PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF A RULE SUBMITTED BY THE DEPARTMENT OF EDUCATION—Continued

ORDER FOR ADJOURNMENT

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

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

The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, in December of 2015, President Obama signed the Every Student Succeeds Act after it passed this body with overwhelming bipartisan support—85 of 100 Senators supported the bill. The Wall Street Journal called the Every Student Succeeds Act ''the largest devolution of federal control to the states in a quarter-century.'' It also had the support of Governors, State legislators, chief State school officers, school district superintendents, local school boards, principals, and teachers unions, who all agreed on the need to replace No Child Left Behind.

The core of the education reform in the Every Student Succeeds Act was to restore local control to the States—not just control for them but that they would have the responsibility and the authority for things such as school accountability, teacher evaluation, student evaluation. It is very clear. In fact, the Every Student Succeeds Act says things very specifically. States are solely responsible for choosing which standards to adopt. The Secretary cannot mandate, direct, or control State standards. The Secretary of Education cannot require, coerce, or incentivize States to adopt common core State standards. States are responsible for choosing which assessments to adopt. The Secretary of Education cannot mandate, direct, or control State assessments for education. States design their own system for holding schools accountable and decide which schools to identify for school intervention and support. The Secretary cannot add new requirements or criteria on State accountability systems that are not in the law. States and local school districts decide what strategies they will implement to help fix identified schools without Federal interference. The Secretary of Education cannot prescribe how States and local school districts improve those schools.

Congress passed that clear education law to take power out of Washington, DC, and from the Department of Education and the Secretary of Education and hand it back to the States.

Five months after the bill was signed, the Obama administration changed their mind and released regulations to take back school decisionmaking and accountability, in direct violation of the law.

Eighty-five of one hundred of us agreed that our passion is for every school district, every parent, every State to take care of every child; that no child would be left behind by switching to local control rather than Federal centralized control. But when this new rule was put out by the Obama administration, they reinterpreted that clear law. Let me tell you what they said in the rule.

In the rule, they dictate to States the consequences for schools that don't annually test at least 95 percent of their students.

They prescribe to the States and school districts how they would intervene and improve schools that don't exit from this identification process of being an underperforming school.

They limit how States may measure school quality or student success based on 4-year graduation rates.

They define how much weight States must afford to non-test-based indicators in their accountability systems.

This regulation prescribes the long-term goals and measurements of progress that States would use for their student subgroups.

This new regulation prescribes when schools may exit from comprehensive support based on improvement.

This new regulation mandates that States comply with specific Washington, DC, created requirements instead of letting the school districts or the States determine how best to proceed on those requirements.

This new regulation limits how States award school improvement funding to school districts and schools.

This new regulation adds a new and burdensome reporting requirement every 4 years on States and local school districts that will drive up compliance costs and will divert resources away from students in the classrooms, in direct violation of what we passed.

This new regulation requires States to establish a statewide definition for ''infective teacher,'' requiring a statewide system of evaluation controlled by DC.

This new regulation limits how students are scored when they have exited from special education.

This new regulation controls how the school report cards are created and how long they are.

This is what we were exiting from with No Child Left Behind. We said in that vote for Every Student Succeeds that Washington, DC, should not do this. This rule directly violated the spirit and the letter of the law and will put the new Secretary of Education, Betsy DeVos, in charge of school evaluation, teacher evaluation, and student success. That is not her role or the intent of this law when we passed it, regardless of who is the Secretary of Education. Our intent was to provide maximum flexibility for the States and the parents. The rule is central control from Washington, DC.

It is essential that we stop this rule right now. While some of my colleagues have said: Let's just wait, and we will do regulations, and we will unwind some of this—they are basically admitting that the Trump administration will fix the Obama administration overreach. I understand that statement. I think there will be some unwinding of regulations, but here is why it must be done right now—two reasons. One is, when we do this right now with a Congressional Review Act, we settle this forever, that no administration ever, as long as this law is in place, can repromulgate a rule and turn right back around and say Washington, DC, is going to control teacher evaluation, student success evaluation, and school evaluation. This ends that forever.

