

have been shared by leaders of both parties. I am going to read the letter because it is amazing how it mirrors our requests. It was sent to Harry Reid from MITCH MCCONNELL in 2009, just as President Obama became President.

Dear Harry:

The Senate has the Constitutional duty to provide its Advice and Consent on Presidential nominations, a duty which we take seriously. In consultation with our Ranking Members, we reaffirm our commitment to conduct the appropriate review of these nominations, consistent with the long standing and best practices of committees, regardless of which political party is in the majority. These best practices serve the Senate well, and we will insist on their fair and consistent application.

Therefore, prior to considering any time agreements on the floor on any nominee, we expect the following standards will be met:

1. The FBI background check is complete and submitted to the committee in time for review and prior to a hearing being noticed.

2. The Office of Government Ethics letter is complete and submitted in time for review and prior to a committee hearing.

3. Financial disclosure statements (and tax returns for applicable committees) are complete and submitted to the committee for review prior to a hearing being noticed.

4. All committee questionnaires are complete and have been returned to the committee. A reasonable opportunity for follow-up questions has been afforded committee members, and nominees have answered, with sufficient time for review prior to a committee vote.

5. The nominee is willing to have committee staff interviews, where that has been the practice.

6. The nominee has had a hearing.

7. The nominee agrees to courtesy visits with members when requested.

8. The nominee has committed to cooperate with the Ranking Member on requests for information and transparency.

There will be additional requirements, honoring the traditions of the Senate, for judicial nominees. These common sense standards and long standing practices will ensure that the Senate has had the opportunity to fairly review a nominee's record and to make an informed decision prior to a vote.

Sincerely,

MITCH MCCONNELL,
Republican Leader.

Mr. President, I ask unanimous consent to have printed in the RECORD the letter.

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

U.S. SENATE,
OFFICE OF THE REPUBLICAN LEADER,
February 12, 2009.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR HARRY: The Senate has the Constitutional duty to provide its Advice and Consent on Presidential nominations, a duty which we take seriously. In consultation with our Ranking Members, we reaffirm our commitment to conduct the appropriate review of these nominations, consistent with the long standing and best practices of committees, regardless of which political party is in the majority. These best practices serve the Senate well, and we will insist on their fair and consistent application.

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Sincerely,

MITCH MCCONNELL,
Republican Leader.

Mr. SCHUMER. Mr. President, I plan to return the exact same letter to my friend, the majority leader, with the same requests. In 2009, the then-minority leader called these benchmarks "common sense standards" and "long standing practices."

I agree with him. These standards do not indicate a lack of maturity. They show an abundance of common sense, just as his letter said. I remind the majority that several, if not most, of the nominees have actually failed to meet the qualifications laid out by this letter given the hearing schedule.

The majority leader is fond of mentioning that many Obama nominees passed quickly in 2009 and he asks that we do the same, but there is a big difference between 2009 and today. President Obama's nominees met all the standards laid out in then-Minority Leader MCCONNELL's letter. President-Elect Trump's nominees have not.

In 2009, every Obama Cabinet nominee had an ethics agreement in before their hearing. Every Obama Cabinet nominee underwent a full FBI background check before the Senate considered their nomination. President-Elect Trump's nominees are way behind that mark.

I only ask, respectfully, that the Republican majority follow the same set of standards they had in 2009 when the shoe was on the other foot, especially because these nominees raise particular concerns. The standards we have laid out as leaders of both parties address conflict of interest and security concerns.

Of course, those are prime concerns, but there is another concern as well. These nominees have, even collectively, very little experience or record in government. Many of them have taken positions quite different from the President-elect. They need to be

thoroughly vetted, not just before the U.S. Senate but before the American people. If, for instance, Representative PRICE is for the privatization of Social Security, but President-Elect Trump said he is not, what position is nominee PRICE going to take? Jamming all these hearings into 1 or 2 days, making members run from committee to committee makes no sense. After all, these nominees are going to hold incredibly powerful positions for potentially the next 4 years. To spend an extra day or two on each nominee, even if it takes a few weeks to get through them all in order to carefully consider their nominations, is well worth it. It is only fair that they are given a thorough and thoughtful vetting and they abide by the "long standing" ethics practices that were established—and laid out quite clearly by the majority leader himself—to ensure Cabinet officials were in good standing to work on behalf of the American people.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

OBAMACARE

Mr. MCCONNELL. Mr. President, earlier today I had a good conversation up in New York with President-Elect Trump about a number of pressing issues. We talked about the upcoming Senate agenda, the President-elect's nominees, and the way forward on repealing and replacing ObamaCare. As I told him, the Senate's focus this week will remain on the process to repeal ObamaCare and keep our commitment to the American people.

ObamaCare has been a flawed system from the start, and things have gotten progressively worse over the last 7 years. From skyrocketing premiums to dwindling insurers in the exchanges, ObamaCare has corroded insurance markets across the country to a point that is simply unsustainable. That is why we are taking action to bring relief to countless American families who have been hurt by ObamaCare. Unfortunately, there are some who will never accept the realities of this failed partisan law. They seem more interested in messaging exercises than replacing ObamaCare with real solutions to improve health care. Catchy slogans, expensive campaigns, or messaging amendments are not going to undo the damage ObamaCare has caused.

Our Nation cannot continue on this trajectory as ObamaCare continues to

unravel at every level, leaving Americans to pick up the pieces.

We may not be responsible for the damage of this law, but we are committed to bring relief nonetheless. We will continue working this week to pass the legislative tools necessary to begin clearing the way for repeal and then a different way forward that will lower costs and increase choices from where they are now.

There is no quick fix to undoing the damage created by this broken and complex law, and repeal is just the first step in that process, but the sooner we act, the sooner we can begin bringing relief to those who need it. Let us continue working to keep our promise to the American people by passing legislation that will help us finally move beyond ObamaCare's broken promises.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, I rise to speak about this impending attack upon the Affordable Care Act and the impact it can have on the hospitals of our country, in terms of draining revenue from them; on the issue of the impact on community health centers across our country and the impact it can have upon them; upon the impact that the repeal of the Affordable Care Act would have on the access of those who are addicted to opioids who need help for opioids, who are in a situation where they are going to need the Affordable Care Act, the access to coverage, so their problems can be taken care of.

So this is no small threat. In fact, this goes right to the core of what started in Massachusetts back 10 years ago when we as a Commonwealth decided that care for people who needed health care was going to be made available to them. We have proven in Massachusetts that we are able to provide health care for 98 percent of our population, at the same time having an unemployment rate of 3.2 percent, while simultaneously having the highest scores for kids in the 4th, 8th, and 10th grades in math, verbal, and science, while having the strongest protections for the environment in the United States, while having an energy efficiency standard that is the tops in the United States.

We have proved conclusively that it is possible to ensure that people do, in fact, receive access to the health care which they need while simultaneously discharging our responsibilities to the economy, to education, to the environment, to all of the other interests, all of the other important stakes that we have in our country to ensure that they are given the attention which they need.

It would be tragic if what we did as part of the Affordable Care Act was to once again flood the emergency rooms of America with people who otherwise would have had health care coverage under the Affordable Care Act. That is a system we have used for 100 years, and it doesn't work because it winds up

with the insurance rates of people who do have coverage going up in order to cover it. It winds up with the whole rest of the medical system, in a very chaotic way, being forced to deal with the consequences.

If we begin simultaneously to defund the community health centers across the country and their ability to provide health care, then what we have is a cascading impact that ultimately hits those people who are the poorest, those people who are the most vulnerable. They are the ones who are caught in the crosshairs of this incredible, almost unbelievable attack which the Republicans are waging upon a health care system that has already transformed the lives of 22 million people in the United States.

It is unimaginable to me that we could be in that kind of discussion right now on the floor of the Senate, but I understand it. This is ideological. It is something that is completely and totally detached from the reality of the benefits of the Affordable Care Act, as they have in fact already positively affected tens of millions of families inside the United States.

This week we are about to have an incredible battle waged against the Affordable Care Act. Understand this, right in the crosshairs are the hospitals of our country, not just the famous, big hospitals we all know the names of but Catholic hospitals across our country, hospitals that provide the service for people now under a much more orderly system than they would have done if we had never put the Affordable Care Act on the books in the first place.

At the forefront of all these issues, though, is this largest of all public health epidemics that has ever faced the country, the heroin and prescription opioid epidemic, like OxyContin, which is claiming the lives of more than 90 people every single day across this country. In Massachusetts alone, when all the final numbers have been gathered, 2,000 people will have died in the State of Massachusetts in the year 2016, and 1,500 of them will have been found to have had fentanyl in their blood system. This is an epidemic of unbelievable proportions. Fentanyl is the Godzilla of opioids. It is powerful and deadly and knocking people down the streets all over Massachusetts, all over New England, and all over our country. People are being robbed of their potential and God-given abilities from this epidemic that knows no socioeconomic, ethnic, or political boundaries, and Congress has recognized the importance of tackling the Tsunami of heroin and prescription opioid addiction that is laying waste to these communities.

Just 1 month ago, on the Senate floor, Republicans and Democrats came together and passed a bill to provide \$1 billion in new resources to States to address the opioid crisis, resources that can be and are being dedicated to increasing access to treatment for opioid

use disorders. Yet, today, pending before the Senate is a Republican budget whose entire premise is to repeal coverage for the exact same vulnerable people who need access to treatment. Not only is that nonsensical, it is downright cruel for all those families and individuals who finally felt a sense of hope, the hope that new resources could mean the difference between life and death for their loved ones. If you kicked this policy in the heart, you would break your toe. That is how heartless it is going to be in terms of its impact upon ordinary families. With this budget, Republicans are repealing the hope that has given families a reason to ensure that they will have the coverage. This is going to make the problem even worse.

Medicaid pays \$1 out of every \$5 for substance use disorder treatment in the United States. Without Federal investment in the Medicaid program, States like Massachusetts, New Hampshire, Ohio, West Virginia, and Kentucky, which are bearing the brunt of the opioid epidemic today, will have to find even more money in their already dwindling State budgets to aid those who need treatment. We all know what happens in this scenario when States cannot find that money. The most vulnerable among us, the ones who don't have a voice, are the ones who will suffer the most.

The repeal of Medicaid expansion would rip coverage from an estimated 1.6 million newly insured individuals with substance use disorders. At the same time, repeal will put big insurance companies back in charge. If the Republicans have their way, insurance companies would be able to discriminate against people, including individuals with a preexisting condition like an addiction disorder. OxyContin, heroin, fentanyl coverage—gone under the proposal the Republicans are making on the Senate floor this week.

Let's recognize that the Republicans are not just repealing ObamaCare; they are repealing hope. Those suffering from addiction don't have time for Republicans to come up—possibly, maybe, potentially soon, sometime, in the indefinite future—with a replacement plan.

There are 1.6 million people who have insurance for substance disorders right now for heroin, for OxyContin, for fentanyl. These are the people who could potentially die because they don't have medical coverage. What is the plan the Republicans have to deal with these 1.6 million people who are already under a substance disorder medical coverage plan? What is their plan for these families who are already desperate for the medical help they are going need in order to stay alive, in order to get the help they and their families need? Those families know that any delay in a replacement being put on the books could be the difference between getting clean or getting buried.

This repeal effort is the worst kind of bait and switch. It is happening at a

time when the American people can least afford it. Repeal is being done at the same time the Republican budget gives billions, tens of billions, hundreds of billions of dollars to corporations and to the wealthy in tax breaks. So look at that as the balance we are talking about: 1.6 million people who have an addiction, a substance abuse problem, lose their coverage, but billionaires and corporations get the money through tax breaks that are going to be saved from cutting those programs for those who have a medical problem. That is immoral, ladies and gentlemen. That is plain and simply immoral.

You cannot give tax breaks to the wealthiest in our country until you take care of those who are the sickest, until you take care of those who are most in need, until you take care of those with substance abuse disorders in our country. It is immoral to cut the programs so you can give tax breaks to the wealthiest within our society.

We will not save lives and stop this scourge by paying lip service to providing treatment, but this is not the only casualty of this misguided budget before us. The hospitals that each and every one of our constituents depends upon are also at risk. The Affordable Care Act became law in no small part due to the support of those hospitals across the country. During that debate they knew full well the impact that a lack of insurance had not just on individuals but on the entire health care system.

The hospitals are on the frontlines of witnessing the financial burden that uninsured patients have on the system. We tell them they can never turn away a patient in need; then, when these patients cannot afford to pay for the care, it is up to the hospitals to foot the bill. So the hospitals told us that if we worked to reduce the number of uninsured they had to care for, then they would help us pay for improving the entire system.

They did pay, in no small part. That is why we have a new system in our country. As part of the ACA, the hospitals agreed to give up over \$150 billion in payment reductions between 2010 and 2019. Those payment reductions came largely from Medicare and were attacked relentlessly by opponents of ObamaCare as an act to destroy the program, but the prophesied destruction did not occur, and the impact on Medicare has been quite the opposite.

Since passage of the Affordable Care Act, Medicare has seen its lowest per-member rate of spending growth in its 50-year history. Premiums paid by enrollees in Medicare Parts B and D have gone down. Perhaps most importantly, the savings have contributed to keeping our promise to America's seniors by ensuring that the program will continue to be there for them. Medicare's projected insolvency in the year 2017 has been extended for over a decade. All of this is possible, thanks to America's hospitals.

Here is what the Republicans are saying to Grandma and Grandpa: Yes, the Affordable Care Act extended the solvency of Medicare 10 years beyond 2017. We are repealing that bill. So, insolvency comes almost immediately to the Medicare system. What a great signal to send to Grandma and Grandpa this year with this bill on the Senate floor: insolvency of the Medicare system, the one thing that Grandma and Grandpa, and, by the way, everybody else inside every family in America is depending upon to take care of Grandma and Grandpa.

So will the budget before us return the savings they are expecting from this bill to the hospitals to help them cover the cost of Grandma and Grandpa? No. For that to happen, Medicare costs will go up. Higher costs will lead to higher premiums for every enrollee in Medicare Parts B and D. These higher costs will also be realized in the entirety of the Medicare Part A program, reducing the time of insolvency from 2028, down to 2024, 2023, 2022, or even earlier.

Those results are unacceptable to the Members of this Chamber and to their constituents, so it is now going to be a historic debate that we have. We can decide instead to simply not cut off the 20 million Americans from the insurance they need. We can ensure that hospitals have the resources to focus on the care for patients when it matters most. We can keep the promise to America's seniors that Medicare will be there to cover their needs when necessary.

I thank the Presiding Officer.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Mr. President, I look forward to having this discussion this afternoon about the Affordable Care Act and the many votes and actions that are going to be taking place. I especially look forward to having this discussion with the Presiding Officer because I know his State is greatly impacted by the health care delivery system and its shortfalls, and I look forward to discussing with him some of the many ideas that our colleagues have.

I will say this at the outset of my comments. I am willing to work with anybody to improve our health care delivery system. I am willing to discuss with anybody what we need to do to improve the quality of health care for Americans, and I am specifically interested in making sure that we improve the outcomes of many Americans' health care and that we also lower costs.

It has been the hallmark of what the Northwest health care delivery system has been all about. Yes, that is right. We get less money and deliver better outcomes. It is not because we all like to hike, although there are many Washingtonians who like to hike. It is because we have had to make do with less, and we have built a better system. We hope the rest of the country can move forward along similar lines.

So I am here to talk about the Affordable Care Act and the many aspects of it that are so important to our Nation in actually slowing health care costs and reducing our deficit. That is one of the cornerstones of why we did delivery system reform and why we did health care reform. We needed to slow the rate of health insurance increases, and we needed to lower the costs for us as a nation as well for the private sector. That was the task at hand. So to my colleagues who are ready to repeal all that, I ask you to wait. I ask you to stop and think about what we are doing, and before you repeal, think about what we are going to put in its place because this is such an important issue.

What does the Affordable Care Act mean? One of the aspects that I think is getting lost in this debate is that people are talking about what has happened in a percentage of the individual market. They are talking about the plans as they related to last October and what happened with rate increases. Some people said: Oh, well, a lot of providers went out and offered a lot of low-ball coverage costs and came back with higher rates later. Some people said: Some of the pools aren't big enough. Some people said: Well, the coverage we are going to guarantee is going to help. But the issue is that the Affordable Care Act is much more than just what we tried to do in the individual markets. It is about providing affordable coverage, but it is also about reducing costs, improving the health care delivery system, protecting women's health, and saving the taxpayers money. I hope my colleagues on the other side of the aisle will think about all of these issues—providing affordable coverage, reducing costs, improving the health care delivery system. I warn my colleagues that if you repeal the Affordable Care Act and take away its improvements to the delivery system, you are going to balloon the deficit, and that is something that we cannot afford.

What am I talking about when I say "affordable coverage"? Well, let's take Washington State, for example. I am sure the Presiding Officer could take his State also, but in our State, there are 3 million Washingtonians with pre-existing conditions who are guaranteed coverage; there are 50,000 young adults who can keep coverage through their parents' plans; and more than 600,000 Washingtonians have been covered by the Medicaid expansion.

To me, the Medicaid expansion is about simple math. Medicaid is expanded because it is the most cost-effective, economical way for that population to get health care coverage and to be part of the health care system, keeping our costs down and keeping that population healthy.

Depending on what State you are from and what philosophy you have as an individual, you may not be for Medicaid expansion. There have been many times that across the aisle we have been able to come to terms on Medicaid expansion and on the CHIP program because we believe that having a healthier population is a good economic policy for our Nation. After the Affordable Care Act implementation, we actually have results, studies, and analysis by various States in the Nation that have said that expanding the Medicaid population has helped our economy and has helped our States overall. So I would say to my colleagues, please do not repeal the Medicaid expansion. Please do not put these people back on the street with their health care problems and health care issues and increase the cost of uncompensated care. That is not a strategy.

What else do we want to do? We want to drop the rate of uninsured Americans. The Affordable Care Act has done that, decreasing by more than 40 percent the number of uninsured Americans. Less than 9 percent of Americans are now uninsured. In our State, the uninsured rate has dropped to 5.8 percent, which is a nearly 60-percent decrease. For us in the State of Washington, we have more people covered. The Affordable Care Act is covering more people, so we have taken more people out of the uninsured market.

The way the other side of the aisle would like to describe this is that the whole thing is falling apart because of some changes and shifts in the individual market, but the facts are there that the law is not only expanding coverage but lowering costs. Looking at what health care costs would have been over the last decade has always been a tricky issue. The rates of health care costs were going up. I like to say that we may want health care costs to keep pace with the rate of inflation—and I will give health costs a little bit of an inflationary bump because of technology and new innovation. It is not the same as the rate of inflation for everything else, but at the same time, we shouldn't be seeing double-digit increases in the costs of health care. Our goal was to change the system to the degree that we would see health care costs more in line or a little bit above the rate of inflation.

This chart shows the national expenditures for health care on the dotted line on these actual and most recent projections of what the health care system is doing now compared to what it would have been before the Affordable Care Act. So again, people are debating over what these increases are,

when in reality we were seeing double-digit increases, and now we are seeing the cost growth of health care go down.

So going back to the chart for a second, this projection is so big because of many factors. This is about changing the delivery system; this is about making sure that there are not exorbitant amounts of uncompensated care; and this is about making sure that we don't overspend on the health care delivery system. I can imagine that for some States this must be the most frustrating issue, particularly if the reimbursement rate has led to a population that is constantly underserved because no one wants to see those patients. We in the Northwest have had that frustration because we get somewhere between \$1,000 to \$2,000 less—maybe even more—per Medicare beneficiary than many other States in the country. That has led to a situation where people don't even see Medicare beneficiaries in parts of our State. That is right. People have to travel a great distance to find a doctor because they can't find one because of the Medicare reimbursement rate.

