Cortez Masto	Lee	Tester
Cotton	Manchin	Udall
Donnelly	Markey	Van Hollen
Duckworth	McCaskill	Warner
Durbin	Menendez	Warren
Feinstein	Merkley	Whitehouse
Franken	Moran	Wyden

The PRESIDING OFFICER (Mr. YOUNG). On this vote, the yeas are 43, the nays are 57.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 271 TO AMENDMENT NO. 267
(Purpose: Of a perfecting nature.)

Mr. ENZI. Mr. President, I call up the Paul amendment No. 271.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. PAUL, proposes an amendment numbered 271 to amendment No. 267.

Mr. ENZI. I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under "Text of Amendments.")

The PRESIDING OFFICER. The Senator from Indiana.

MOTION TO COMMIT

Mr. DONNELLY. Mr. President, I have a motion to commit at the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The senior assistant legislative clerk read as follows:

MOTION TO COMMIT WITH INSTRUCTIONS

The Senator from Indiana [Mr. Donnelly] 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) strike provisions that will—
(A) reduce or eliminate benefits or coverage for individuals who are currently eligible for Medicaid;

(B) prevent or discourage a State from expanding its Medicaid program to include groups of individuals or types of services that are optional under current law; or
(C) shift costs to States to cover this care.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the text of my motions 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

Ms. Klobuchar moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate 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 a tax credit to individuals who do not qualify for the credit under section 36B of the Internal Revenue Code of 1986 equal to 25 percent of the premiums for health insurance paid by such individuals during the taxable year.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Klobuchar moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate 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 a tax credit to small businesses for each employee enrolled in their health plan who is 50 years of age or older.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Klobuchar 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) would help rural hospitals stay open, maintain emergency room care, and provide access to outpatient services.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the 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:

Ms. Klobuchar 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) repeal the noninterference clause under the Medicare part D prescription drug program in order to allow the Secretary of Health and Human Services to negotiate for the best possible price for prescription drugs.

Mr. PETERS. Mr. President, I intend to move 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,

No. 1, are within the jurisdiction of such committee; and, No. 2, would ensure that the bill does not increase costs, reduce benefits, or eliminate health coverage for any veteran or dependent of a veteran enrolled in traditional Medicaid, expanded Medicaid, or a qualified health plan offered through an exchange.

I am offering this motion because the legislation as written could harm millions of veterans and their dependents currently enrolled in traditional Medicaid, expanded Medicaid, and ACA exchange plans. The following Senators support my motion to commit: DUCKWORTH, STABENOW, CARPER, WHITEHOUSE, SHAHEEN, BLUMENTHAL, HIRONO, REED, DURBIN and BALDWIN. 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:

Mr. Peters 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) would ensure that the bill does not increase costs, reduce benefits, or eliminate health coverage for any veteran or dependent of a veteran enrolled in traditional Medicaid, expanded Medicaid, or a qualified health plan offered through an Exchange.

The PRESIDING OFFICER. The Senator from Wyoming.

MORNING BUSINESS

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

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

TRIBUTE TO SABRA FIELD

Mr. LEAHY. Mr. President, Vermont is a place of natural, exquisite beauty. From the expansive, rolling Green Mountains, to the crystal shores of Lake Champlain, Vermont is home to some of the most iconic geographic scenery our country has to offer. I am so proud to call Vermont my home.

Vermont is also continually ranked as having the most artists per capita than any other State. Our many artists—writers, photographers, painters, sculptors, potters, and more—help capture the iconic beauty that has long made Vermont a destination for visitors from across the country and around the world. One such artist, Sabra Field, is among the most gifted and extraordinary of them.

Sabra first came to Vermont in 1953 to attend Middlebury College. An Oklahoma native, she has since been lauded as a “Vermont Living Treasure.” Perhaps most well-known for her vivid landscapes, Ms. Field’s impressive and iconic paintings are now of signature familiarity across our State and beyond. Any Vermonter who sees a painting of purple mountain majesties against a starry, blue night sky knows they are looking at one of her paintings. In 1991, Sabra was commissioned by the U.S. Postal Service to create a postage stamp of a red barn, blue sky, and green hills, a stamp which sold more than 60 million copies. She has also designed images for IBM, the Rockefeller Center, and UNICEF.

Yet what most suspect only to be Ms. Field’s effort to capture Vermont’s impressive geography may be surprised to discover that the meaning behind her artwork spans much further. In a new exhibit of Sabra’s six-decade long career, showcased by the Middlebury College Museum of Art, her artistry takes on a deeper meaning, as told by the artist herself.

The Middlebury exhibit showcases some of Ms. Field’s most iconic pieces, with each painting accompanied by a description of the memory or inspiration behind it. For instance, in a caption situated under an illustration of a family of hippopotamuses, Sabra writes of her first child who was hit by a car just short of his 10th birthday and died tragically 2 days later. In a 2011 panorama painted of Hawaii, she captions the story of the passing of her late husband, Spencer, who passed away on his favorite island of Kauai from complications related to cancer. The exhibit

also depicts her work beyond that of a pastoralist, with self-portraits and paintings inspired by her personal exploration of spirituality, mythology, the cosmos, world history, and life after death.