My solution is, if we are providing health care in my State with better outcomes and lower costs, I shouldn't be penalized for that; I should be rewarded. Every other State should try to practice medicine that actually helps us lower the costs.

So why are we working on this issue? The Affordable Care Act has contributed to slower cost growth. Medicare spent \$473 billion less in the 5-year period from 2009–2014 compared to the benchmark—compared to what would have been done if we did nothing. So, my colleagues on the other side of the aisle, I know you are all for repeal. Where will you replace this money? Where are you going to come up with those savings? If you come to the floor and say that you don't want to repeal the delivery system reform that we fought so hard for and crafted, that you are willing to make those changes and keep the delivery system, we will be listening with open arms and great receptivity because there are many people on this side of the aisle who have worked very, very hard on these reforms.

In the private sector, we have also slowed the rate of growth in insurance premiums. I am talking now about the employer-based plans. We slowed the rate to one-third of what it was before.

Individuals are seeing lower increases than what they would have had to pay before these reforms.

So what is the debate about now? What we are trying to do in health care reform is improve health care by decreasing costs, having better patient outcomes, and helping doctors spend more time with their patients than with their paperwork. This is critically important because what we are seeing in the United States is doctors spending more time on the paperwork of the system than on the actual outcomes of their patients.

We want everybody to have a medical home. We want everybody to have a delivery system that rewards outcomes, and that is what we are driving for, but the debate in Washington has not been over this issue of where Americans get their insurance coverage. As you can see from this chart, 49 percent of Americans get insurance through work, 34 percent of them through Medicare and Medicaid and other public programs, and then a much smaller percentage are uninsured or in the individual market. The debate now is over the individual market. The debate is over the 7-percent number.

In some States, the individual market was out of whack for a variety of reasons. Maybe the risk pool was too small, maybe insurers went too low on their original estimates, maybe they made some changes that didn't work in that marketplace, but that doesn't mean we throw out all of the Affordable Care Act that is doing such great work just because 7 percent of the population in the individual market needs further attention. It doesn't mean that we repeal all of this. It certainly doesn't mean that we give this uncertainty to the American people about whether they are going to have health care coverage and give the illusion that the other side of the aisle is doing anything but taking the system and capping Medicare and Medicaid, giving out a check that never keeps pace with inflation, and then taking the savings from the system and channeling it into corporate tax reform relief. No, no, no, no, no. We need to make the health care delivery system work for the American people, deliver better outcomes, and continue to make reforms.

What are the innovations that we are talking about in the delivery system? Well, my colleague, the Presiding Officer, will know, because he understands health care, that the innovation in health care is about everybody having a medical home. Why do you need a medical home? You need a medical home because you need to be seen, not by the emergency room physician but by your doctor and someone who is going to understand your health care needs.

We need to make investments in primary care and prevention and wellness. I am sure the Presiding Officer understands that we don't have enough primary care providers in the United States. We need to change our system for the GME; that is, graduate medical education, so we can get more primary care providers.

We also need to focus on health and wellness. That is what the Affordable Care Act does. It starts to look at the system and rewards prevention and wellness. The Affordable Care Act says: OK, let's try to do this in a new way. Accountable care organizations aim for a global budget instead of all the paperwork that has to happen. A provision I authored, the Basic Health Plan, which is being used in the State of New York, is showing results in lowering

the costs of premiums, giving affordability to people well beyond what they were able to otherwise get.

The other idea is rebalancing nursing care to community-based care. Twenty-one States applied for and were approved to do rebalancing. A lot of these States were Republican States in the South that took the money from the Affordable Care Act and bought into this really smart notion. It says: Let's rebalance away from nursing home care into community-based care, and we as the Federal Government will help incent that. So all the Republican Governors that took that money from the Affordable Care Act to try to rebalance their population away from a very expensive delivery system to a new delivery system, are they now going to pay us back? Is that what repeal is going to mean, that we are going to ask them to pay us the money back or that we are going to forgo this notion that moving people out of nursing homes and keeping them in their community homes is more important?

I will tell you this. We have a problem of an aging population in the United States of America, and the best thing we can do is help change the delivery system so it is more cost effective for the future. That is what the Affordable Care Act did.

The Center for Medicare & Medicaid Innovation, which is also a part of the Affordable Care Act, drove in some incredible efficiencies. The Secretary just spoke today at the National Press Club, talking about focusing on better managing care for many people affected with diabetes because they are one of the biggest cost drivers. So all of this innovation is part of the Affordable Care Act. Are we going to repeal that, too? Are we going to repeal all those health care delivery reforms that are helping reduce the cost of health care?

So what does repeal actually mean?

I am taking it from two different sources here; that is, a full Republican repeal of the Affordable Care Act will increase the deficit by \$350 billion over 10 years.

Why does the Congressional Budget Office and the Committee for a Responsible Federal Budget say that? Why do they say that? Why would they make such a claim? Because they know that built into the Affordable Care Act are changes to the health care delivery system that improve access, focus on better outcomes, and change our system for the better. We cannot afford to repeal this as a way to try to say to our base: This is a better way of delivering health care.

What does the Affordable Care Act come down to?

The philosophy we pushed through is to put the patient at the center of the health care delivery system so that it works for them. The repeal attempt by the other side is nothing more than basically saying we are going to come up with a model where you are not at the center of this, you are going to get a

check that no longer pays for your full health insurance costs, you are going to get capitated and so is Medicare and Medicaid—or at least that is all we can get out of the other side right now about their plans.

It is very important to me that we do not repeal the Affordable Care Act and that we certainly don't repeal the Affordable Care Act without any idea what it is that we are going to be doing instead. We have millions of Americans who will not be covered, and we are going to throw away our whole system, which has managed to save private employers and individual families millions of dollars—I would say billions of dollars over the time period of this legislation and put us on the right track. If we have to make some changes and adjustments to the system, let's make some adjustments and changes to the system, but let's not throw out the entire legislation, and certainly let us not steal away the Affordable Care Act from the American people.

Basically, that is what repeal is. Repeal is stealing away the affordability they have been granted over these last several years and instead taking it for some other corporate interest. I hope it is not to stuff it into a tax reform bill to give relief to corporate America because that is not what we need. We need a delivery system that works for everyone. We need to save those individuals by making sure there is a cost-effective health care option for them and the marketplace, and I look forward to seeing real and serious legislation—not a poster board but a solution.

I love working with my colleagues who want to work on these ideas. I do. I will because this is a solvable problem. It is. We have shown that. We have enough results. We have to make some adjustments, but repealing is just stealing health care from hard-working Americans. I urge my colleagues to turn that down.

I thank the Presiding Officer.
I yield the floor.

The PRESIDING OFFICER (Mrs. CAPITO). The Senator from Louisiana.

Mr. CASSIDY. Madam President, I rise to address a very important issue in regard to the health care of our poorest Americans and discuss my plan, the Medicaid Accountability and Care Act, or the MAC Act, which is also included in my ObamaCare replacement plan which would address the failings of our current Medicaid system. My colleague from Washington just extolled the virtues of ObamaCare. As she pointed out, Medicaid clearly is a major part of the ObamaCare kind of response so it is apropos I would follow.

I wish to first tell you my perspective. I am a physician, and I had been working in a hospital for the uninsured for 25 to 30 years, until they blew it up. I saw prisoners, the uninsured, and Medicaid patients. You might say: Wait a second. Medicaid, it is insurance. Why would somebody with Medicaid insurance be seen at a hospital for the uninsured?

It is because in my State, like in most others, Medicaid pays beneath the physician's cost of seeing a patient. To paraphrase Saint Paul, it is the illusion of coverage without the power of access.

I will point out, the week ObamaCare passed, there was an article in the New York Times, written by a very respected journalist, Robert Pear, tracking a Medicaid patient in Michigan. The physician, the oncologist seeing her, had so many Medicaid patients, the oncologist was going bankrupt because she could not afford to pay her bills so she had to discharge the Medicaid patients from her practice.

I followed up to find out what would happen, and 2 weeks after being discharged from this oncologist's practice, the patient died. This is Medicaid, which is so critical to the purported success of ObamaCare.

Is it that we are not spending enough money; that maybe if we just spent a little bit more on Medicaid it would all be better.

A study from MIT found that 60 percent—let me stop. The State of Oregon did an expansion of Medicaid so researchers from MIT and elsewhere went to study it. This study found that 60 percent of the dollars used for the Oregon Medicaid expansion went to institutions, not for patients—as little as, say, 20 percent to 40 percent—but as little as 20 percent of the money that was put toward the Medicaid Program actually was a benefit for the patient. Let me repeat this. As much as 60 percent went to benefit institutions, not patients. They also found that patients on Medicaid did not have improved outcomes. Think about this. We are giving everybody all of this coverage. It is supposedly wonderful. Yet when they went back 1 year later and 2 years and 3 years later and looked at the patients covered on Medicaid—versus those who were not, those who continued to be uninsured—there were no better health outcomes among those who are on Medicaid.

If we can't agree this is a program to reform, it is going to be hard to agree on anything.

For those who are not familiar with Medicaid, let's talk a little bit about the program. Medicaid is a Federal-State program. The Federal Government provides a certain percentage—a different percentage for each State—but the State actually administers the program. In some States, the Federal Government pays 50 percent of the cost. It can go up as much as 75 percent of the cost. In Mississippi, they put up \$25, they get \$75. In a State such as New York, they would put up \$50 and get back \$50 so it is a 1-to-1.

This open-ended financing structure is based solely on how much the State spends. I will agree with my colleague from Washington State. We should not reward States that spend incontinently. We should not reward States that just spend, but under Medicaid, the State is rewarded. The more it

spends, the more it draws down from the Federal Government.

I always smile when people speak about the economic development of Medicaid expansion. Medicaid expansion is not about economic development. It should be about taking care of patients, but I understand that perspective because they pull down at least \$1 for every dollar the State spends, sometimes at the 75-percent ratio. Under the ObamaCare Medicaid expansion, States have been drawing down 100 percent of what they spend. If the State is going to draw down 100 percent of what it spends on the Medicaid expansion population—surprise, surprise—they are actually spending at a higher rate on the expansion population than on those Medicaid patients for whom the State actually has to cover part of the cost.

The Federal Government has very little ability to weed out the corruption of the inefficient programs. Again, this matching incentive disincentivizes States from looking for ways to be more efficient, but, still, States have to balance their budget every year and Medicaid is either the second largest or largest budget item in every State. Even though the Federal Government is paying 50 percent to 75 percent of the traditional Medicaid population and 100 percent of the expansion population, the State taxpayer is still on the hook for a lot. On average, States spend 17 cents of every State dollar on Medicaid. My State of Louisiana has the highest percentage. Nineteen percent of our budget goes to Medicaid. The percentage is steadily increasing, nearly doubling since 2000. Sooner or later, even though the Federal Government covers the majority of the cost, the budget crunch gets more difficult because the rate of Medicaid spending is climbing faster than the State tax base.

Because of all the Federal requirements on what a State can change in the Medicaid Programs, in order to come up with the State match, States have two options. They can pay providers less or they can cut other programs such as education and move the money to the Medicaid Program.

First, paying physicians less brings us back to the situation Robert Pear described in his New York Times article, where the oncologist was going bankrupt because she could not afford to see more Medicaid patients.

Let's speak a little bit about education. I am just going to use my hands. In 1963, the State government used about that much for education and when Medicaid started in 1964 or 1965, about that much for Medicaid. In 2009, for the first time ever, on average, States spent more on Medicaid than on education. Now the percentage on Medicaid continues to climb, if you will, cannibalizing the State dollars that could be used to support higher education, primary and secondary education.

Let's look at the effect of the ObamaCare Medicaid expansion. Let's

look not at my own State but Kentucky, a State which has been at this for a little bit longer. The previous Governor, Governor Beshear, implemented the ObamaCare Medicaid expansion—just kind of traditional Medicaid—and expanded it.

Again, my colleague from Washington State was extolling how much ObamaCare has lowered costs. When Kentucky originally implemented it, they expected the long-term cost of Medicaid expansion to be only a 4-percent increase in their current State spending on Medicaid. After only 1 year of the expansion, updated projections showed the expansion cost the Federal Government more than half a billion dollars more than Governor Beshear had projected for 2014, and this will double in the coming years, meaning that the Medicaid expansion will cost \$1 billion more per year than expected. Again, this was the projected cost. This is the actual cost.

If this is saving money—oh, my gosh. What would happen if we actually lost money? By anybody's calculation, this is losing money. This has been the situation across the country. States that have expanded Medicaid have turned out to be far more expensive for the Federal taxpayer than originally anticipated. Again, it just isn't a Federal program. Like many other States across the Nation, Kentucky is facing serious fiscal issues. They do not have \$1 billion lying around.

On its current path, Kentucky's own projections suggest the State will start losing \$45 million in perpetuity beginning in 2021. This is a 10-percent increase. The Federal Government is putting up most, but Kentucky itself will have to put up an extra \$45 million per year.

Also, given that the Federal taxpayer—you and me, us, the people watching on TV and in the Gallery—given that we, the Federal taxpayer, put up 90 percent of Kentucky's costs—well, every State's costs, we just happen to be speaking about Kentucky—but every State's costs are 90 percent of the costs in perpetuity. As this cost grows, taxpayers are on the hook for 90 percent of it. Such a deal.

It doesn't have to be this way. Let me compliment Indiana. When Vice President-Elect MIKE PENCE was Governor of Indiana, rather than adopting kind of ObamaCare's let's do the traditional Medicaid and watch the cost explosion—he took an innovative approach and created the Healthy Indiana Plan or HIP as an alternative to simply doling out the dollars. The plan gave each beneficiary a high-deductible plan in combination with a health savings account. It was capitated. Again, my colleague from Washington who just spoke kind of criticized these capitated plans, which means there is a set amount, and the person is, if you will, engaged in managing her dollars.

The State will put up a certain amount on a sliding scale based upon the income of the Hoosier who en-

rolled. The plan empowered low-income enrollees to become better consumers of health care. Hoosiers who participated—for those not from Indiana, I have learned you don't say Indianans, you say Hoosiers. So Hoosiers who participated changed behaviors. They use 40-percent less charity care than traditional Medicaid patients. Seventy percent contributed to their own HSA. Once they started contributing, virtually all continued to do so regularly. That is despite 83 percent of those participants in the Healthy Indiana Plan earning less than the Federal poverty level. Those Healthy Indiana Plan patients also saw clear improvements in care over traditional Medicaid. They decreased their emergency room utilization by 40 percent relative to Medicaid's average. Thousands more physicians chose to take Medicaid patients. Remember, at the beginning, I discussed how physicians often can't see Medicaid patients. It pays them below the cost of their seeing patients. In Indiana, thousands more chose to take Medicaid patients, improving access to quality care. Clearly, the Healthy Indiana Plan was able to work for Indiana patients. This is the sort of quality innovation that States can devise if we give them the power.

Now, revising the current funding structure would also encourage States to follow Indiana's example and develop innovative Medicaid programs to increase the efficiency in which the program spends money. Again, that is Federal taxpayer money. That is our money. For those watching right now, it is our money. We want to encourage States to be efficient with how they spend it. There should be greater flexibility to design the Medicaid program to better meet the needs of State residents. States will be given the latitude and the freedom to develop various coverage options and specialized delivery systems for different Medicaid patient populations.

This is why I developed the Medicaid Accountability and Care Act, which we call the MAC Act. It reforms the flawed financing of Medicaid by giving each State a set amount according to how many people each State has enrolled in the different categories that each State's Medicaid program treats. That is a mouthful, but it is basically exactly like the Federal Employees Health Benefits Program or like any employer who goes to an insurance company and says: I want to give you a set amount of money per employee who enrolls in your plan. For that matter, it is like Medicaid managed care, where the State will go to a managed care company and give the managed care company a set amount per enrollee in that plan.

Now, I hear people say: Oh, my gosh, it is a set amount. That is all we do in health care, except in Medicaid, where we reward inefficient spending. So if it is good enough for the State to do it to the Medicaid managed care program, why isn't it good enough for the Federal taxpayers to do it to the State? I

am not quite sure I understand the critics of this approach.

But, again, under the Medicaid Accountability and Care Act, or the MAC Act, each State would tell the Federal Government how many beneficiaries it has in different categories of Medicaid and the Federal Government would give each State the amount of money appropriate for that number of enrollees in each category. The advantage of this is it is a set amount. It allows the Federal Government to do that, which it does not do now; and that is, to say to the State government: If you recover fraud, you can keep that money.

Now, let's go back. Under the current situation, the Federal taxpayer pays 50 to 75 percent of the State's Medicaid costs. If there is fraud—and there is lots of fraud in Medicaid—and the State government recovers it, it has to give back to the Federal taxpayers whatever the percent was the Federal Government put up. So if the State goes out and recovers \$1 million—spends money on the attorneys, spends money on the investigation, on the court case, and it recovers \$1 million—it has to give half a million to \$750 million back to the Federal taxpayers. It is responsible for the prosecution, the investigation, but it gives most of the money back to the Feds. So the States don't investigate because it is a disincentive to go after fraud.

Under the MAC Act, if the State goes out and gets \$1 million worth of fraud, the State keeps the money. That is good for the State. It encourages the State to root out that fraud and to keep the money and to make sure that fly-by-night scam artists never get to become Medicaid providers in the first place.

The MAC Act's reforms will result in improved health care for Medicaid patients.

I will go back to where I started.

I am a physician who worked in a hospital for the uninsured and Medicaid patients. These are my patients. If this proposal was not about improving patient care, I would not advance it. But recall that Oregon, with their Medicaid program, upon review by MIT, found no improvement in patient outcomes. Then let's go to Indiana, which actually set up health savings accounts and engaged the patient in managing their own health, and there, we do see better outcomes. We should all be about patients having better outcomes.

Along the way, we do other things, such as equalizing the amount of money the Federal Government gives to each State per beneficiary. Again, my colleague from Washington State pointed out that folks in Washington get less money from the Federal Government than do other States. I would attempt to equalize that with the MAC Act.

So let me finish. The American people have been voting against ObamaCare for the last 8 years. Whatever its proponents may say, the Amer-

ican people have found it wanting. One aspect of it that has been wanting is Medicaid. We have a proposal before us based upon my experience of treating patients in the hospital for the uninsured and Medicaid but also taking States like Indiana and elsewhere in which we attempt to give States the initiative to create specialized programs that focus on patient-centered care. In that way, we will see better outcomes. The current Medicaid funding system under ObamaCare works against States, penalizing them for addressing fraud, abuse, and waste. This must change. We need to change this broken framework with a system that will work with States to get their Medicaid programs back on track, benefiting their patients as much as possible.

With that, I yield the floor.

Madam 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. CORNYN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

NOMINATION OF JEFF SESSIONS

Mr. CORNYN. Madam President, as my colleagues know, this week we will take up the nominations of the men and women who President-Elect Trump has selected for his Cabinet. I have to say, for myself, that looking at the quality of the people the President-elect has nominated gives me quite a bit of reassurance about what his administration will be like, starting with the Vice President, MIKE PENCE. Mr. PENCE is somebody well known to those of us here in the Congress, having served 12 years in the House of Representatives, and then he went on to be the Governor of Indiana for 4 years. He is eminently qualified to help the administration and the President-elect navigate the perils and pitfalls of the legislative process here in the Senate and in the House.

Then we look at the other people who have been nominated, whether it is for Secretary of State, Secretary of Defense, or the Department of Homeland Security. In some cases, they are unconventional choices, but, in every case I can think of, they are people who have eminent qualifications to offer to the administration and to the country in this new administration.

This is one of the most important responsibilities a Senator has—to make sure we conduct the advice and consent process and make sure we vet the nominees for these important posts. But in one case in particular, it is not going to be all that hard because we have served alongside Senator JEFF SESSIONS, for 15 years in my case and for 20 years in other cases.

We should be working together, as President Obama himself has said, recognizing the importance of a smooth

transition from the outgoing administration to the new one. That should be true no matter what side of the aisle you are on. Unfortunately, I think some of our Democratic friends are still in some shock from the election on November 8.

I remember a book written on the grieving process, describing that first comes denial, then comes anger, and then ultimately acceptance. I think what our Democratic colleagues have to work through is their denial and anger to get to acceptance of the fact that President-Elect Trump and Vice President-Elect PENCE won the election.

So what is our responsibility? It is to work in a bipartisan basis to make sure that they have the people around them that they need in order to run the government.

We are simply trying to stick to the same standard set under President Obama. In 2009, our Democratic colleagues held seven confirmation hearings in one day. That is more than we are planning to do on Wednesday. So my response to our friends across the aisle is to listen to the junior Senator from Connecticut, who told a reporter: "I can figure out how to walk across the hall and attend two hearings occurring simultaneously."

One of the most important hearings, in my mind, we will hold is the hearing we are going to have in the Judiciary Committee starting tomorrow on the President-elect's nominee as Attorney General—our friend Senator JEFF SESSIONS. As I said, the junior Senator from Alabama has a lengthy history serving his State and country in law enforcement, but his passion for public service started long before that.

Before we knew him in the Senate, JEFF SESSIONS was an Eagle Scout from Hybart, AL. He later served in the Army Reserves. After college, he taught at Goode Street Elementary School in Montgomery, AL. I bet even those of us who have known him a long time did not know that he taught at Goode Street Elementary School in Montgomery, AL, after college. Then he went on to become a lawyer, receiving his law degree from the University of Alabama. He later worked as a Federal prosecutor, including 12 years as a U.S. attorney for the Southern District of Alabama. Then—where I got to know him—he became his State's attorney general.

Senator SESSIONS' record is one of a person not afraid to go after those who are abusing power. From State judges and senators to county commissioners and school board members, JEFF SESSIONS has rooted out and punished corrupt officials as was his job as a U.S. attorney. As U.S. attorney, he fought to secure the rights of African Americans to vote and successfully advocated to uphold the death penalty sentence of Ku Klux Klan member and murderer Henry Hays.

Here in the Senate, he served on the Senate Judiciary Committee for 20

years, where I have come to know him well. Working with him has shown me not only his sharp mind but his passion for the people of this country and his commitment to the rule of law. He is a hard worker and a person who makes his decisions based on what he thinks is the right thing to do and his own integrity. I know many of us can attest to this, including my colleagues on the other side of the aisle. While holding true to his principles, JEFF SESSIONS has found common ground with folks across the ideological spectrum on many issues, including ones he will work on as Attorney General of the United States.

For example, in 2003, Senator SESSIONS worked closely with the late-Senator Teddy Kennedy, whom I have called the liberal lion of the Senate. Perhaps, I am not the first one, but he certainly was that. He was a larger-than-life personality and somebody who personified our political opposition across the aisle. But JEFF SESSIONS and Teddy Kennedy worked together to help fight sexual assault in prison in a way that was both proactive and pragmatic. Senator SESSIONS crafted legislation to encourage State governments to take affirmative measures that reduced the frequency of sexual assault in jails and prisons. We continue to see the benefits of this legislation today, as more and more States get serious and crack down on this crime. Last Congress, I was proud to work with Senator SESSIONS and Senator LEAHY, the ranking member in the 114th Congress, and others in this Chamber, to pass the Justice for All Reauthorization Act, which created additional tools that strengthened the Prison Rape Elimination Act.

Then there is the work Senator SESSIONS has done with the assistant minority leader, the Democratic whip, and the senior Senator from Vermont, two of this Chamber's more liberal Members, to address sentencing disparities between crack cocaine and powder cocaine. It became obvious over time that many people living in our inner cities were using crack cocaine, but their fellow countrymen living in more affluent areas caught with powder cocaine were subject to far lesser sentences than those in the inner cities using crack cocaine. The work Senator SESSIONS did with Senator DURBIN and Senator LEAHY, called the Fair Sentencing Act, was signed into law by President Obama in 2010. Senator SESSIONS saw the harsh penalties many young African-American men experienced for possession of crack, compared to the lighter punishments given to suspects found with powder cocaine, who as a group tended to be more White or Hispanic. To me, this is the sort of thing that offends the most basic sensibilities of JEFF SESSIONS—somebody who believes unequivocally in color-blind justice and equal justice under the law. Of course, the utmost responsibility of the U.S. Department of Justice is to enforce the law and en-

sure equality for all Americans under our Constitution.

Senator SESSIONS has demonstrated that he is qualified and prepared to serve as the Nation's top law enforcement officer—not only thanks to a proven track record but, because at his core, he understands the importance of justice for all and upholding the rule of law. Now, you don't have to take my word for it. Here is what some of our leading Democratic colleagues have had to say about working with Senator SESSIONS over the years:

The incoming Democratic leader, Senator SCHUMER of New York, called JEFF SESSIONS "straightforward and fair."

Senator DURBIN, the Democratic whip, in June 2010, working with him to eliminate the disparity between crack cocaine and powder cocaine called JEFF SESSIONS "a man of his word."

Then, perhaps, there is an unlikely person to compliment Senator SESSIONS, because of some of the positions Attorney General Holder took that I think Senator SESSIONS found objectionable—particularly when injecting too much politics into the work of the Department of Justice and not enforcing what Senator SESSIONS saw to be the rule of law. Nevertheless, former Attorney General Eric Holder on January 2016, 2009, called Senator SESSIONS "a great U.S. attorney."

Senator SESSIONS has both the temperament and experience to restore the faith of all Americans in our justice system, and we have the responsibility to grant him a fair confirmation hearing starting tomorrow. I suspect our Democratic colleagues agree, because in 2015 they penned a letter that said:

The Attorney General plays a pivotal role in administering our nation's laws and protecting our national security. This is why the Senate, regardless of the party in control, has historically given swift consideration to Attorney General nominees.

Those were our Democratic colleagues. The chance to do so is right before all of us, and I hope they will assist us in a fair and swift confirmation process for a truly honorable and deserving candidate for Attorney General.

I know we will miss Senator SESSIONS in the Senate. Not that we always agreed with him, but he always disagreed in the most congenial sort of manner and in a way that we knew he had respect for people of widely divergent views. But the fact is that our country needs him to lead the Department of Justice now more than ever.

I yield the floor.

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

Mr. ENZI. Madam President, I thank the Senator from Texas for his comments about the Senator from Alabama. Senator SESSIONS has been an outstanding Senator. He came to the Senate at the same time I did. He has served for 20 years. That is a lot of votes that a person can pick apart, if

they want to. But here is how it came out. I don't think we have emphasized enough that Senator SESSIONS didn't have a primary opponent in Alabama. I don't know how many Senators in the Senate haven't had primary opponents. Even more unusual, he didn't have a general election opponent. I am not sure if that has happened before. I know it hasn't happened for a long time. But that says something about the kind of respect he has in his home State, which has a wide variety of people. So I thank the Senator for his comments on that.

Madam President, I ask unanimous consent that following disposition of the Paul amendment, there be 2 minutes of debate, divided in the usual form, and that the Senate then vote in relation to the Hirono amendment No. 20.

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

Mr. ENZI. Madam President, I yield the floor.

The PRESIDING OFFICER. If no one yields time, the time will be divided equally.

The Senator from Hawaii.

AMENDMENT NO. 20

Ms. HIRONO. Madam President, I rise today to ask the Senate to adopt the Hirono-Donnelly amendment to protect Medicare and Medicaid. During his campaign, President-Elect Trump made the American people a promise that he will protect Medicare and Medicaid.

Today, we are giving Senate Republicans an opportunity to reaffirm this promise to the American people, but I am deeply skeptical that they will do the right thing because they are committed to repealing the Affordable Care Act. Senate Republicans fought for years to repeal the Affordable Care Act, which would drastically cut Medicaid funding for the States, and the President-elect's nominee for Secretary of Health and Human Services is the architect of the Republican plan to privatize Medicare. The assault on the ACA is an assault on Medicare and Medicaid. Both of these programs can be dismantled through the language in the budget that Congress is debating right now.

The President-elect and congressional Republicans might be willing to break their promise to the American people. Instead, I, along with my like-minded colleagues, will do whatever we can, whenever we can, to protect these social safety net programs.

I am fighting for seniors like Anne and Lanny Bruder from Kauai. Lanny is 80 years old, but he is still working three jobs to make ends meet after losing the family home during the 2008 mortgage crisis. Anne has glaucoma and pays what she calls a ridiculous amount for eye drops. Lanny survived a heart attack and has two artificial knees.

Like many of our kupuna—or seniors—living on a fixed income, they simply could not afford the extra \$6,000

a year they would be forced to pay if Republicans succeed in their effort to privatize and voucherize Medicare.

I am also fighting for young people like Anne, who walked into the Kokua Kalihia Valley Clinic 3 years ago. She had no health insurance, and she was pregnant at the age of 15. The doctors at the clinic helped Anne apply for Medicaid, which helped her afford prenatal care and gave her support to stay healthy and, very importantly, to stay in school. Medicaid helped Anne and her husband Dan, age 17, welcome a healthy baby boy named Joseph. Today Anne is a graduate of Farrington High School, works part time, and has plans to become a pediatric nurse practitioner. Anne, Dan, and Joseph now have insurance through Dan's employer.

These stories—and there are thousands of similar stories in Hawaii—demonstrate just how important Medicare and Medicaid are to millions of people across the country. It is why we are fighting tooth and nail to prevent any cuts that would jeopardize these social safety net programs.

The Hirono-Donnelly amendment would prevent any partisan attempt to harm Medicare and Medicaid. Specifically, it would block congressional Republicans from using budget reconciliation to privatize Medicare or increase eligibility standards. It would also prevent changes to Medicaid that reduce State funding from current levels.

Adopting this amendment would send a clear message to seniors and working families that Congress is serious about protecting their access to quality, affordable health care.

I urge all of my colleagues to support the Hirono-Donnelly amendment.

I yield the floor to Senator DONNELLY.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. DONNELLY. Madam President, I rise today in support of the amendment Senator HIRONO and I are offering to protect Medicare and Medicaid for the millions of Americans who currently count on these programs for health coverage.

This week, some of our colleagues are beginning the process of repealing the health care law. I want to be clear. I don't think it is a perfect law. In fact, I have long agreed with many of my colleagues in saying it has work to do, and for years we put forward ideas on ways we can work together to improve it.

The repeal strategy we are debating this week, however, is not about improving the health care system. It is about taking people's health care away. And make no mistake, the consequences are very real. A repeal strategy, particularly with no alternative, would throw our health care system into chaos, taking away coverage from nearly 30 million people, increasing premiums on working Hoosiers and families across this country, and threatening to take us back to a time

where anyone with a preexisting condition could not get coverage.

It doesn't have to be this way. If we are serious about improving health care in this country, we can do this work together. That is what the American people expect. Just as Hoosiers go to work every day to make life better for their families, they expect us to come to work and do the same thing. At the very least, they expect us to do no harm. Doctors swear by the Hippocratic Oath, where they pledge first and foremost to do no harm when they are treating patients. We should appreciate this. We should approach this debate in the same manner. Do no harm. That is the basis of the Hirono-Donnelly amendment.

“Do no harm” means not cutting Medicare benefits or turning it into a voucher program. “Do no harm” means protecting the health care of those who use the Medicaid program, many of whom have health care for the first time.

Here is what we know: Repealing the health care law reduces Medicare's insolvency by 5 years to 2021. We know that some in Congress, including the nominee to run the Department of Health and Human Services, are intent on privatizing Medicare or turning it into a voucher program, ending the program as we know it.

The Hirono-Donnelly amendment makes it clear that we will not privatize Medicare. The amendment protects Medicare both for the seniors who count on the program to age in dignity and for the tens of millions of Americans who are contributing to the program with the expectation that it will be there when they retire.

“Do no harm” also means we will protect insurance coverage for those who get their care through the Medicaid program, which, after the passage of the health care law, enabled millions of our friends and our neighbors to access affordable coverage for the first time in their lives. I know this is true because I worked with and supported our soon-to-be Vice President, MIKE PENCE, when he used ObamaCare to establish a program we call the Healthy Indiana Plan, or HIP 2.0. The innovative plan expanded health care coverage to over 200,000 of my neighbors in our beloved State and helped reduce the uninsured rate among Hoosiers by 30 percent. The HIP 2.0 program has been critical in our ongoing effort to provide treatment to those struggling with opioid abuse and heroin use in our State. Don't just take my word for it. In his farewell address as Governor to Hoosiers yesterday, Mr. PENCE said:

Our innovative Healthy Indiana Plan is a national model of how to provide affordable health care coverage to our most vulnerable citizens. . . . With HIP 2.0, we have also made great strides expanding treatment for those who struggled in the grip of drug addiction.

I agree with the Vice President-elect that HIP 2.0 is something we can be very proud of because it helps Hoosier

families across our State every single day. And it was done by working together, Republicans and Democrats, using the health care law to provide access to our friends and neighbors who wouldn't be able to obtain insurance otherwise. That is a great result.

The repeal plan before us today takes all of this away, including the very program that Vice President-Elect Pence and I worked to put in place. The amendment Senator HIRONO and I put forth is simple. It says to seniors and to people participating in HIP 2.0 and Medicaid plans across the country: We will do no harm.

I am happy to work with anyone to strengthen the health care law, but we are not going to take away the health care people have come to rely on. I urge my colleagues to support the Hirono-Donnelly amendment. Instead of going forward with a plan that creates chaos by repealing the health care law with no alternative, we should work together to improve it. That is just common sense. Most of all, we should strive to do no harm. That should be our guiding principle in the Senate. My colleagues on both sides of the aisle can demonstrate their commitment to this principle by supporting our amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Madam President, I would like to reclaim the time that Democrats have to talk about the Hirono-Donnelly amendment. We are expecting some of our colleagues to be here. I see Senator BLUMENTHAL.

Thank you.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Madam President, I am proud to join my colleagues Senators Hirono and Donnelly. I thank them for their very impressive and steadfast efforts on behalf of Medicare and Medicaid, during a time of tremendous uncertainty in our health care system, as, unfortunately, our friends on the other side of the aisle work toward repeal of the Affordable Care Act without any replacement and any clear plan on what the alternative will be.

Not only would repeal of the Affordable Care Act impact children and families but most particularly our seniors who have worked hard and have earned the benefits of Medicare. Any additional changes to the program that have been previously suggested by Republicans, whether changing the eligibility age or privatization, have no place in a reconciliation that has not been fully debated by the House and Senate and without a hearing from constituents and stakeholders about what those changes would mean.

That is why we are here in support of the very important amendment offered by my colleagues. The Congressional Budget Office has estimated that full repeal of the ACA would increase Medicare spending by \$802 billion from 2016 to 2025. This increase in potential

spending could lead to higher Medicare premiums, deductibles, and cost sharing for beneficiaries.

Medicare, as it stands, as we all know, benefits our Nation's seniors who have worked hard and earned this program, but they would rather privatize or gut the program. So this action really should be decided not under reconciliation but by a 60-vote margin after hearings and an opportunity to be heard for our constituents.

Similarly, any replacement plan must not include fundamental or restrictive changes to the Medicaid Program. The bottom line is, Medicaid continues to work to provide potential health care to our most vulnerable citizens. I come from a State that is truly making a commitment to make sure our Medicaid Program works. In fact, Connecticut was the first State to take advantage of the Medicaid expansion in the Affordable Care Act, allowing the State to cover 72,000 more of our people in the State of Connecticut.

In Connecticut, the State has also utilized existing flexibility in the Medicaid Program to improve outcomes through the patient-centered medical home. As a result, in 2016, Medicaid hospital admissions decreased by 5.4 percent, emergency department visits fell 4.3 percent, and people requiring intensive case management saw a reduction of hospital inpatient admissions of nearly 40 percent.

These statistics are of staggering scope and scale and profoundly significant. We cannot make mean-spirited changes to the Medicaid Program, such as block granting, that would weaken the safety net, and we cannot allow gutting Medicare, endangering millions of seniors. We will not allow it without a fight. I am determined to join my colleagues in working and fighting for this amendment and keeping the pressure on our colleagues who disagree.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, I am very pleased to be able to join Senator DONNELLY, Senator HIRONO, and Senator BLUMENTHAL on this extraordinarily important issue that goes right to the heart of what we want health care to be in this country. I have always felt that the really big issues, the really important issues, need to be bipartisan. You need to find a path to some common ground.

As Senator DONNELLY and our colleagues have pointed out, what is being discussed now is an inherently partisan process for dealing with one of the most sensitive and most important issues of our time; that is, Medicare and what it represents. I had a chance to listen to Senator DONNELLY and Senator HIRONO discuss this issue. It made me recall my days when I was director of the Oregon Gray Panthers, the senior citizens group. I was director of the group for almost 7 years before I was elected to Congress. This was back in the days when I had a full head of hair and rugged good looks.

We always talked about Medicare being a promise. It was a promise of guaranteed benefits. They were going to be there. They were going to be secure. They were going to be defined. In effect, all who supported Medicare said they would oppose unraveling that promise, unraveling that pledge of guaranteed benefits. It seems to me, without strong legislation, the kind of legislation my colleagues are advocating, we are putting that promise at risk.

I think when you look back at the history of what was available for older people before Medicare, you would see why this promise and this pledge is so important. For so many older people, there was, essentially, what amounted to poor farms. We had one not far from where we lived at home in Oregon. When Medicare was being debated, people brought out those pictures. They talked about what it meant, in a country as strong and good and rich as ours, for older people not to have a life of dignity and security and decent health care.

When Medicare was adopted in 1965, it was all about the promise. It was all about the guarantee. That is what Senator DONNELLY and Senator HIRONO are standing up for as part of this debate. I know that some who don't share our view are going to say: Well, there are tremendous challenges with respect to Medicare. There is no question about that—10,000 people turning 65 every day for years and years—but there is so much that can be done, Democrats and Republicans, if you want to reject something that is partisan like reconciliation and come together. You can come together around updating the Medicare guarantee. I say this to my friends Senator DONNELLY and Senator HIRONO, who have done such good work on this.

We are not saying there aren't any challenges. The fact is that Medicare today in 2017 is very different than Medicare when it began in 1965. It is dominated by chronic illness: cancer, diabetes, heart disease. But we can come up with fresh, practical approaches for dealing with those challenges, consistent with what Senator DONNELLY and Senator HIRONO are talking about, which is keeping the Medicare promise, keeping the Medicare guarantee, not allowing the program to be privatized.

We started on that with the Affordable Care Act. There were a number of us in the Senate. Senator ISAKSON was very involved. At the time, Senator MARKEY was a Member of the other body. We advocated for something called Independence at Home, which allowed the Medicare Program to begin to take care of those with chronic illness at home.

So I am very appreciative of what Senator DONNELLY and Senator HIRONO are doing because what they are saying is this: Instead of gambling on the health of older people with a partisan reconciliation process, let's work in a

bipartisan way to build on the promise of Medicare, the promise of those guaranteed benefits.

We can do that. We can do that by creating more options for caring for older people at home. We can do it by expanding telemedicine and using new technology. We can do it by creating more opportunities for nonphysician providers. These are all ways that we can build on the Medicare promise and the Medicare guarantee and deal with the challenges of our time. But we are not going to be able to deal with those challenges through partisan approaches like reconciliation that would privatize the program and unravel the promise.

So I am very pleased to be able to have a chance to be out on the floor with my colleagues who have been strong advocates for Medicare, who rightly put this issue front and center in the debate, because I think a lot of what is being discussed is really getting lost. A big part of this debate really seems to be about creating a Trojan horse to give tax cuts to some of the most fortunate, while, in effect, raising health care costs for millions of others and breaking the Medicare promise, which is what my colleagues are seeking to protect in their amendment No. 20.