These images and others reveal the often somber trials of Ms. Field’s life. They also expose the ways in which her artistry has helped her heal and grow over time. Ms. Field is hoping this new exhibit will help avoid her being known as purely a pastoralist, as she feels her art is both an expression of beauty and a representation of the obstacles and rebounds of her life.

Marcelle and I would like to congratulate Sabra on her new exhibit at Middlebury College and on her career of record accomplishments. Her treasured paintings have long been a gift to Vermont and the world, and we know her work’s timeless beauty will tell stories for generations to come. Our home proudly displays many of her works of art. We are so proud to call Sabra our dear friend.

I ask unanimous consent that a copy of the article “Sabra Field Show Reveals Personal Peaks and Valleys,” published in the Vermont Digger on July 16, 2017, be printed in the RECORD.

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

[From Vermont Digger, July 16, 2017]

SABRA FIELD SHOW REVEALS PERSONAL PEAKS AND VALLEYS

(By Kevin O’Connor)

MIDDLEBURY.—The first words of a new exhibit celebrating one of Vermont’s most recognized artists sum up the seeming dilemma: “What can one say about Sabra Field’s work that has not already been said?”

Plenty, the 82-year-old printmaker soon proves. Take her 1962 illustration of a family of sunny, smiling hippos.

“Here is the birth announcement for my first child, Barclay Giddings Johnson III, ‘Clay’ for short,” she writes in an accompanying caption. “He was a handsome boy, a fearless skier, full of the joy of life, loved and admired by adults and kids alike. Hit by a car just short of his 10th birthday, he died two days later.”

Next comes a 1965 self-portrait featuring more shadows than light.

“This is me the year I grew up, age 30,” she writes, “when my parents died within a week of each other.”

Then there’s the 2011 panorama “Sea, Sand, Stones” that Field composed while visiting Hawaii with her husband.

“Spem died suddenly on our favorite island, Kauai, from complications dating back to cancer seven years earlier,” she writes. “A set of these prints now hangs in Wilcox Memorial Hospital in Lihue in Spem’s memory. The ER doctor who tried so hard to save him has become a good friend.”

Most Vermonters think of Field for works as colorful and carefree as the red barn, blue sky and green hills she created for a 1991 U.S. postage stamp that sold more than 60 million copies.

“Over the course of her career she has received any number of accolades, and has been variously described as ‘the Great Wood of Vermont,’ ‘the artist laureate of Vermont,’ and as someone who ‘has touched more lives than any Vermont artist in history,’” says Richard Saunders, a Middlebury

College professor and director of its Museum of Art.

But the surprisingly personal “Sabra Field, Then and Now: A Retrospective” on campus through Aug. 13 reveals as much about her private struggles as her professional success.

“THE DIRECTION OF ONE’S WISHES”

Field, born in Oklahoma and raised in New York, first came to Vermont in 1953 to attend Middlebury, where she graduated 60 years ago (“I went to Middlebury because there was no math requirement,” she confides in the show’s catalog). She has given the college an archive copy of every print she has ever created.

Writing her own captions, the artist uses the 100-work exhibit to chronicle her career, starting with a 1971 image of swaying green stripes titled “Grass.”

“My first ‘home run,’” she notes. “I inadvertently hit a universal theme that got copied and got me to begin registering work with the Library of Congress.”

On another wall, Field’s 2001 “Eastern Mountains” features a more detailed landscape of emerald, turquoise and gold.

“The trip from coastal Maine to Vermont crosses the White Mountains in New Hampshire and gives a view of the Upper Valley perhaps not as broad and agricultural as in my dreams,” she writes. “Memory alters in the direction of one’s wishes.”

“Eastern Mountains” proves the point. Field began the first proofs on Sept. 11, 2001, just before seeing television coverage of that day’s terrorist attacks.

Every peak in this artist’s world is framed by valleys, the exhibit shows. Consider the 1960 work “Daisies.”

“This was published as a print and also as a hand-printed greeting card,” she explains, “an enterprise found to be hugely unprofitable.”

Next comes a 1969 self-portrait Field produced after leaving her first marriage.

“I divorced and moved from a Connecticut prep school,” she notes, “to an old tavern in rural Vermont.”

Then again, every valley in this artist’s world is followed by peaks. That two-century-old structure, in the Windsor County settlement of East Barnard, is where Field began to design, draw and cut the woodblock prints that have sustained her for the past 50 years.

“I became part of a different culture where I could live and work at home in a quiet hamlet that was good for kids and without pretense,” she continues in the caption. “Here I am sitting in front of my window overlooking a dirt road with alfalfa on the other side and a quote from George Weld on the window frame that reads ‘Therefore Choose Life.’”

“LIKE ARTISTS ALWAYS HAVE BEEN”

Field’s subsequent 1972 suite of prints depicting the words of the 23rd Psalm allowed her to mark the death of her firstborn son through images ranging from a wintry day (“Yea, though I walk through the valley of the shadow of death, I will fear no evil”) to a starry summer night (“Surely goodness and mercy will follow me all the days of my life”).

As writer Nancy Price Graff notes in an essay that anchors the exhibit’s catalog: “For the first time, she turned to Vermont’s landscape to illustrate humankind’s spiritual connection to nature and nature’s capacity to heal those who give themselves to it.”

Adds Saunders: “While on the one hand she has been accused by some of sanitizing the world and removing the nitty-gritty details that surround us, others would say this is a natural part of a desire to see beyond the