We are going to be talking more about this. Certainly, as the senior Democrat on the Senate Finance Committee, we will be having significant debates about these issues in the committee. But I am very appreciative that Senator DONNELLY and Senator HIRONO have allowed us to jump-start what this debate is really all about; and that is, keeping the promise of Medicare, keeping the promise of guaranteed benefits, working in a bipartisan way to update the guarantee to deal with chronic illness and improve options for home care. I commend them both for their good work.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

TRIBUTE TO ERNESTINE HAYES

Mr. SULLIVAN. Madam President, I want to talk a little bit about Alaska this afternoon. Alaska is a beautiful State. Anyone who has visited knows that. Those who have watched any of the numerous television shows featuring my State know that. We have the mountains that seem to go on forever, fish-filled rivers and streams and oceans, miles and miles of beautiful tundra, calving glaciers.

People save their whole lives to take a trip to Alaska, to see the wildlife, to see the bears, the salmon in the wild. There is no doubt Alaska is physically beautiful, but for those of us who live there, the true beauty of our State comes from our people. From our urban areas to the hundreds of smaller towns and small villages that dot our State, we have so many great citizens doing so many great things throughout all of our communities.

What I want to do is to recognize some of our citizens and tell their stories. So every week I will be doing that. Every week I will be recognizing an Alaskan who has made a special contribution to our great State and great Nation. For the kickoff of the Alaskan of the Week, I think it is appropriate to recognize a storyteller.

Narratives keep the people in my State connected to one another. They keep history and culture alive in our great State. That is what Juneau resident Professor Ernestine Hayes does for us in her writing. Professor Hayes was recognized by the Alaska Humanities Forum and the Alaska State Council on the Arts as the current Alaska State Writer Laureate.

The recognition is well deserved. Professor Hayes teaches writing at the University of Alaska Southeast and is the author of two extraordinary award-winning memoirs, the “Blonde Indian,” and the “Tao of Raven.” Her books chart her unique experiences of growing up in Juneau as a Tlingit at a time when Alaska Natives were denied basic rights and “No Native” signs were common on storefronts.

Her career as a writer and a teacher began in her fifties. Living the principle that learning should be a lifetime passion, she graduated from the University of Alaska Southeast—magna cum laude, I might add—when she was 55 years old. In between, she moved to California, where she struggled to find purpose, and, as she put it, she was determined to go back home to Alaska or die facing north.

Thankfully, for us, she made it back home. In the “Tao of Raven,” she weaves in the story of Raven and the box of light. Professor Hayes writes about the importance of giving back to the community. “Although Raven could well have decided to keep light and luster and blinding brilliance for only his own pleasure,” she writes, “he knew that to keep riches to oneself guarantees their decline.”

I congratulate Professor Hayes for being chosen as our State’s Writer Laureate and our first inaugural Alaskan of the Week. Thank you, Professor Hayes, for sharing your blinding brilliance.

I yield the floor.

Mr. WYDEN. I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Kentucky.

AMENDMENT NO. 1

Mr. PAUL. Mr. President, tonight we will vote on a conservative budget that balances within about 5 years and saves the country from trillions of dollars of new debt.

This budget that will be presented as an alternative also allows us to repeal

ObamaCare at the same time. We have taken the identical language from the underlying budget, put it into the replacement budget, but we have done something different. Instead of allowing spending to continue to grow unabated, instead of allowing spending to grow at such a rate that we will add \$9.7 trillion to the debt, we do something novel—something that I consider to be the conservative vision for our country. We actually freeze spending. We just say: no more spending. Interestingly, the budget will balance. The country’s budget would actually balance, and we wouldn’t add \$9.7 trillion if we simply freeze spending. I think there is something in my version of the budget for both Republicans and Democrats because mine calls for a freeze in spending but would allow the different Appropriations subcommittees to decide where the spending would be cut.

So, for example, if you decided that we needed more military spending but you thought that maybe we could spend less on corporate welfare, you might cut out the Department of Commerce. You might not know it once we did it. You might not know that the Department of Commerce really could be eliminated and you really wouldn’t notice that it was gone.

We look at the budget and we look at the spending every year, and we recount all of these terrible wasteful episodes of spending. Yet they never get fixed. Why? Because we continue to give government more money. The current budget that we will vote on will increase spending at about 5 percent a year.

You will hear from people this “Washingtonese”—this language that says: Well, we are just holding to the baseline. All this is the baseline. So, just vote for the baseline. Jump on the team and vote for the baseline. The problem is that the baseline is not flat. The baseline is inclined, and that increase in spending every year is what is bankrupting the country. Spending is going up 5 percent a year. That is what the baseline is. So when people say that we are going to cut trillions of dollars or this is a frugal budget, they are talking about cutting spending from the proposed increases in spending.

To illustrate that, the budget I am offering isn’t even a cut of any kind. It is a freeze. Has anybody in America ever had their income frozen? Has anybody in America ever had to take a cut? Why shouldn’t government? Why shouldn’t we force government to look at their finances and say: You know what, this spending is good, and this is not so good.

I will give you an example. We spent \$700,000 last year studying Neil Armstrong’s statement on the moon. Neil Armstrong landed on the moon and said: “That’s one small step for man, one giant leap for mankind.” Your government, in its infinite wisdom, spent \$700,000 to study that to determine whether Neil Armstrong said “one

small step for a man” or “one small step for man.” After spending \$700,000, your government concluded that they still don’t know.

They spent \$500,000 studying selfies. If you take a selfie of yourself and you smile, will you feel better later? They spent \$2 million studying whether or not if you are standing in a food line at a buffet and the guy in front of you sneezes on the food, are you more or less likely to eat the food.

You can’t make this stuff up. Yet the budget that we are being offered does nothing to fix any of that. It just puts a stamp down and says: We are going to keep doing things the same way we have always done them. Well, my friends I think we should do things differently.

I think a \$20 trillion debt is alarming. I think it is the No. 1 problem we face as a country, and someone ought to do something about it. So I didn’t have much luck saying: You know what, guys, we should produce a balanced budget.

So what we got is \$9.7 trillion, and I can’t support that. So I offer an alternative for people who believe that debt is a problem. They can vote for my alternative, and it still maintains the exact same language that the underlying budget has for repealing ObamaCare. You can do both. Why should it be an either/or? Why should it be that, well, we have to vote for a crummy budget, but that is the only way we can get to ObamaCare. Why don’t we vote for a budget that balances? I thought that was what we were for.

I remember a time when Republicans talked about not only freezing spending, but some actually said we should reduce the size and scope of government. That is what Ronald Reagan said. Yet government grows inexorably. Over and over, year after year, government grows. We had Republicans in charge about 10 years ago. Remember? George W. Bush was President. We controlled, I think, both branches for at least one period of time, and yet the debt doubled under George W. Bush’s administration from \$5 trillion to \$10 trillion. Under President Obama, it has gone from \$10 trillion to \$20 trillion. Now you have Republicans saying: Put us in charge. Put us in charge of the House. You did, in 2010. Put us in charge of the Senate. You did, in 2017. Put us in charge of all three branches, and we will make a conservative vision for the country. We will balance budgets. We will reduce spending. Yet this is an all-Republican Congress where only Republicans will vote on the budget today, and yet we will be voting on a budget that will add \$9.7 trillion.

I am told by some: This really isn’t a budget; we are going to call it the vehicle to repeal ObamaCare.

That is not what it is called. It is sitting right here. It is called the concurrent resolution on the budget for 2017—because, whoops, we didn’t get to it last year, but we are getting to it this year.

This is the budget. It does have numbers in it, and I think the numbers in the budget are of significance. I think, when we look at the numbers, we should make them mean something. But people say to me: Well, numbers don't mean anything. Just vote for it so we can repeal ObamaCare. We have to repeal ObamaCare. So just vote for the numbers, no matter what they are.

I guess my response is this: If the numbers don't mean anything, why don't we put good numbers in there? If the budget is inconsequential and means absolutely nothing and only Republicans are going to vote for it, why don't we put numbers in it that lead to balance, because then we can go home to the people who voted for us and said they wanted us to balance the budget and wanted us to restrain ourselves and we can say we did what you told us to do. Instead, I have to go home and tell people that the Republicans introduced a budget that allows \$9.7 trillion. I am told that we are going to do a better job, and 3 or 4 months from now we will do it again. I fear that in 3 or 4 months, when we come back, they will say: Well, you already voted for it once. Why don't you vote for it again? It is the same thing you voted for last time, and it is just a baseline. Well, the baseline is not flat. The baseline is increasing at 5 percent a year, and that is a problem.

We have to look at spending across the board. All of the spending has to be looked at. The great thing about what I offered as an alternative is that, whether you are a liberal or conservative, it doesn't define exactly where you have to have the cuts come from. It says what the overall number will be, and it will keep us from increasing spending. What you could do to get to a freeze is you could cut or eliminate some parts of the government, like maybe the \$700,000 we spent studying Neil Armstrong's statement, which could be eliminated completely, and maybe the \$30 billion we spend on corporate welfare in the Department of Commerce. Maybe that can be eliminated and not one poor person would go hungry. Maybe a couple of rich CEOs will have to fly in their own jet instead of flying in a taxpayer jet when they are flying around the world. You could eliminate the Department of Commerce and you could keep spending for other items. If you think the military is bloated, you can actually cut money in the military and spend it on other items in the budget.

The bottom line is, if you vote for this amendment, you will be voting for fiscal conservatism that says: Enough is enough. We have a \$20 trillion debt. We are borrowing \$1 million a minute, and enough is enough. If you are a fiscal conservative, if you are worried about the debt of the country, I hope you will support my amendment, which replaces the underlying budget with a Federal on-budget spending freeze and actually leads the budget into balance in the near future.

Thank you, Mr. President.
The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, it is my understanding there is 2 minutes equally divided between the proposer and the opposition.

The PRESIDING OFFICER. Who yields time?

The Senator from Kentucky.

Mr. PAUL. Mr. President, I propose the Senate vote for this budget because it leads to balance, it is fiscally conservative, it allows the Senate and the Congress to decide where money will be spent and where it will not be, it will eliminate waste, and—above all—will get us on the right track toward eliminating or at least staying the expansion of a \$20 trillion debt. I think this is the biggest problem we face as a country.

As much as I think ObamaCare is a mistake, just ignoring the debt to get to ObamaCare is also a mistake.

For those who are or claim to be fiscally conservative, I ask that you will consider voting for a budget that actually balances and continues to have the underlying language in it that would also allow us to repeal ObamaCare.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I begin by thanking Senator PAUL. He has shown a lot of courage for standing and exposing the hypocrisy of the Republican budget resolution.

Year after year, we have heard from our Republican colleagues that the United States is going broke, that we have huge deficits, that we have a \$19 trillion national debt, that we have to cut Social Security, we have to cut Medicare, we have to cut Medicaid, we have to cut funding for education, we have to deal with the deficit.

As Senator PAUL has indicated, if the Republican budget resolution passes, the Federal deficit would more than double over the next decade, going from \$571 billion this year to over \$1.3 trillion 10 years from now.

I hope all of the deficit hawks on the Republican side hear what Senator PAUL has to say and support him.

I will not support him because I understand that the cuts that he is proposing are devastating to working families, to the elderly, to the children, to the sick, and to the poor. They would mean massive cuts in Medicare, Medicaid, Federal aid to education, and a variety of programs people desperately need, so I will oppose the amendment.

All of my Republican friends who talk about the deficit year after year, here is a vote you should cast.

Thank you.

The PRESIDING OFFICER. The time of the Senator has expired.

The question is on agreeing to the amendment.

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Missouri (Mr. BLUNT), the Senator from South Carolina (Mr. GRAHAM), and the Senator from North Carolina (Mr. TILLIS).

The PRESIDING OFFICER (Mr. LANKFORD). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 14, nays 83, as follows:

[Rollcall Vote No. 3 Leg.]

YEAS—14

Crapo	Lankford	Rubio
Cruz	Lee	Sasse
Daines	Moran	Scott
Flake	Paul	Toomey
Kennedy	Risch	

NAYS—83

Alexander	Fischer	Murphy
Baldwin	Franken	Murray
Barrasso	Gardner	Nelson
Bennet	Gillibrand	Perdue
Blumenthal	Grassley	Peters
Booker	Harris	Portman
Boozman	Hassan	Reed
Brown	Hatch	Roberts
Burr	Heinrich	Rounds
Cantwell	Heitkamp	Sanders
Capito	Heller	Schatz
Cardin	Hirono	Schumer
Carper	Hooven	Sessions
Casey	Inhofe	Shaheen
Cassidy	Isakson	Shelby
Cochran	Johnson	Stabenow
Collins	Kaine	Sullivan
Coons	King	Tester
Corker	Klobuchar	Thune
Cornyn	Leahy	Udall
Cortez Masto	Manchin	Van Hollen
Cotton	Markey	Warner
Donnelly	McCain	Whitehouse
Duckworth	McCaskill	
Durbin	McConnell	
Enzi	Menendez	Wicker
Ernst	Merkley	Wyden
Feinstein	Murkowski	Young

NOT VOTING—3

Blunt	Graham	Tillis
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The amendment (No. 1) was rejected.

AMENDMENT NO. 20

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 20 offered by the Senator from Vermont, Mr. SANDERS, for the Senator from Hawaii, Ms. HIRONO.

Who yields time?

The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise today to urge my colleagues to vote for amendment No. 20. What this amendment does is to protect Medicare and Medicaid in a way that will help millions of people in our country, and it comports with President-Elect Trump's promise to protect Medicare, Social Security, and Medicaid. So I urge my colleagues to vote for amendment No. 20.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege in the budget resolution, meaning that it is outside of the scope of what is appropriate for a budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote

in favor of this amendment is a vote against repealing ObamaCare.

In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie against it; as such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b) of that act for purposes of the pending amendment, 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 bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Missouri (Mr. BLUNT), the Senator from South Carolina (Mr. GRAHAM), and the Senator from North Carolina (Mr. TILLIS).

Mr. DURBIN. I announce that the Senator from Delaware (Mr. CARPER) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 49, nays 47, as follows:

[Rollcall Vote No. 4 Leg.]

YEAS—49

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

NAYS—47

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

NOT VOTING—4

Blunt	Graham
Carper	Tillis

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 47.

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 Democratic whip.

Mr. DURBIN. Mr. President, there was debate on the Senate floor that went on for years. It was a personal thing, a personal issue with two Senators—one was a Republican, the other a Democrat. The Republican was Senator Pete Domenici of New Mexico. The Democrat was Senator Paul Wellstone of Minnesota. The two of them had teamed up with a very simple goal in mind. They wanted to make sure every health insurance policy in America covered mental illness.

When you think about the fact that so many Americans suffer from some form of depression and that mental illness is something that so many families—at some point or another—face, you wonder: Well, why didn't the health insurance policies cover mental illness? The reason, of course, was that it takes some extended, and oftentimes expensive, care to help those with mental illness. In other cases, there was an argument made that you will not find a cure.

Things have changed a lot in the world of mental illness over the last few decades and changed for the better. There are new medications that are available and some even better ones on the way. There is new treatment available and more hope for people. Pete Domenici, a Republican from New Mexico, and Paul Wellstone, a Democrat from Minnesota, did not give up. They insisted on it, and they won.

They won with the requirement that health insurance policies cover not just mental illness and treatment but also substance abuse treatment. I will be honest with you. I followed that debate closely. I did not pay that much attention, at the time, to the substance abuse treatment part of their effort. Now I have. I think many people across America have. There was a supplement in the Chicago Sun Times this morning, published by USA TODAY. It is entitled “Obamacare repeal jeopardizes mental health, addiction coverage.”

I tore it out of the paper on the airplane to bring it to the floor of the Senate because this a good day for us to reflect on what this article has to say. We are now in the midst of the budget resolution effort that is designed by the Republican majority to repeal ObamaCare.

The Republicans hate Obamacare. They hate it almost as much as the devil hates holy water. They have tried for 6 years to repeal it with a singular focus. I don't know how many times they voted in the House—some said over 60 times—to repeal it. They have said that for so many years, and we have said to them: What will you do after you repeal it? They said: Well, we have a plan. For 6 years, they have said: We have a plan to replace it.

We have never seen it. No one has ever seen it. It raises the question about whether they do have a plan. They certainly have a plan to repeal it, but when it comes to replacing it, they don't offer anything—but they are going to go ahead with it. They are bent on doing this regardless of the outcome. For a lot of people across America, this could be devastating. This article talks about a family in Kentucky, the home State of the Republican leader. Melissa Fleckinger of Edgewood, KY. She had to pay for heroin treatment for her daughter Amanda before the Affordable Care Act. Her son Brian's treatment for heroin addiction was covered by the ACA, but unfortunately he died of an overdose in 2015.

This article goes on to talk about what it means to have children who are addicted to drugs and parents who are desperately trying to find treatment. Some of the things that are said in the course of this are really worrisome because this article spells out what happens to families without health insurance that covers substance abuse treatment. They become helpless, unable to take care of their kids.

The Republicans have come back and said: Well, we will just do a partial repeal of the Affordable Care Act. Listen to what this articles says:

Almost any route taken on Capitol Hill leads to an unraveling of addiction and mental health coverage for those people. Even the partial ACA repeal Congress is considering would eliminate the tax credits that reduce the premiums for about 85 percent of the people who buy insurance on the exchanges. Most of those who get the tax credits pay less than \$100 a month for health insurance and have very low out-of-pocket costs that make it possible for them to afford coverage.

What they go on to say here is that putting a requirement in the health insurance policy that it cover mental health illness and substance abuse treatment means nothing if the people cannot afford to pay the premiums for the health insurance policy. So the Republican plan that would eliminate the tax credits families need to be able to afford the policy means there is no way they are going to get coverage for themselves and their kids.

Who is going to be affected by that? I will tell you what I found in Illinois. What I found in Illinois is that the current opioid and heroin epidemic is everywhere. There is no town too small, and there is no suburb too wealthy to avoid it—story after story of teenagers and young people addicted who have no place to turn.

If the Republicans have their way in the Senate and the House, they will close the door for many of these young people. I see my colleague from the State of New Hampshire. I was stunned to read—I don't know if it is still the case, but I was stunned to read several months ago that when you look at the average number of deaths from opioids

and heroin across the Nation—and Illinois is, I am not making any excuses here, we are average—the rate of death for heroin-opioid overdoses in West Virginia is twice the national average, and the rate in New Hampshire is three times the national average.

Listen to what the repeal of the Affordable Care Act would mean in New Hampshire. I might say to the Senator from New Hampshire that she is quoted in this article.

Repealing the ACA would cause [in New Hampshire] nearly 120,000 people to lose coverage in the State, where federal data show a nearly 200% increase in overdose deaths in the past five years. More than 48,000 Medicaid claims were for substance use disorder in 2015, making an ACA repeal [in the words of Senator SHAHEEN] “literally a matter of life and death.”

Ohio. At the Cincinnati Center for Addiction Treatment, CEO Sandra Kuehn said about 30% of Kuehn’s patients are covered for treatment because of the expansion [under ACA]. Overdose deaths in Ohio climbed from 2,531 in 2014 to 3,050 in 2015, up more than 20 percent.

Kentucky.

The home State of the Republican Senate leader.

Overdose deaths here totaled 1,248 in 2015, up 17% from the previous year. Fentanyl—which is much stronger than heroin—was involved in 420 fatal overdoses in 2015, up nearly 250% over the previous year.

The lady who was quoted earlier who lost her son to the overdose was not surprised. She knows several other people who have overdosed and many others who have died, including one last week.

Chicago.

I am proud to represent it.

Up to 30% of the 9,000 inmates in the Cook County Jail have a diagnosed mental illness. . . . “The ACA has been a game changer for those who were in and out of Cook County Jail,” says Mark Ishaug, CEO of Thresholds, a Chicago treatment provider. It costs less than \$20,000 a year for Threshold’s highest level of community-based mental-health care with a housing voucher. . . .

So \$20,000 a year or less than that. Do you know what it costs to incarcerate that same person? It costs \$70,000 a year to incarcerate them. About one-third of the patients being treated by Thresholds are covered by the Affordable Care Act. What is the alternative, I say to my Republican friends. They can’t wait to repeal this, but they don’t have an alternative.

Meanwhile, in Illinois, in New Hampshire, in Maine, and every State in the Nation, mental illness is still a challenge, and substance abuse is on the rise and people are dying from heroin and opioid overdoses. This is the height of irresponsibility, to repeal this measure with no replacement. It is sad to say we have reached this point where a political score has to be settled now that the Republicans are in control of the House and the Senate.

Now that they have an incoming President, the Republicans finally get their day. Someone said to me: Why is public sentiment starting to change on this issue and even among Republican

politicians? I said: They have been saying irresponsible things for a long time, but now people are taking them seriously. As they take them seriously, they realize what a devastating impact it is going to have.

Nicholas Kristof wrote in the New York Times last week:

If the Republicans ran a home renovation business, they would start tearing down your roof this month and promise to return in 2019 with some options for a new one—if you survived.

Last week, Senator RAND PAUL of Kentucky wrote an op-ed arguing that repeal should not be done without simultaneously being replaced. Senator BOB CORKER, Republican of Tennessee, has said that repealing the law without replacing it is “a flawed concept” and that having a replacement ready first would be a more “prudent approach” in the Republican Senator’s words.

Senator SUSAN COLLINS, Republican of Maine, has said she would like to see “detailed framework” accompanying any repeal.

Senator TOM COTTON, Republican of Arkansas, said: “I don’t think we can just repeal ObamaCare and say we are going to get the answer 2 years from now.”

Over and over again, these Republican Senators are realizing how totally irresponsible it would be if we go forward with this proposal. I will tell you what troubles me as a representative of a State that has the great city of Chicago and a wonderful metropolitan area. I come from the other end of the State, the rural part of our State. I wonder what is going to happen to our rural hospitals if the Affordable Care Act is repealed. I think about Franklin Hospital in Benton, IL, population, 7,300. The hospital has been there 60 years. In the past 15 years, it has been teetering on the brink of bankruptcy. It all changed 6 years ago with the passage of the Affordable Care Act and the expansion of our Medicaid Program in Illinois.

Because of those changes, Franklin Hospital found they could survive. Expanding Medicaid cut Franklin Hospital’s uncompensated care in half. In Franklin’s emergency room, they saw 600 fewer no-pay patients and 428 more Medicaid patients compared to the previous year. This, combined with increases in Medicaid funding, allowed Franklin Hospital to invest in much needed improvements and to consider bringing nuclear medicine and a retail pharmacy to Benton, IL. What does that mean in that city? Well, it means all the difference in the world. There is something else that has to be said. If that hospital—Franklin Hospital in Benton—closes, it will not just mean a longer drive for critical health care, it is going to mean job losses. It will mean the loss of 4,300 jobs in the 12th congressional district, where Franklin Hospital is located.

So when the President-elect talks about saving 6 or 800 jobs at Carrier Corporation, good; I am glad. But then

for his party to turn around and pass a measure which could kill 84,000 to 95,000 jobs in Illinois, that is a move in the wrong direction. I say to my Republican friends, go home and talk to the people you represent. Listen to what they have to say about what we are doing—addiction, mental illness, and rural hospitals that are on the brink of closing, if you have your way politically. This is no victory for the people of America to repeal the Affordable Care Act without a replacement that is as good or better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, my colleague from Illinois has addressed very clearly what some of the human consequences of this are going to be. I am going to take a few minutes as well to describe it. I am very pleased our colleague Senator MURRAY is here because she has really led the effort—and I have been very pleased to join her—in terms of trying to promote expanded health care services for vulnerable women in America.

I say to Senator MURRAY, I saw there was a comment made by some who advocate the repeal of the Affordable Care Act. They said: Nobody was going to get hurt—nobody in America was going to get hurt. The reality is, that is not true for the hundreds and hundreds of thousands of women who depend on Planned Parenthood for basic health care, for preventive health services, for essential services, for example, like cancer screens.

So this notion that somehow nobody is going to get hurt by repealing the Affordable Care Act is simply contradicted, from rural Oregon to rural Maine, when you see the kind of pain and suffering this is going to end up generating for some of the poorest and most vulnerable women in our country. The fact is, what has been set in motion by Republicans here in the Senate is a scheme that I call repeal and run. It is about very large tax breaks for the most fortunate, paid for by taking health insurance away from millions of working people. Under it, the insurance companies are back in the driver’s seat, health care costs skyrocket across the board, and that is true even for those who get their insurance at work.

The replacement plan our colleagues on the other side have promised for years is somehow hidden away, with tens of millions of Americans in the dark about what is coming next for their health care.

Whenever I hear about the replacement, the whole notion of what would be there for families in the future, it reminds me of what used to be the old movie house in town. It had a big marquee up at the top of it, and it would always talk about the movie “coming soon,” but the movie never actually got there. When I hear about the replacement, what I think about is that everybody is going to be sitting in the dark again.

What is essentially at stake here is whether America is going to go back to the days when health care was for the healthy and the wealthy. That is what health care used to be all about. If you were healthy, no problems, nothing to worry about. If you were wealthy, you could just write out checks when you had a whole host of preexisting conditions.

What the Senate is going to vote on this week is whether to green-light the first step in this scheme to go back to the days when health care was for the healthy and wealthy with a budget resolution.

I think it is fair to say budget resolutions usually aren't the prime topic at dinner table conversations in America, but this year there are serious consequences—serious consequences—personal, life-and-death consequences because of this scheme that is being pushed through the Senate. That is where I believe the focus ought to be and why I am going to spend the remainder of my time talking about persons whose lives in Oregon are going to be directly affected and, in some cases, endangered.

Maleta Christian is from Douglas County, OR, a beautiful rural community. She is a personal support worker, providing care to adults with intellectual and developmental disabilities. She had always carried health insurance until she was unexpectedly laid off from her job. She was without coverage for more than a year, but then she was able to buy a plan through the Affordable Care Act.

For Maleta, having insurance meant cancer screenings that, very likely, saved her life. Doctors found tumors that had to be removed. Later, she was diagnosed with a degenerative hip and back problems that caused her pain every day, making it difficult to get through a physically demanding and grueling job.

Her prescription drug coverage, which she gets through a plan under the Affordable Care Act, is what makes it possible for Maleta to get up every morning and get through that workday. Thanks to the care she has received, Maleta made it to her daughter's wedding, and she was proud that she even baked the cake.

Another Oregonian, Rita from Salem, comes from a family who has been struggling with depression. It is a condition that has been stigmatized for far too long in this country.

I know something about this because my late brother, Jeff, faced the stigma of mental health. He was a schizophrenic, and he passed at far too early an age. Far too many of those with mental illness have been denied care and shunted to the fringes of society.

Before Rita got coverage through the Affordable Care Act, she was forced to pour a staggering share of her income into health-related expenses. It was nearly two-thirds in 2011. Even then, she didn't have access to the mental health treatments she needed. Her depression used to keep her out of work.

With coverage from the Affordable Care Act tax credits that made it affordable, Rita's costs have fallen substantially. She now gets the prescription and therapy that help her manage her condition, and she can live a healthier life.

Another of my constituents is Mary, who lives in Milwaukie, OR, with her husband and 7-year-old daughter. She has a hereditary disease known as HAE. It is a rare genetic condition that causes dangerous swelling, lasting days at a time, affecting various parts of the body. If Mary goes without treatment, attacks come on regularly, even multiple times a week. When they do, it is completely disabling.

Before she got insurance through the Affordable Care Act, she rotated through health plans and insurers to maintain coverage and avoid hitting caps on treatments. She sought out clinical studies to get free care, typically participating in one each year.

So on top of holding down a job, raising a daughter, battling a life-threatening condition that affects 1 in 50,000 Americans, she was basically out trying to cobble some decent health care together. The system was so badly broken, she basically sewed her own health care safety net, but the ACA protected patients like Mary from discrimination and guaranteed access to care.

These are three Oregonians. They come from different backgrounds, and they have battled different conditions, but they share a lot in common with each other and with people around the land.

Not long ago, in the eyes of insurance companies, the women who I just mentioned would have worn their preexisting conditions like scarlet letters. But the insurance they have now gives them the opportunity for healthier, more productive lives, and that is what is endangered because of the scheme that is being pushed through Congress, pushed through the Senate by Republicans right now.

Costs are going to shoot up if the plan goes forward. The premium subsidies millions of Americans count on to buy insurance could be eliminated. Even if Americans with preexisting conditions have access to health care after this repeal scheme goes through, it doesn't mean they can afford it.

What my colleagues on the other side have said repeatedly for years is that they were going to repeal and replace—no gap, no harm done to anybody. The replacement would be ready on day one.

It sure looks as though that promise is going to be broken. The replacement is still hidden somewhere, but the process of repeal is rolling forward. In the meantime, millions of Americans are left guessing what is going to happen to their care if this plays out.

The bottom line for me and my colleagues is really this. If Members on the other side want to debate how to solve this country's health care challenge, we will have that debate.

I would say to my colleagues on the other side: I have spent about as much time as anybody here in this body looking for bipartisan approaches to address health care. So let's find ways to bring down costs for families. Let's make prescription drugs more affordable. Let's uphold the promise of Medicare because that is what it is; it is a promise of guaranteed benefits. But we are not going to be able to do that on a partisan scheme called the budget resolution and reconciliation. That is not about bringing people together for a bipartisan effort. That is about tearing things down, tearing down the Affordable Care Act, so I want that understood.

My colleague Senator MURRAY is here. She and I work together closely because of our committees. We feel very, very strongly about how uniquely important this time is because this is a time when our country has to decide not to go back to the dark days when health care was reserved for the healthy and wealthy. That is what the other side has on offer right now. It is a proposition that my colleagues and I are going to fight with all our strength.

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

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I come to the floor of the Senate tonight with my colleagues to share the stories of families in our home States whose lives are now healthier or have even been saved because of the Affordable Care Act, including those who depend on Medicare and Medicaid, people whose voices now more than ever need to be heard here in Washington, DC.

But first, I am going to make clear how the Republican plan to repeal the Affordable Care Act will rip apart our health care system. And after what came to light late last week, I also come to the Senate floor tonight to stand with the millions of women, men, and families nationwide who are rightly outraged that this reckless and harmful effort also includes a plan to defund Planned Parenthood.

For 7 years now, congressional Republicans have made all kinds of empty promises about how undermining families' health care isn't going to hurt anyone; that if the Republican-controlled Congress privatizes Medicare, cuts Medicaid, defunds the Nation's largest provider of women's health care, and guts public health and prevention programs, somehow families are going to be magically better off.

Well, let me be clear. Ripping apart our healthcare system with no plan to replace it will create chaos. This is a view shared not just by the Senate Democrats who are here tonight but by independent experts. In fact, it is a view shared increasingly by State Republican leaders across the country, including some Senators and Congressmen.

Last Friday, just to cite one example, the Republican Governor of Arizona urged his party in Congress not to rush to repeal the Affordable Care Act, saying: “I don’t want to see any Arizonan have the rug pulled out from underneath them in terms of changing this law.”

Mr. President, if Republicans repeal the Affordable Care Act, it is women and kids and seniors and patients with serious illness and people with disabilities who will bear the burden. Premiums will skyrocket. Out-of-pocket prescription drug costs will rise, and overall health care costs will increase. It is a perfect storm to make America sick again and is absolutely the wrong direction for our families and our economy.

Mr. President, I have to say, I have never seen a start like this to a Congress, where the majority is jamming legislation through on a fast-tracked basis with no hearings for public debate or actual legislative text. As a former chairman of the Budget Committee, I have to say I have never seen such an abuse of the budget process.

What many of my Republican colleagues are doing right now is unprecedented, but it gets worse. As if all of their harmful plans weren’t enough, House Republicans announced last week after meeting with Vice President-Elect Pence that they plan to defund Planned Parenthood in this budget. In other words, congressional Republicans are not only trying to undo a law that protects women from being charged more than men for their health care and ensures birth control is covered without a copay, they are also going after the Nation’s largest provider of women’s health care as well. They are doubling down on their shameful and tired obsession with undermining women’s access to health care, and it will have devastating consequences for women’s health and rights and economic security.

So I am here with a very clear message: not on my watch. I, along with my colleagues and women and men across the country, have fought this fight before in 2011, in 2013, in 2016, and we will fight it in 2017. We know what Planned Parenthood means to millions of patients—men and women—who have trusted it for over 100 years for cancer, STD screenings, for HIV tests, birth control, and so much more. We are not going to let extreme politics get in the way of their health care. So if Republicans think causing chaos in our health care system, heightening economic uncertainty, attacking women’s health and rights, and burdening our seniors and their families with higher health care costs somehow makes our country “greater,” they are obviously not listening to millions of families who did not vote in November for higher premiums or a health care system thrown into chaos.

I have gone back to my home State of Washington, and I have heard from moms and dads and grandparents who

are finally experiencing some stability and are able to cover their families with quality, affordable health insurance—many for the very first time. There was a mom from Bellingham, WA, who sent me a story about how the Affordable Care Act helped save her son’s life when doctors found a life-threatening blood clot during a routine physical. She was not only able to afford the preventive check-up that found the clot because of her new coverage, but her son’s treatment was then covered by the Affordable Care Act through the Medicaid expansion.

I heard from a small business owner from Spokane, WA, who told my office about his wife, a retired nurse of 62, and how she was able to get a better plan thanks to the Affordable Care Act. He told us what this meant for his wife and his family. You bet he gets upset when he hears Republicans say the law hasn’t worked for anyone or that they want to privatize Medicare by turning it into a voucher program.

Finally, I want to share the story of Kalon, who is a software engineer from Seattle, and his son Bryce. Kalon reached out to my office right after the November election. Two years ago, his son Bryce was kayaking in West Virginia and he injured his back. The pain in Bryce’s back didn’t go away for months. What doctors first suspected as a stubborn muscle strain ended up to be a rare type of bone cancer called Ewing’s sarcoma, a horrible illness. Thankfully, his family had health insurance.

Today Bryce is getting excellent treatment at Seattle Children’s Hospital, where doctors have been able to ease some of his pain, and he is responding well now to chemotherapy. Bryce, who is now almost 18, will need care—expensive care—for many years to come, and Bryce’s dad, Kalon, is greatly concerned that, if the Affordable Care Act goes away, the pre-existing condition protection that we fought so hard for in this law will go away, and his son will not be able to afford health care or get the benefits or treatments he is going to need in the future.

Those are just three stories, but they represent many of the more than 600,000 people in my State who are part of the 30 million Americans across the country who are benefitting from this law today. Of course, there is more we need to do. I said it before. The work didn’t end when the Affordable Care Act was passed—far from it. Democrats are ready. We have always been ready to work together to make health care more affordable and more successful and better for our families.

I hope Republicans reverse course right now and agree to work with us on improvements to the health care system. That is the path to take if they are truly serious about helping families. If they don’t, and if they continue rushing to take away families’ health care with no alternative plan, they will be fully responsible, and they certainly

will be held accountable. The real impact will be on millions of families across our country, families like the ones I just talked about and those you are going to hear about throughout tonight—Democrats, Republicans, and Independents who do not want to see this law repealed and want us to work together to improve it instead.

I hope Republicans are listening. I urge them to make the right choice.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, I rise in opposition to the budget resolution that the Senate will vote on this week. We are nearly half way through the fiscal year, and the Republicans have offered this budget resolution not to set a path forward for spending for the year but to give them the ability to repeal the Affordable Care Act through the budget process, requiring less support than is needed under regular order. This budget is nothing more than a sham, being used to take away health insurance from more than 20 million Americans. What is worse is that my Republican colleagues intend to do so without any plan in place to mitigate the impact and protect the people who will be harmed.

The uninsured rate is at its lowest point in recent history. Since the implementation of the ACA in my State of Rhode Island, the uninsured rate has fallen from 12 percent to under 4.5 percent. In real terms, that means that over 100,000 people in Rhode Island have gained coverage because of the ACA. That is about 10 percent of my State’s population. Over 30,000 middle-income Rhode Islanders get tax credits averaging \$250 a month to help them afford coverage on the State’s health insurance marketplace.

We cannot go back to a system that allows private insurers to deny coverage for preexisting conditions or charge more to those who need insurance the most. In fact, the Republican plan for repealing the ACA means that nearly half a million Rhode Islanders with preexisting conditions, about half the State’s population, will be denied coverage or will be charged more. Again, as Senator MURRAY described so eloquently in the case of a young man who needs years of expensive treatment, if preexisting conditions are once again possible and if that young man is dropped from his parents’ plan at 21, both of those factors will probably deny him the coverage that he enjoys today, and that is not what we want to do. I hope that is not what we want to do.

In my State, there are over 106,000 Rhode Islanders with diabetes, over 112,000 with asthma, and nearly 63,000 cancer survivors who will be forced to pay more for coverage. These are huge numbers in my State—roughly 1 million people in population. They have these conditions, and insurance companies said in the past: We won’t cover

you, or, by the way, you will be spending 2, 3, 5, 10 times as much for the coverage we extend to someone else.

We have also been able to improve coverage through the ACA for those who are getting their care through their employer. Before the ACA, insurance plans, including employer-sponsored health coverage, could impose annual or lifetime limits on coverage, meaning that coverage could end when it was most needed. You could have a job, and you could have insurance at a job, but if you have a serious condition, when you reach that limit, that is it—no more responsibility by the company. That is exactly the time you need the help because you have already either exhausted some of your own resources or you are in a position where you have been sick for so long that your ability to go back into the workplace is practically nonexistent. The ACA prohibits these limits, along with ensuring free preventive care and coverage of dependents up to age 26, ensuring real coverage for nearly 600,000 workers in Rhode Island with employer coverage.

There is a perception out there that the ACA doesn't apply to employer coverage and that it has no effect—that if it is repealed, it is fine because I get my health insurance from my employer. That is not the case. The impact will be there, and it could leave many people devastated.

Additionally, the ACA strengthened the rate review processes to help control premiums. Prior to the ACA, double-digit increases were always the norm. When I served in the House and in my first years in the Senate, invariably, when trade associations came to visit me, the first or second issue on the list was this: Our insurance coverage just went up 20 percent. We can't afford it anymore. We are dropping coverage or telling our workers: Do you want a raise, or do you want coverage? You can't get both.

Well, we have to do more to keep premiums under control and bring down costs, but there has been an improvement under the ACA in my State and in many other States. In 2 of the last 3 years, premiums actually went down from the previous year in Rhode Island. During open enrollment for 2017, Rhode Islanders saw decreases of as much as 5 percent in their premiums. In fact, due to the ACA, consumers in Rhode Island have saved nearly \$220 million since 2012, according to the State resource.

This program has done something that we were feverishly trying to do, which was to somehow bring costs under control and reduce them if we could but certainly eliminate the double-digit growth, when every year every employer group was coming in and saying: We can't afford this. We want to cover our workers, but we can't. We are giving them that choice, or we will have to sadly say we can't give you insurance anymore. Repealing the ACA would end all of these consumer protections and put insurance companies back in charge.

One other thing that it has done is that we actually required that a significant amount of the premium be used for health care, not overhead. We actually built into the law that, if you are going to charge a premium, it better go to help people get health care, not just to boost your profits, dividends, or anything else. That is another factor that has helped positively this rate and premium structure.

Then, of course, there is a huge economic impact of ACA repeal. For years I have heard my Republican colleagues very sincerely and adamantly declare that the ACA is a job killer, that it was going to destroy millions of jobs. That was one of the refrains that echoed throughout this Chamber as we were debating the ACA for months and years afterwards. But what has happened? We have had an unprecedented 75 consecutive months of job growth—something we haven't seen since 1939. Repealing the ACA would wreak havoc on this progress. Premiums for everyone, not just those in the individual market, will skyrocket. Large businesses will see their health care costs go up, which means workers will forgo pay increases as their employers struggle to simply maintain health care coverage or they will drop the coverage entirely.

We have come a long way since the economic downturn in 2008, and we have much more work to do to keep things moving in the right direction, but one of the worst things we can do for the economy is to repeal the ACA.

Rhode Island stands to lose over \$7 billion in Federal funding over the next 10 years with repeal. Again, that is a staggering number in my State—\$7 billion. That would be devastating for the State because they would have to step up as best they could, and frankly, they don't have the kind of resources to replace that loss. It would have an effect on hospitals and other health care providers. Hospitals in Rhode Island stand to lose nearly \$2 billion in funding on top of the added expenses of emergency room care for the newly uninsured. We remember the old model of health care. The old model was that, if you didn't have insurance, you went to the emergency room. Those emergency rooms were crowded with people. They were much more expensive to treat because they were there without any previous experience with the physicians and without health records, in many cases. They had to do diagnostic tests that were not available and that are now available at the health care facilities because they have insurance. All of that would come undone. It will be a huge impact on the economy.

One of the largest employers in the State of Rhode Island is the hospital system. I don't think we are alone. If you go out into the rural parts of the United States, in many cases, the biggest employer in many counties is the health care system, the hospital system. When they can no longer make their books balance, they are going to have to start closing down operations,

laying people off. That is what is going to happen. This is not farfetched. We have seen it before. We have seen struggling hospitals struggling under emergency room uncompensated care. We have seen all these things happen before. Repealing the ACA would lead to a combination of all these factors—skyrocketing premiums and the loss of Federal funding in health care for States, which would have a ripple effect throughout the country.

If Rhode Island or any other State has to step in and partially make up for the loss of Medicaid funds or any other aspect of this program, where are they taking it from? Where are they taking it from? Education, infrastructure, public safety. They will suffer. Ultimately, it is the jobs—the jobs of the people in my State and the jobs of people across the Nation.

So there are things we can do to strengthen the bill. Senator MURRAY was very clear about attempts we have made. She has been one of the great leaders in this effort to make improvements. We have been working on and improving Medicare since 1965, and we still have some work to do, but that was a different program. That was a program that was a bipartisan program, one that was embraced and developed and supported. In fact, one of the ironies today is some of the staunchest supporters and protectors of Medicare are Republicans, as well as Democrats, but that was a program that took several decades to work through, and we are still working through issues with respect to Medicare. We are prepared to do that with the Affordable Care Act in a principled, thoughtful, practical, pragmatic way, not to score political points, but to make it a system that is more affordable, more effective, and that gives more American families a chance. Frankly, you don't have much of a chance for a good education, a good job, or a secure retirement when your health is in jeopardy and your finances are equally in jeopardy.

At this point, the Republicans have offered no plan to replace the ACA, and it is a tough task. I served on the HELP Committee as we were drafting this, and we spent over a year on this law. We spent countless moments reaching out to our colleagues on the Republican side asking: Can we make this better? What improvements can we make? We had numerous folks in the mix. It is tough work. To suggest that we can just repeal this and something will magically appear, I don't think that is particularly logical, obvious, or will happen.

Roughly, 7 years have gone by since the passage of this bill, where the Republicans have had a chance to prepare a detailed plan to replace aspects of the ACA or replace it. I don't think that plan is out there. It is certainly not being communicated.

We have to ensure—and Senator MURRAY was very effective in making this point—that we can improve ACA,

not demolish it, that, if we get into a legislative process, we produce a better outcome for the American people, not an outcome of denial of health care and financial uncertainty and perhaps even financial ruin.

So we have to get to work. I think we are prepared to do this but in the context of something pragmatic and productive for the benefit of the American people.

Let me switch gears, just for a moment, and talk about Medicare and Medicaid because, when people talk about Medicare and Medicaid, they usually don't make an association with the ACA. They think that is something else. I can recall being in a public discussion in August of 2009, when we were discussing ACA before it became law, and something came up that was very critical about the program because they didn't want publicly funded insurance in any way, shape, or form, and I asked: Where do you get your health care?

Well, I have a private provider.

Again, I asked: Where do you get your health care?

I am on Medicare.

Medicare is, as I recall, a single-payer national system of health care, a funded entitlement by the government, with some copayments by participants.

Medicare and Medicaid are effective in a significant way. We made historic improvements to these programs, enhancing benefits. Indeed, we added 9 years of solvency to the Medicare trust fund. One of the great issues that reverberates throughout this Chamber is we have to control entitlements. We have to prepare for the future. We have to make sure these social programs like Medicare, Social Security, Medicaid, and others are solvent. We added years of solvency to the program in the ACA. If it is repealed, subtract 9 years of solvency from the Medicare trust fund. Tell seniors and people in their fifties who are getting ready to enjoy the benefits: Just take 9 years off your expected benefits, or at least a portion of the benefits.

The ACA made a number of other improvements. They closed and are closing the doughnut hole for prescriptions, they eliminated cost sharing for cancer screenings, for example, for Medicare recipients. Over 15,000 Rhode Islanders saved \$14 million on drugs in 2015. That is an average of \$912 per Medicare beneficiary because of what we did with respect to the doughnut hole. In the same year, over 92,000 Rhode Islanders—huge numbers in my State—took advantage of free preventive services, representing over 76 percent of the beneficiaries. Seventy-six percent of the Medicare beneficiaries in my State took advantage of free services. Otherwise, they would have paid out of their pocket, and, frankly, many seniors don't have the resources to do that. Repealing the ACA means these benefits go away, and it shortens the trust fund by about a decade.

Repeal would also mean cutting \$270 million in Federal funds to help pay for

health coverage for low-income adults, children, seniors, and people with disabilities through Medicaid. The ACA expanded eligibility and streamlined enrollment and made it easier for the most vulnerable to access quality health care coverage. As a result, approximately 70,000 Rhode Islanders were able to access coverage for the first time through Medicaid—their previous source of health care: most times, the emergency room, if they could get there.

I want to point out a couple of things about Medicaid. Medicaid has become a program for our senior citizens that happens to also help struggling Americans. Seniors make up a small percentage of the Medicaid population but account for approximately half of Medicaid spending nationwide. Nearly 60 percent of nursing home residents are covered by Medicaid. Think about that. Sixty percent of all nursing home residents need Medicaid. The next time you hear someone casually suggest drastic cuts and changes to Medicaid, think about that. Those cuts will work their way back to nursing homes throughout your State. Those families of those seniors are not all people who have been poor and on the margins all of their lives; they are our neighbors, and they will feel it.

In Rhode Island, over 30,000 seniors access health care coverage through Medicaid. My colleagues across the aisle want to make drastic cuts to Medicaid. Make no mistake, cuts to Medicaid mean cuts to nursing home services for seniors and a return to pre-Medicaid times when the elderly had few options. In the 1950s and 1960s, before Medicare and Medicaid, your grandmother or grandfather was in your living room in a hospital bed being taken care of by typically your mother. That is the way you grew up back in the 1950s and 1960s in most middle-income neighborhoods. That was at least my experience. If you want to go back, that is what would happen, in some respects, if we repeal this law.

If Republicans want to come and work with us, we are ready—more than ready—but we can't stand by and allow them to do the damage they propose: to take away coverage from 20 million Americans and cut benefits to seniors. That is not the right direction for America and for our country.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am here to join so many of my colleagues to oppose efforts to repeal the Affordable Care Act. Outright repeal without a replacement plan will hurt hundreds of thousands of people in New Hampshire as well as millions across this country. The estimate is anywhere from 20 million to 30 million people who will lose their health insurance coverage.

There are all kinds of reasons why this is a bad idea. Many of those have been addressed by my colleagues very

eloquently. I wish to speak about a couple of those reasons.

The first is one Senator DURBIN alluded to earlier; that is, what repeal of this law will mean for the heroin and opioid epidemic that is facing New Hampshire and so many States across this country. Repeal will dramatically worsen that epidemic because it will deny treatment for people who are abusing substances, and it will also deny them access to mental health services. That will mean a surge in overdose deaths, and it will reverse so much of the progress we are beginning to make.

I understand that sweeping health care reform is not easy. We all know the Affordable Care Act is not perfect. It needs work. The way to address it is not to repeal it, it is to work together to make it better. Rather than rush to destroy the Affordable Care Act with no replacement in sight, we should be working together, on a bipartisan basis, to make commonsense improvements to the law. It can be done. I know, because TIM SCOTT and I worked together to pass the PACE Act last year to make it easier for us to control health care insurance increases and to allow States to make the determination about group size for health insurance plans.

One of the things I am hopeful about is that President-Elect Trump, in the course of many visits to New Hampshire over the last year, again and again pledged to take robust action to combat the opioid epidemic in New Hampshire and across America. Yet, by repealing the Affordable Care Act, President-Elect Trump and the Republican leadership in Congress will make the opioid crisis so much worse. This would be a broken promise to communities all across this country that are struggling with addiction.

The Affordable Care Act has given millions of Americans access to treatment and recovery and saved countless lives, and repealing it would deny treatment to people suffering from substance use disorders. It will cost lives. It will take a terrible toll on communities across America.

In New Hampshire alone, health care reform has helped over 100,000 people gain access to health care coverage—people like Keith from Rindge, NH. Keith was one of the thousands of Granite Staters able to access quality, affordable health insurance through our State's Medicaid expansion program.

Keith told my office that the Medicaid expansion literally saved his life. Keith was suffering from several health issues when he went to see his doctor after he signed up for the New Hampshire Health Protection Plan, which is what we call our expansion of Medicaid. He told us that had he not had insurance, doctors likely would not have caught his kidney cancer early like they did, but because he had that health insurance, Keith was able to afford and quickly access treatment for

his cancer. He is thankfully now cancer-free, and he credits having insurance through Medicaid expansion with saving his life.

As I said, New Hampshire is in the midst of a heroin and opioid epidemic. We have talked about the grim statistics frequently in the last year as we have come to the floor. In 2014, we lost 47,000 Americans due to heroin and opioid overdoses. In New Hampshire, when all of the analysis is in for 2016, we are expecting to have lost almost 500 people due to overdose deaths. As Senator DURBIN pointed out, we have one of the highest percentages of overdose deaths in the country.

It doesn't have to be that way because addiction is an illness. It is an illness that doesn't have a cure, but we have made progress in treating it. The Affordable Care Act ensures that substance misuse services are covered by insurance. As a direct result of the Affordable Care Act, many of those suffering finally have access to counseling and therapy like medication-assisted treatment.

In addition to covering substance misuse counseling, the Affordable Care Act is also built on mental health parity provisions that require group health plans and insurers offering coverage of mental health services to provide comparable coverage to what they provide for other medical care when it comes to substance misuse.

The Affordable Care Act extended these parity goals by requiring mental health services to be covered as essential health benefits, and it also helped expand access to these services by insuring more patients.

We worked very hard, in a bipartisan way, over the last year in this Chamber to pass the Comprehensive Addiction and Recovery Act and to pass the 21st Century Cures Act that provided \$1 billion to address heroin and opioid problems in this country. Both of those bills provide significant benefits to people who are suffering from substance misuse. If we repeal the Affordable Care Act, we are going to undo all of the progress we have made through these supplemental pieces of law because it would reverse the treatment access so many people in New Hampshire and across this country have. Why would we deliberately take away access to this lifesaving treatment from so many people who are struggling to overcome addiction?

Repealing the Affordable Care Act will affect people like Ashley Hurteau of Dover, who said her access to health care as a new Medicaid enrollee was critical to her addiction recovery. She told our newspaper, the Union Leader: “I am living proof that, by giving individuals suffering with substance use disorders access to health insurance, we, as a society, are giving people like me the chance to be who we really are again.”

I had the opportunity last Friday to visit a program called Hope on Haven Hill in Rochester, NH. It provides help

for women with substance misuse issues who are pregnant or who have just delivered babies. It works because these young women are enrolled in our Medicaid expansion program. Without that, they would lose any opportunity for treatment for their substance misuse. When I visited them, they talked about what it was like to be in a place where it was like a home, where people wanted to help them so that they could provide a better life for themselves and their children.

Without access to lifesaving addiction treatment, many people like Ashley and like those young women at Hope on Haven Hill would succumb to their addiction. Again, what is so frustrating about this situation is that it is completely preventable. It is not only the right thing to do, but it is the economic thing to do because the cost of failing to provide treatment for people who have substance misuse disorders is to make sure that they cannot become profitable, taxpaying members of our society.

One other benefit of the Affordable Care Act that, as Senator MURRAY said, is so critical to 50 percent of our population is access to health care for women. Before the Affordable Care Act, women paid more for health insurance, and contraceptives were something that made insurance cost more. Particularly for women who don't have the economic means, the Affordable Care Act has, for the first time, made contraceptives available to women without cost-sharing requirements like copays, deductibles, and coinsurance. Study after study has shown that access to contraceptives is one of the greatest indicators of success for women. When women are able to plan their pregnancies, they are more likely to graduate from high school, to enroll in college, to have stable and higher paying jobs, and to make sure that their health outcomes are better for themselves, their children, and their families.

It is especially frustrating that last week our Republican colleagues in the House leadership announced that they are going to use the budget processes not only to repeal the Affordable Care Act and the help that it provides to women for contraceptive coverage, but they are also going to use this vehicle to defund Planned Parenthood. This is not only irresponsible, it is dangerous.

Just this morning, Senator HASSAN and I visited a Planned Parenthood clinic in Exeter, NH. We talked with women who have benefited from the vital services this center provides to thousands of Granite Staters. They talked about how 94 percent of the services provided in New Hampshire Planned Parenthood clinics are related to prevention. This is what one of the volunteers said in talking about the women with whom she had met who had come to Planned Parenthood clinics: What they tell me is that Planned Parenthood saved me.

For so many women who have economic challenges, for low-income

women who need access to services in New Hampshire and across the country, they don't have any other place where they can get services if we close down Planned Parenthood clinics. Two counties in New Hampshire don't have community health centers and a place where women can readily go. So defunding Planned Parenthood, closing the doors to Planned Parenthood health centers—in New Hampshire and across this country—would put millions of women in a situation where they have nowhere to go to access basic health care services. This will cost women and their families access to preventive care, and, ultimately, it is going to cost the lives of women.

Repealing the Affordable Care Act is going to actively worsen health outcomes. It will provide less access to care for our most vulnerable populations. It will increase unplanned pregnancies. It will mean that people who have preexisting conditions will not be able to access health insurance in the future. The list goes on and on. The repeal of the Affordable Care Act will not only throw millions of people off their health care, but it will also impact the coverage of millions of others because millions of Americans will see their premiums rise. They will see reinstatement of lifetime limits. They will see reinstatement of expensive cost-sharing requirements, higher deductibles, a reinstatement by health insurance companies of coverage denials, or sky-high premiums because of preexisting conditions. Why would we go back to those exclusionary and detrimental practices? Why would we go back to a time when we had over 20 million fewer people in this country who had access to health insurance?

Now is the time for us to come together. Instead of scrapping this law, we should be working together to improve it, to make it work for all Americans.

Make no mistake, repealing the Affordable Care Act without a replacement plan, stripping away health insurance for tens of thousands of Granite Staters and over 20 million Americans is not only counterintuitive but it is dangerous. We can do better in America.

I yield the floor.

The PRESIDING OFFICER (Mr. DAINES). The Senator from Massachusetts.

Ms. WARREN. Mr. President, for 8 years Republicans have complained about health care in America. They have blamed everything in the world on President Obama. They have hung out on the sidelines, name-calling, making doomsday predictions, and cheering every stumble that they could blame on someone else. They spent a lot of energy rooting against families who needed help paying for health insurance or who wanted coverage but were frozen out because of preexisting conditions. They jeered and carried on. But what they didn't do—ever—was lift a finger to try to improve health care

in America. But they are in charge now. They get to call the shots.

So what is the first thing on the Republican agenda now that they are in control? Is it working to help improve health care in America, working to bring down premiums and deductibles, making fixes to expand the network of doctors and the number of plans that people can choose from—any of those? No, the very first thing on the Republican agenda in the 115th Congress is to shatter health care in America. The first thing is to rip health insurance out of the hands of millions of Americans who need it. The first thing is to massively raise the cost of health insurance for everyone who has it. The first thing is to create chaos for hospitals, clinics, and insurance companies, and send their costs spiraling out of control. The first thing is to abandon the people they were elected to represent. The first thing is to repeal and run away.

Republicans have been rushing around Capitol Hill for the past couple of weeks, huddling in meetings and trying to come up with a plan to replace the Affordable Care Act. They are shocked—shocked—to discover that guaranteeing Americans access to health care is a complex business, and they don't have any good ideas.

Now, after 8 years of complaining, they are trying to convince each other that it will all be OK if they just repeal health care access, with nothing to replace it. They are trying to reassure each other that they know what they are doing.

Get real. They don't have a clue what to do next. For 8 years they have had no plan, and they don't have a plan now.

Let's be very clear about what is going on here. Republicans want to tear apart our Nation's health care system—a health care system that protects kids with cancer, protects women getting mammograms, protects independent contractors, protects new moms, protects college kids, protects grandparents, protects disease survivors, and protects so many of America's families. They want to tear it apart, and they don't have the first clue what to do with it afterwards. Repeal and run, that's the Republican plan.

In Massachusetts, we know how important health reform is because we have been working on it now for years—long before the Affordable Care Act was even a spark on the horizon in Washington.

My Republican colleagues could learn a lot from our work in Massachusetts. In Massachusetts, the belief that everyone should have access to affordable health insurance coverage is a shared value that Democrats, Republicans, business leaders, hospitals, insurers, doctors, consumers, and advocates have all worked to implement over the past decade. It is not just the lip service we are hearing right now here in Washington. It is real commit-

ment, and, because of it, in Massachusetts we got real results.

Just because we are all behind this effort together in Massachusetts doesn't mean that health care reform has been a cake walk. Finding ways to cover more people and bring down costs, all while improving the quality of care, is a tough job. You have to be in it for the long haul. That is why, in Massachusetts, we didn't just pass one health care law in 2006 and then just run away. We came back a couple of years later with additional legislation to make fixes and adjustments. We formed commissions to study how things were working and to make recommendations for more changes. We passed amendments. We revised our regulations where they needed to be changed to support implementation. We worked to make coverage more affordable. We set standards to make sure insurance is a good value. We invested in prevention programs to keep people healthy in the first place. We got more coverage for more people, and we lowered health care costs.

We kept working month after month, year after year because we knew what it meant for a family to have the peace of mind that comes with affordable, high-quality health insurance coverage. We kept working because we knew it was the right thing to do. We kept working because we knew that is what Massachusetts residents expected us to do. Once we started something, we had to see it through. When it got tough, we worked harder. We didn't repeal and run.

When the Affordable Care Act was signed into law in 2010, Massachusetts went all in. We expanded our Medicaid program. We used Federal funds to cover people who still lacked insurance even after our State reforms. We set up a State health insurance exchange, the Health Connector, and we combined Federal and State dollars to make sure that insurance was truly affordable.

Just 2 months ago, we signed an ambitious new Medicaid agreement with the Federal Government that will allow us to set up innovative partnerships among health providers, insurers, and community organizations so we can better serve Medicaid patients in our State.

We have a great deal to be proud of in Massachusetts. More than 97 percent of our citizens are insured. People have coverage. They have good coverage—coverage they can afford. This wasn't something we got done overnight, but it is something we worked at, and it is something we can achieve in every State if we are willing to do the work.

Democrats and nonpartisan government officials have worked for years here in Washington to try to make this health system work, and we have made real progress. Now Republicans in Congress are ready to throw away these years and years of progress. They are ready to threaten the collapse of our insurance markets. They are ready to threaten the health and the safety of

millions of Americans simply to make a political point. They are ready to repeal and run.

In Massachusetts, right now, families are watching this debate, and they are worried about what happens to them. Kids with diabetes and moms with cancer are worried. Hospitals and insurers are watching, too, and they are worried—worried about an irresponsible Republican Party that is more interested in political stunts than in helping Americans get access to health care.

I don't blame them for being worried because this isn't a game. There is no magic replacement plan that will suddenly make everything all better. In Massachusetts, we can't just snap back to our old health insurance system if Republicans decide to rip up the Affordable Care Act. Other States across the country are also facing the terrifying prospect that they will be left high and dry as a result of the Republicans' reckless actions.

Every Senator here has ideas about how to improve health care in America, but no Democratic Senator will vote to destroy it today based on the vague assurance that maybe at some point Republicans might think up some kind of replacement plan later on. The Republicans' strategy is repeal and run. Repeal and run. That is not governing. That is not leadership. It is one of the most reckless and irresponsible things that has ever been proposed in this Congress. I know some Republican Senators agree with that. I know they are worried about whether this is the right move forward, given all that hangs in the balance. I hope their consciences get the better of them and they scuttle this plan before it is too late. I hope they remember that every single Senator who votes to destroy health care in America will be responsible for the disastrous consequences that come next.

If Republicans actually want to improve health care in America, let's talk about how to do that. That is what we were sent here to do. That is what voters—conservative and liberal, Republican and Democratic—expect us to do. If Republicans want to destroy health care in America, I will fight them every step of the way. The stakes are too high for the millions of Americans whose futures are about to be sacrificed so one party can make a political point.

Let's stay and do the work that needs to be done to make sure every American gets access to high-quality, affordable health care. Repeal and run is for cowards.

Mr. President, I yield.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. UDALL. Mr. President, I rise, along with Senator WARREN and my other colleagues this evening, to oppose this action by President-Elect Trump and congressional Republicans to take health care away from tens of thousands of New Mexicans.

Let me be clear. What President-Elect Trump and Republicans are doing now will throw health care into chaos. It is reckless. It will hurt thousands of New Mexicans and millions of Americans. The worst part is, the Republicans have no plan to replace care they will take away.

The Affordable Care Act is not a perfect law. I have always said we should work to improve it. It has helped thousands of people in my home State of New Mexico. Before we passed the Affordable Care Act, New Mexico had a high rate of people without health insurance. It was one of the highest in our region and in the country. Since 2010, that number has gone down 44 percent—pretty incredible.

Countless people have written me, called my office, and stopped me on the street to tell me how relieved they are to have health care. Others tell me we can't afford to go back to having insurance companies in charge, we can't go back to caps on coverage, back to allowing corporations to deny care because of a preexisting condition, and back to lifetime limits.

Tonight I want to share what just a few of my constituents have told me.

“Save my daughter.” That was the heartbreaking plea that came to me from one of my constituents, Kevin from Albuquerque. Kevin’s 33-year-old daughter Amber has multiple sclerosis. It is a tough disease, as we all know.

To treat her MS, Amber must follow an exact and rigorous drug regimen, coupled with regular visits to her neurologist and annual MRIs. The retail cost of her drugs is \$60,000 per year. Her doctor visits and MRIs would run into the thousands of dollars.

Amber works. In fact, she has a good-paying job, but her employer does not provide health insurance. Amber purchases health insurance through the individual open market without Affordable Care Act subsidies. Amber is able to work because she gets the medical care she needs through insurance. Kevin fears his daughter will lose the right to health insurance if the Affordable Care Act is repealed. The ACA makes it illegal for an insurance company to deny you coverage if you have a preexisting condition such as MS.

The Affordable Care Act provides assurance that Amber will get the coverage she needs to remain healthy, to lead a normal life, to work, to contribute to society, and to stay off public assistance, and to survive. This one provision protects an estimated 861,000 New Mexicans and an estimated 134 million Americans. It is a safe bet that all of us here know at least one person like Amber. It isn’t surprising that the vast majority of Americans—close to 70 percent—want to keep this protection.

The Kaiser Family Foundation estimates more than one-quarter of all adults under age 65 have health problems and that could make them uninsurable without the Affordable Care Act. If President-Elect Trump and the Republicans get their way, all of this

will be at risk. Kevin is also scared because the cost of treating Amber’s disease is so high. Without the ACA, any insurance company could cut off her health coverage if her medical expenses exceeded the company’s lifetime limit. This provision protects an estimated 550,000 New Mexicans and an estimated 105 million Americans.

People who need medical care the most, people with serious medical problems, have some of the highest medical costs. If President-Elect Trump and Republicans have their way, care for people like Amber would be wiped away. I am the father of a daughter, and I am angry this father has to worry about whether his daughter will get the medical care she needs to live a healthy and productive life.

Let me tell you about Pam and Mike. They are a husband and wife from Placitas. They own a small business. They signed up for an insurance plan under the Affordable Care Act as soon as they could because premiums before the ACA were too expensive and Pam had a preexisting condition. Using their new preventive care, they found out that Mike had an aggressive form of cancer. Thankfully, doctors caught the cancer at an early stage. Mike was treated at the New Mexico Cancer Center and is now cured. Pam says there is no question that the ACA saved her husband’s life.

Because of the ACA, private health plans must cover a range of free preventive services—everything from cancer screening to flu shots. Over 730,000 New Mexicans now benefit. Discovering a disease early saves lives and reduces health care costs, but preventive care is expensive if you are uninsured or poor.

An overwhelming majority of Americans—83 percent, in fact—support making preventive health care free. What would President-Elect Trump and Republicans do to make sure Pam and Mike and millions of others can keep getting cancer screenings? Nothing. They have no plan. They talk but no plan.

Next, I want to tell you about Karen from Albuquerque, the mother of two college-aged children. Karen’s son graduates next May and turns 23. She is worried he will not get health insurance for an entry-level job. Her concern is well-founded since young adults have the lowest rate of access to employer-based insurance. Young adults do get sick, and one in six has a chronic illness such as cancer, diabetes, or asthma. Karen wants her son to have medical care if he needs it.

Today, the ACA allows him to stay on her insurance policy until he turns 26. This is one of the ACA’s most popular provisions. The vast majority of Americans—85 percent—want young adults to be able to get insurance, but President-Elect Trump and congressional Republicans would leave an estimated 15,000 New Mexicans, like Karen’s kids, and an estimated 2.3 million Americans without coverage be-

cause they have no plan to replace the Affordable Care Act.

New Mexico is not a wealthy State. A lot of working people qualify for Medicaid. New Mexico wisely adopted the Medicaid expansion under the ACA, allowing 82,000 more people to get health care. Before the ACA, the only place many New Mexicans could get health care was in the emergency room. Now many are scared that President-Elect Trump and Republicans will take their health care away.

Take Amy, her husband, and her four boys—ages 13 to 19. Amy and her husband own a family business in Santa Fe. Before the ACA, they went without health insurance because they couldn’t afford it. They just hoped nothing catastrophic happened to them. As soon as she could, Amy applied for health insurance under the Medicaid expansion. It covers her, her husband, her oldest son. Amy says she is grateful that because of the ACA, medical bills will not “drain us financially.”

There are 8.4 million people across this country like Amy. Like Amy, many are low-income workers. They have jobs but no health insurance. They couldn’t afford health insurance before the ACA, and they will not be able to afford it if President-Elect Trump and congressional Republicans have their way and repeal it with no plan to replace it.

These hard-working Americans deserve good medical care. Americans agree. Eighty percent favor the Medicaid expansion for low-income, uninsured adults.

Finally, we have 19 pueblos—Indian pueblos—and 4 tribes in New Mexico. Native Americans make up more than one-tenth of our population. As vice chair of this body’s Indian Affairs Committee, I represent all of Indian Country. Native Americans are eligible to receive care through the Indian Health Service, but it is severely underfunded.

Long delays are common. As a result, many tribal members rely heavily on Medicare, Medicaid, and the ACA health exchanges. More than 132,000 tribal members are enrolled in Medicaid in New Mexico alone. The All Pueblo Council of Governors, which represents all 19 pueblos, tells me, without the ACA, more tribal members will go back to the days of long delays, many will see their coverage cut.

This is also the subject of an amendment I will be offering. Indian Health Services’ hospitals are heavily dependent on third-party collections for clinical services. In fact, current Federal funding covers less than half of their operational costs. Fortunately, increases in revenue from the Medicaid expansion have offset those annual costs. But without that revenue, necessary services may no longer be available throughout Indian country. This is unconscionable. My amendment would protect the Indian Health Service from any cuts in Federal funding if the Affordable Care Act is repealed.

There are tens of thousands of stories in New Mexico like those of Kevin,

Pam, Mike, Karen, and Amy. Over 360,000 New Mexicans have gained health care since the Affordable Care Act was passed, and over 21 million Americans have health insurance because of ObamaCare. I have heard from New Mexicans who are terrified because there is no plan to replace the Affordable Care Act's protections, benefits, and rights.

Republicans have called to repeal and replace the Affordable Care Act for years. They have had years to figure out how to replace it, and they have not. They have no plan. Repeal and replace is not a sound public policy. It is only a sound bite.

Health care is a basic human right. Providing adequate medical care for everyone should be our guiding principle for health care policy. What is the guiding principle of repeal and replace? Act now; figure it out later.

I have said it before: The Affordable Care Act is not perfect, but it was historic—the biggest expansion of health care since the 1960s. It has helped millions of Americans get care. Many of them now can see a doctor regularly for the first time ever.

We need to work to improve, not repeal the Affordable Care Act.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. HEINRICH. Mr. President, I am here tonight to join my colleague the senior Senator from New Mexico and all my other colleagues on the Senate floor to stand up for hundreds of thousands of my constituents in New Mexico who will lose their health care coverage if Republicans repeal the Affordable Care Act and throw our Nation's health care system into chaos.

It is absolutely criminal for Republicans to strip millions of their health care without even a conceptual replacement plan in place. To my colleagues on the other side of the aisle, I want to make it clear that "we will fix it later" simply doesn't cut it.

They promised repeal and replace, and now they are giving us repeal and run, and that will cause chaos in our health care system. In my home State of New Mexico, according to the Urban Institute, an estimated 266,000 people will lose their health care coverage. This is not a change to their plan or a different premium. They will lose their coverage in its entirety. Thousands more of our State's 2 million residents will lose access to birth control and other preventive services and Medicare prescription drug coverage. Nearly everyone will be subjected to higher costs for lower quality insurance, especially those with preexisting conditions. Dismantling our health care system would also put at risk many of the gains we made in protecting the 860,000 New Mexicans who have preexisting conditions like cancer, diabetes, and heart disease. These individuals will be forced to pay more for their health care coverage and possibly lose access altogether.

This is not a game; this is a matter of life and death. Without any plan in place, this repeal and run maneuver will cause health care costs for all Americans to skyrocket. Dismantling our health care system literally means taking hundreds of dollars each month away from hard-working families. In my book, that is highway robbery. How? It is simple. This reckless Republican repeal and run will strip away the tax credits that help many working Americans afford their premiums. More than 32,000 New Mexicans rely on those tax credits, which average about \$200 a month—well over half of their monthly premium for health care coverage. Many of the sickest, oldest, and the poorest of our neighbors and family members will lose their health care coverage altogether.

Over 20,000 New Mexican seniors will be forced to pay \$1,000 more per year for their prescription drugs. Fixed income seniors can't afford to pay more for prescription drugs.

Dismantling our health care system is particularly problematic in our Nation's rural areas, including much of the State of New Mexico. Last fall I went on a multiday rural health care listening tour across communities throughout Northeastern New Mexico. Rural hospitals like those in Raton, Clayton, and Santa Rosa are often the only health care providers for hundreds of miles in any direction. Under the Affordable Care Act, rural hospitals agree to exchange higher rates of insurance coverage for their patients for a reduction in reimbursement rates. In other words, they aren't being paid as much per patient as they once were, but the number of patients who come in without any insurance is dramatically lower. Now Republicans are going to take away coverage from a quarter million New Mexicans, but they aren't going to give rural hospitals their higher reimbursement premiums back. This repeal and run maneuver will cause many rural hospitals that already are operating on the margins to shut their doors or to simply turn away sick patients.

Nationwide, nearly 700 local hospitals in rural communities face the risk of imminent closure. Think about that. That is nearly one-third of the Nation's hospitals. Almost all of them would be forced to turn away patients if the Republicans move forward in dismantling our Nation's health care system. In New Mexico, that would mean forcing many of my constituents to drive for hours to access critical lifesaving care. It would also shake our State's economy to its core.

Health care jobs were one of the few economic bright spots in New Mexico over the past 6 years, particularly in rural communities, but this reckless plan—or I should say lack of one, to be accurate—throws our Nation's health care system into chaos and scars New Mexico's rural communities for years to come. A community whose hospital shuts down may never recover. That is

what is at stake here. Denying a family health care, denying a whole community health care is reckless and immoral.

You might hear Republicans say they want to tear everything apart now, but we shouldn't worry because they will fix it later. Let me be clear: We have the capacity to fix and improve our current health care system in a bipartisan way without throwing it all into chaos, but Republicans have to make that choice before it is too late. I would welcome honest attempts to find ways to improve our Nation's health care laws, to make them work better for all Americans.

In the past, I have taken the lead on commonsense fixes to our Nation's health care policies. In 2010, in the House of Representatives, I led the fight to extend coverage to the children of military families covered by TRICARE up until the time they are 26 years old. After hearing from many small businesses in New Mexico, I fought to repeal unnecessary 1099 tax reporting requirements for small businesses. To this day, I continue to work with Republicans like DEAN HELLER of Nevada to eliminate the so-called Cadillac tax that would place an incredibly unfair tax burden on employer-provided health insurance that many working families rely on.

Republicans need to put partisan politics aside and remember why Congress passed the ACA in the first place: To expand access to quality health care for all Americans. Before we passed health care reform, New Mexico had the second highest rate of uninsured citizens in the entire Nation.

I have heard from a lot of New Mexicans who have told me how access to health care coverage has impacted their lives, even saved their lives. I would like to tell you just one story of one of those New Mexicans.

Karen from Santa Fe is a registered nurse, and she is a breast cancer survivor. As a nurse, Karen has seen how health care reform and the reduction of uninsured and uncompensated care has helped community hospitals better serve their patients. But the real impact of health care reform for Karen has been personal. When she was diagnosed with breast cancer in 2002, Karen's insurance company dropped her coverage. When she had to pay out of pocket for her coverage, her costs doubled. As she went through several more recurrences of cancer, Karen went bankrupt. She lost her home.

In a letter to me, she said: "Cancer is hard enough, but not to be able to afford my co-pays and appointments caused me so much stress it made me more vulnerable for complications."

Today, Karen is able to afford health care coverage even with her preexisting condition. But Republicans are threatening to take that all away from her and from hundreds of millions of other Americans.

Karen went on to say in her letter:

No one should go without health care because of income. Good health is not a privilege for a wealthy few, but a human right.

It is hard to say it any better than that. No American has sent their elected representative to Washington to score political points and threaten the health and finances of hard-working Americans. Republicans need to realize that is exactly what they are doing. What they are doing means chaos. It means less health care. It is that simple.

I wish we could be here today talking about pragmatic policy solutions to reduce health care costs and improve how providers actually deliver that care. Instead, and unfortunately, we are here trying to stop Republicans from turning bumper sticker governance into a very real disaster for thousands of my constituents and millions of Americans. This reckless effort threatens the very lives and the livelihoods of the people of New Mexico.

I will not stand for that, and I know my constituents will not either.

THE PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, like my colleagues here today, I rise to talk about the Republican effort to repeal and replace the Affordable Care Act. I have been talking to a lot of people in Minnesota who have health insurance, thanks to the Affordable Care Act, or whose lives are changed by the protections in the ACA that benefit every American. Frankly, they are scared, hard-working people for whom this is literally life or death. If their health insurance is taken away, they do not know what they are going to do.

Today, on their behalf, I have one request for my Republican colleagues: Show us your health care plan. You must have one. We would like to hear it. We would like to see it now. You can understand the question, right? If your child had cancer and the Affordable Care Act was the reason you could get health insurance, you wouldn't want to rip up the ACA before knowing what would replace it. I am not the only Senator with constituents whose lives are on the line here, so I know that you don't intend to rip up the Affordable Care Act and leave them with nothing. You have to have a plan, right? So let's just see it.

Last week, President Obama said that if Republicans produce a plan that is “demonstrably better than ObamaCare,” he would support it, and so will I. Just show it to me. President-Elect Trump clearly has a plan. He laid it out, laid it all out during his campaign. His plan was, he said, to “repeal ObamaCare and replace it with something terrific.” That is what he said. Then he went into a little more detail and explained that “something terrific” would be “so much better, so much better, so much better.”

Terrific. So much better. That sounds great. Let's see it. One of Trump's top advisers said on MSNBC: “We don't want anyone who currently has insurance to not have insurance.” Great. Neither do we. Speaker RYAN said that there will “be a bridge so

that no one is left out in the cold, so that no one is worse off.” That is wonderful. No one being worse off is exactly what we want to see.

I am sure Speaker RYAN's staff was mistaken when they later told a reporter that the “no one worse off” applied only to the transition period, not to the replacement period. Show me the plan, please. Please show me the plan that keeps coverage for the 20 million people who have gained coverage that would continue to bend the cost curve so the cost of the entire health care system continues to grow less quickly than it did before ACA was adopted, the plan that would ensure that nobody gets denied coverage when they need it or has to unfairly pay more than someone else because of their gender or a preexisting condition. Show me that plan.

I know Republicans have put forward some different plans, a lot of different plans, but a lot of plans is not a plan. A lot of plans is not a plan. We want to see the plan, you know, the one you have been working on for 6 years. I was here in 2009 when we passed the ACA. I know how hard it was. If I could, let me offer you something. Some of your Republican friends actually did come up with a health care plan a while ago. It all started at the Heritage Foundation, which is a bona fide conservative think tank.

Over at Heritage, they did not like the idea of single-payer health care insurance, where the government is everyone's insurer. So what they wanted to come up with was a way to use the magic of the marketplace to solve the problem of providing everyone access to insurance.

Here is what they came up with, a three-legged stool. The first leg is, insurance companies can't deny coverage to people with a preexisting condition. They can't charge them more. We can all agree on that, right? President-Elect Trump and I agree on that, for sure. It is a great idea—great idea—but there is a catch. If you can not turn people down because of preexisting conditions, you cannot charge them more, well then everyone would just wait to buy health insurance until they get sick and need care. But the whole idea of health insurance is that at any given moment, most of the people paying premiums are healthy. So their premiums cover the cost of the people who are sick.

If the only people with insurance are sick, the premiums will skyrocket. So you need a way to get healthy people into the system to bring the cost of insurance down, which brings us to leg No. 2. Everyone has to be insured, otherwise known as the individual mandate. Everyone has to be insured. The Heritage Foundation said that. They called it the free rider syndrome. They said, no, everyone has to be insured.

This is what conservatives now say they hate; that the government says everyone has to buy insurance. But if you have to sell everyone insurance,

then everyone has to buy it or the cost explodes. Now, look, if you have a better way to keep people covered and keep costs down, show me the plan. Show me the plan. But this is the best one the Heritage Foundation could come up with.

But wait, what if someone can't afford that health insurance? That brings us to the third leg. The government will subsidize insurance for people who can't afford it. Voila. There you have it, the Heritage Foundation plan, which a Republican Governor then implemented in a State to huge success.

Let me ask you, my Republican friends, is that your plan? Because if it is, it works for me. Guess what. Then we don't even have to repeal the Affordable Care Act in order to replace it with this plan because this plan was the model for the Affordable Care Act. The Affordable Care Act is not perfect. Premiums went up a lot this fall for people buying insurance through the marketplace.

It is often ignored that subsidies cover the cost increases for about 70 percent of those folks, but for many those increases genuinely hurt. That is a real problem. Then the solution to it is to recognize that subsidies don't provide enough help and don't go to enough people. Let's fix that. There are places where there is not enough competition. The best and most direct solution that I know of is to introduce a public option.

If my Republican colleagues have another idea about how to address these costs and competition issues that would ensure that people don't lose their coverage, I am ready to roll up my sleeves and go to work. While we are honest about the shortcomings, let's not forget the bottom line. As a primary care doctor for Indiana University's Health Physicians said, “I've been a registered Republican my whole life, but I support the Affordable Care Act because it allows patients to be taken care of.”

For 6 years, you have been blasting the ACA, promising to replace it with something better. Let's see what you have, but don't just tell me your plan. I want you to join me on a trip to Minnesota to see Dolly. Dolly is one of my constituents who wrote to me about her husband's pulmonary embolism. Before the ACA, she and her husband both had jobs that did not offer health insurance, but once the ACA passed, they were able to buy insurance and go to the doctor.

The doctor discovered her husband's embolism and saved his life. I would like you to look Dolly in the eye and explain how your plan—your plan—will ensure that her husband's life will not be endangered.

I would like you to join me in talking to Gina. Before the ACA became law, Gina's father was undergoing treatment for leukemia. Then one day he was told he had hit the lifetime maximum on his insurance coverage. From that point on, the family would have to

pay for his treatment out of pocket, but they did not have the money so they stopped treatment. Gina's father died 3 days later.

Since then, Gina's fiance was diagnosed with Crohn's disease. So I want you to explain to Gina how exactly under your plan Gina will not face the same kind of impossible financial situation with her future husband's condition that she did with her dad. Sit down with Gina and tell her that.

Now, once you are done calming Gina's concerns about what your plan might do to her family, we will go over and talk to Leanna. Leanna's 3-year-old son Henry has been diagnosed with acute lymphoblastic leukemia. His treatment will last until at least April of 2018. He often needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. Little Henry's immune system is so compromised that he is not supposed to go to daycare. So Leanna has left her job to take care of him. They are supported by her spouse, but they could not pay for his treatment on one salary.

Leanna says:

It is because of the ACA that Henry gets proper health care. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

Let me say that again. "Henry is still with us because of the ACA." I want you to sit down with Leanna, as she holds her precious 3-year-old son, and explain how Henry will still be with us under your plan. Show us your plan. Show us your plan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am honored to be here tonight with my very eloquent colleague Senator FRANKEN from Minnesota and also with two colleagues who will follow me shortly, Senator SCHATZ and Senator MARKEY, all of them great champions of better, more affordable health care for all the people who live in this great country.

This is the greatest country in the history of the world because we care about each other and we care about the common good. That is what the Affordable Care Act represents. It is not perfect. No great social reform ever is the first time around, including Social Security, but it can be repaired and improved without completely repealing it.

So repeal without a replacement is the height of irresponsibility. The first order of business for the Republican leadership during this session of Congress is to tear down and rip apart the Affordable Care Act, not to deal with job creation or economic growth. In fact, the Affordable Care Act provides 3 million jobs in our country, and repealing it would eliminate those jobs. No, it is to destroy and decimate a program that has literally saved lives, opened new futures, transformed the

existences of millions and millions of Americans who would lose health care coverage if this measure is just repealed.

In fact, 22 million people across the country and more than 100,000 in Connecticut would lose that critical insurance. Preexisting conditions would become, again, an excuse for the health care industry and insurance companies to deny coverage. Women would be charged more simply because they are women. And young people would be denied access to their parents' health care coverage up to the age of 26.

Those kinds of losses just begin the list, but among the most egregious of the profound defects to this approach is the effect on the Prevention and Public Health Fund. I know it isn't a household term: Prevention and Public Health Fund. It is not exactly on everyone's tongue, but it is a measure that is profoundly important to the future of this Nation if you care about lives and dollars. And if you care about dollars, the \$931 million from the Prevention and Public Health Fund is allocated to provide funding for things like diabetes prevention, preventing healthcare-associated infections, chronic disease management, smoking prevention, lead poisoning, suicide prevention, and Alzheimer's disease prevention.

You may not consider these kinds of challenges—smoking prevention, lead poisoning, Alzheimer's disease, hospital-acquired infections—as the most glamorous, but treating them costs millions and millions and millions of dollars—in fact, billions of dollars.

Just to give you one example, the Tips From Former Smokers campaign, which the Prevention and Public Health Fund supports, has led to an estimated 1.6 million smokers attempting to quit smoking and has helped 100,000 Americans quit smoking. Tobacco use is the single largest preventable cause of disease and premature death in the United States. The country spent \$133 million on tobacco-related healthcare costs between 2000 and 2012.

I just made I think an error. I said \$133 million. In fact, it is \$133 billion. How easy it seems to confuse billions with millions—\$133 billion by investing this kind of money from the Prevention and Public Health Fund. We can literally save tens of billions of dollars on smoking-related diseases and premature deaths.

Improving public health outcomes and preventing the public from getting sick and dying are important goals in and of themselves because the human suffering and the premature deaths they cause are important, humane causes to our Nation, a nation that cares about people. But the \$1.3 trillion in treatment costs and lost productivity every year—let me repeat that—\$1.3 trillion in treatment costs and lost productivity every year on chronic diseases like cancer, diabetes, heart disease, and stroke can be reduced and,

dare I say at some point, reduced by so much that we may look back, and we will say: That Prevention and Public Health Fund was one good investment, but not if it is decimated and destroyed by the repeal of the Affordable Care Act, which costs us money as well as lives.

In Connecticut, the fund has invested over \$27 million in our communities since 2010, improving the lives and well-being of the people of Connecticut literally every day.

This strong investment has provided more Connecticut women with screenings for cancer, mammograms, other critical, preventive care, and it has given our State health department the ability to prevent diabetes, heart disease, and stroke and to fight obesity through improved physical activity.

It has allowed our State to address school health much more effectively, and we are talking about the Nation's children—preventing obesity, smoking, diabetes, which, as we know, more and more affects our children.

It has staved off disease outbreaks by providing Connecticut with millions of dollars to provide vaccinations for young people who otherwise would go without, children who would be denied this essential means of preventing emotionally crippling, if not physically debilitating, diseases that can transform their lives forever.

Perhaps most importantly, the Prevention Fund has relied on the communities impacted by the money for solutions. That means stronger collaboration between community organizations and the health system to prevent suicides, for example, in the Community Transformation Grants Program that encourages healthier lifestyles across our State.

The ACA, in short, has reflected a historic shift. We are trying to prevent, not just treat the disease, and that kind of investment from the Prevention and Public Health Fund in my State and many others has already produced a return on that investment which is of invaluable importance.

I have authored an amendment, which currently has 12 cosponsors, to create a budget point of order against any piece of legislation that would take away funding for preventive care. It is very simple. If we are going to work toward reducing the cost of health care in this great country, we should not be talking about getting rid of effective and efficient ways of preventing disease. We ought to be talking about reducing drug prices, stopping costly addictions, preventing disease, and improving the quality and efficiency of care.

I want to stress, again, the importance of reducing pharmaceutical drug prices, which has been a concern to me for years in this job and for many more years when I served as our State's attorney general.

But reducing health care costs and improving quality is not what our Republican colleagues are trying to do.

They are trying to make good on campaign rhetoric and political promises to completely repeal the Affordable Care Act without any replacement, without following through on their commitment to provide health insurance to our Nation's people. We are expected to just wait and see what they have in the plan. Meanwhile, millions of people will be left without health care, and the health care industry will be in confusion and chaos as insurance companies wonder what comes next.

The simple fact is that our Republican colleagues have no idea, no clue, no plan. In their view, the Earth is flat. They can abolish something and promise to replace it because they know something will come. That is unacceptable, and I will fight to ensure that the Affordable Care Act continues to mean access to affordable health care for millions of Americans. Most importantly, fairness and effectiveness in health care means prevention. The Prevention and Public Health Fund is critical to that effort.

I hope my colleagues will recognize the importance of prevention, safeguarding our health, and heed the voices and faces that have been so dramatic and powerful to me, so inspiring in their courage and strength, as they were just this morning when I met with and presented to the people of Connecticut at an event we did there. Three brave women came forward to talk about what the Affordable Care Act had meant to them and what its loss would mean as well. These perhaps not immediately visible voices and faces should be a stirring reminder to our colleagues that we need to do better, improve the Affordable Care Act, make it better—but not simply trash it, decimate it, destroy it, and abandon the great hope and ideal of assuring affordable care for all.

I yield now to my colleague from Hawaii, Senator SCHATZ, who has been a champion of affordable care in this Nation and is a great credit to his State of Hawaii.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I thank the senior Senator from Connecticut for his leadership on this and so many other issues on behalf of the people of his home State.

Before I get into prevention as a policy issue, I just want to reiterate a process point.

Here we are in the world's greatest deliberative body—the world's greatest deliberative body—and there really are so many talented individuals who come from county counsels, who come from State assemblies, who come from State senates, who come from the U.S. House, and find themselves in the U.S. Senate, the world's greatest deliberative body. And here we are debating one of the biggest public policy issues over the last decade, arguably over the last generation. Here we are.

I am thinking about my early days in the Hawaii legislature and what we

would do. If we wanted to move a bill along but we weren't sure exactly what to do, we would flaw the effective date because we knew the language didn't work yet, but we wanted to take it to conference committee. We didn't want it to be enacted into law, but we wanted it to move through the process. So what we would do is we would flaw the effective date. We would say "Effective year 2100," so that even if it were accidentally enacted into law, it wouldn't have the force of law.

Yet once in a while, a staffer or a member would make a clerical error and actually enact something with a delayed effective date into law, and they were humiliated. This was a mistake. This was a clerical error, and this showed that it was amateur hour. This showed that somebody didn't know what they were doing. This showed that somebody wasn't a very serious legislator.

Yet here we are in the Nation's legislature, here we are in the world's greatest deliberative body, and we are doing that on purpose. We are doing that right away. We are doing this with the Affordable Care Act after 7 years of blasting this law because they know they can't repeal the parts that are popular. So what they are going to do is eviscerate the revenue attached to the bill and leave themselves, as one of my colleagues said, in a "box canyon" so the only thing they can do is shovel money to insurance companies—borrowed money—to maintain the benefit because they don't want to deal with the political ramifications of what they had done to their constituents on preexisting conditions, on coverage for people up to the age of 26, on prevention.

This is the most unserious effort I have seen in this legislative body. This is absolutely unserious. And whatever your political persuasion is, you should ask every Member of the Senate to stand up and be counted and say what they want to do about health care in the United States.

The answer can no longer be because it is an article of faith that because the Affordable Care Act has "Obama" in its name—it is ObamaCare—it must be bad, and it must be repealed root and branch. That is no longer acceptable.

This President is only President for another 10 days, and we have an obligation to our constituents to say what we are going to do about this law. We all know that we should get a regular check-up from our doctor, eat fruits and vegetables, and exercise as much as possible, as difficult as it is for all of us at times. Why do we do this? Any doctor will tell you that it is better to stay healthy and prevent disease than to get sick. It is not just common sense. It is not only less painful for people, but it is less costly to prevent illness than to treat it.

The same is true for public health. If we can prevent drunk driving or the spread of diseases such as Zika, we could save lives and save the public

money. That is why Senator CASSIDY and I introduced the Public Health Emergency Response and Accountability Act last Congress. Our bill, on a bipartisan basis, recognized, basically, that we should be able to respond quickly to public health threats before they spread and harm more Americans and cost more money.

That is what the ACA does through its Prevention and Public Health Fund. The fund serves a very important dual purpose, investing Federal dollars in effective programs that prevent disease and also it saves money.

It is a simple concept. We should stop diseases from developing or spreading before they start. This sounds like common sense to almost everybody, but here is the problem. In the partisan battle around the ACA, even a really good idea within the Affordable Care Act must be bad because it is part of ObamaCare. This is insane.

This is the Prevention and Public Health Fund that provides money to the Centers for Disease Control. The CDC did an incredible job with the U.S. Public Health Service, with the U.S. military in addressing the Ebola crisis. The CDC did an incredible job, again, with the National Institutes of Health and others in addressing the potential Zika crisis, which looks to have abated. The CDC does incredibly important work in tobacco prevention and cessation, and this Prevention and Public Health Fund has gotten 1.8 million individual smokers to call and try to quit smoking. That is hundreds of thousands of lives saved, not just in blue or purple States but all across the country. This Prevention and Public Health Fund helps our elderly to avoid falls. It helps our elderly to avoid falls. I know there are people of goodwill on both sides of the aisle. I know that we are all responsive to our senior citizens in our individual communities, and I know that this is a smart and humane use of public health money. If we can prevent an elderly citizen from falling in their own home or falling on the way to a bus stop or to church or to a family member's home, that is money well spent, not just morally but fiscally.

This is my great regret when it comes to the Affordable Care Act and the debate that is happening. The only time I hear a serious-minded, good-faith debate between a Republican and a Democrat in the Senate when it comes to the Affordable Care Act is in private, because if you look at this side of the Chamber, there is only one Member of the Republican caucus who is here. We are not having the world's greatest deliberative body deliberate over the Affordable Care Act. We have an empty Chamber, full of Republicans who are absolutely bound and determined to walk off this cliff and take 22 million Americans with them.

Public health prevention works. Public health prevention is fiscally prudent, and it is the humane thing to do. That is just one of the many attributes

of the Affordable Care Act that ought to be preserved.

If there is to be a good faith conversation about how to improve upon the Affordable Care Act, we are all ears. I can guarantee you that there are 48 of us who want to have that conversation, but do not put the whole country into this box canyon. Excuse me for mixing my metaphors. Do not take the whole country off this cliff because it is going to be very, very difficult for us to make good policy after that.

With that, I yield the floor to the senior Senator from Massachusetts.

Mr. MARKEY. Thank you. I yield to Senator DAINES.

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

Mr. DAINES. Mr. President, I ask unanimous consent that it be in order to call up the Flake amendment No. 52, and that at 2:30 p.m. tomorrow, the Senate vote in relation to Flake amendment; further, that following the disposition of the Flake amendment, there be 2 minutes of debate, equally divided in the usual form, prior to the vote in relation to the Sanders amendment No. 19.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MORNING BUSINESS

Mr. DAINES. 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.

ANNIVERSARY OF DECEMBER/JANUARY FLOODING

Mr. DURBIN. Mr. President, I come to reflect on the 1-year anniversary of rain and winter storms that swept across the State of Illinois, causing widespread flooding and devastation.

In the midst of the holidays, heavy rainfall of over 7 inches a day in some areas caused water levels on rivers in Illinois to reach record, or near record, heights. The Mississippi River at Thebes reached its highest crest level on record at 47.7 feet.

Flooding forced many communities to evacuate their homes for their own safety. Damages to property in these Illinois communities totaled more than \$15 million.

Sadly, these storms were so severe that flooded roadways tragically claimed the lives of 10 people whose vehicles were swept away by flooding.

Alexander and Randolph counties were two areas most impacted by this flood. I went to visit two towns in these areas—Olive Branch, IL, and Evansville, IL—and I saw miles of flood damage to agricultural lands, homes, and businesses. What I saw was heart-breaking.

I spoke with residents who were concerned about being able to recover

from the flood and resulting damages and who were concerned about what could happen if levees overtop and breach again in the future.

People like Bruce Ford, from Olive Branch, IL, worked day and night to clean out debris and move equipment back into their businesses, but he worried about how long he would be out of business and whether or not he would be able to rebuild in the event of another disaster. And he is not alone—many residents in these communities worry that they will not have the means to fix properties and businesses all over again.

The Governor declared 23 counties State disaster areas, and State and local emergency responders were dispatched to affected areas. I supported his request for a Federal disaster declaration for 21 counties in the State.

The State disaster declaration allowed people in affected communities whose homes and businesses were damaged to start repairs and receive the help they needed.

And I want to say thanks for the hard work and dedication of James Joseph, head of the Illinois Emergency Management Agency; he was there when his constituents and communities needed him the most.

The State provided over 997,000 sandbags, over 4,000 tons of sand, and 117 Illinois Department of Transportation trucks for flood mitigation and response efforts.

The Small Business Administration also made loans available to homeowners and businesses in Christian, Iroquois, Ford, Kankakee, Macon, Montgomery, Sangamon, Shelby, and Vermilion Counties.

I want to acknowledge the dedication of the State and Federal employees who pitched in at every level, from the Federal Emergency Management Agency and the Army Corps of Engineers to the Illinois Emergency Management Agency.

Finally, I can't overstate how proud I am of the volunteers, National Guard members, and local law enforcement agencies who came forward to keep our communities safe. Before flooding began, local law enforcement and emergency responders went door-to-door to advise residents to evacuate and move to higher ground, saving the lives of many who heeded the call and sought out shelter with family and friends before the flooding began.

There is still work to be done, but the people who live and work in the damaged communities have made incredible progress rebuilding. Thousands of volunteers have helped with the cleanup. People from all over the State pitched in to help their neighbors and even strangers get back on their feet. Hearing these kinds of stories make me proud to be from Illinois.

Our thoughts remain with the many people who lost their loved ones, their homes, and other property last year.

I want to thank everyone who has been engaged in the rescue and clean-up.

We are rebuilding—as Illinoisans always do—and we will be stronger for it.

SECRETARY OF STATE KERRY'S SPEECH ON A TWO-STATE SOLUTION TO THE ISRAELI-PALESTINIAN CONFLICT

Mr. LEAHY. Mr. President, last week the junior Senator from Texas spoke about Secretary of State Kerry's recent speech explaining the administration's decision to not veto U.N. Security Council Resolution 2334 and supporting a two-state solution to the conflict between Israel and the Palestinians. The Senator asserted that Secretary Kerry "equated" Israel and Hamas, that President Obama and Secretary Kerry are "relentless enemies of Israel" who "consider the existence and creation of Israel to be a disaster." He said their actions toward Israel were intended to "facilitate assaults on the nation of Israel." He also accused them of "turning a blind eye" to terrorism.

Anyone who reads Secretary Kerry's speech will recognize the fallacy of those baseless and inflammatory accusations. To the contrary, Secretary Kerry eloquently and compellingly and with a foreboding sense of urgency about the receding prospects for a two-state solution reaffirmed the administration's condemnation of terrorism and incitement, its unprecedented support for Israel's security, and his own longstanding commitment to Israel's survival as a democratic state, living in peace with its Arab neighbors.

I urge all Senators to read his speech and to arrive at their own conclusions. The situation the Secretary describes should be alarming to anyone who wants peace and security for Israel and a viable, independent state for the Palestinian people, which are of vital importance to the national interests of the United States. While the Secretary's speech is too long to be printed in the RECORD in full, I ask unanimous consent that the first half of his remarks be printed in the RECORD.

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

REMARKS OF JOHN KERRY, SECRETARY OF STATE, THE DEAN ACHESON AUDITORIUM, WASHINGTON, DC, DECEMBER 28, 2016

Thank you very much. For those of you who celebrated Christmas. I hope you had a wonderful Christmas. Happy Chanukah. And to everybody here. I know it's the middle of a holiday week. I understand. But I wish you all a very, very productive and Happy New Year.

Today, I want to share candid thoughts about an issue which for decades has animated the foreign policy dialogue here and around the world—the Israeli-Palestinian conflict.

Throughout his Administration, President Obama has been deeply committed to Israel and its security, and that commitment has guided his pursuit of peace in the Middle East. This is an issue which, all of you know, I have worked on intensively during my time as Secretary of State for one simple reason: because the two-state solution is the only