The second thing is, right now schools in Oklahoma have already diverted resources in their administration, and they are filling out forms that are due to Washington, DC, in April to fulfill this new requirement that was put down by the administration. If we don't end this now, the districts in Oklahoma and in all of the States represented by this great Senate—their administrators will be working on forms for Washington, DC, rather than educating children at home. Let's get those folks back in the classroom, working on things that matter, not some form that no one in Washington, DC, will read anyway. Why don't we allow our schools to focus on educating kids instead of filling out forms for the Secretary of Education? That is the reason we passed the Every Student Succeeds Act.

I encourage this body to support H.J. Res. 57 when it comes up. This will fix this overreach and will put a permanent marker down to say we meant it when Congress said to the administration: Do not control local education. Let the States and the parents do it.

With that, I yield back.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Massachusetts.

NOMINATION OF SEEMA VERMA AND THE REPUBLICAN HEALTHCARE BILL

Ms. WARREN. Mr. President, I rise today to urge my colleagues to vote against the confirmation of Seema Verma to serve as Administrator of the Centers for Medicare and Medicaid Services.

CMS oversees the administration of the Medicare and Medicaid Programs. These programs provide healthcare coverage to grandparents, people with disabilities, foster kids, seniors living in nursing homes, single mothers, and babies. CMS is also in charge of implementing many parts of the Affordable Care Act and making sure that the protections guaranteed in the law are enforced.

In other words, CMS is the part of government that we entrust with carrying out the commitments we have made to protect our health and our access to healthcare. We need someone to run these programs who is a champion for Medicare, Medicaid, and the Affordable Care Act and someone who can stand up to Republicans in Congress and stand up to the Trump administration when they try to burn these promises and turn their backs on the people who need help.

On Monday night, the Republicans finally revealed their latest plan to rip health insurance away from millions of Americans. After years of railing about how the ACA was too long and too complicated, the Republicans spent weeks working on a secret plan—locked in a room, hidden somewhere in the United States Capitol. They didn't want anyone to see it. Here is a news flash: If you have to hide your plans from the American public, that is a pretty good sign that you are headed in the wrong direction.

Now we know why they were so afraid to let anyone else take a look at the plan. The plan is ugly—really, really, ugly. The Republicans' plan would rip health insurance away from millions of Americans.

Right off the top, the bill will end the Medicaid expansion established in the ACA. Right now, 11 million adults are covered by that expansion, and the Republican plan will end it. That is right—end it. Millions more Americans are using ACA subsidies to buy their health insurance. For the families who need it most, those subsidies will be cut. For seniors, prices will rise, and that means millions more people will not be able to afford health insurance.

The Republican bill promises tax credits to help people pay for their insurance, but this is an empty promise because the tax credits are designed to be too small to actually cover the costs of paying for healthcare. If you have a 2-month break in your health insurance coverage, no matter the reason, the Republican bill would let insurance companies charge you a 30-percent penalty on top of your premium for an entire year. That is right. If you lose your job and scramble to find a new plan, you have exactly 62 days to lock down that plan because 1 day longer than that, and you are slapped with a 30-percent penalty.

By the way, it is not a penalty paid to the government to help finance healthcare. No. It is a penalty paid to a $1 billion insurance company. Republicans should be ashamed of themselves.

Too bad if being able to buy affordable coverage on the ACA exchange has given you access to health insurance while you start your small business. Too bad if your healthcare has given you free cancer screening. Too bad if your healthcare has given you access to treatment for substance abuse disorder. All that is gone under the Republican plan.

So there it is—the Republicans' plan to take away health insurance for millions and millions of Americans. The Republican plan is cruel, and it gets worse.

The Republican healthcare plan gets worse because it also delivers a gut punch to the rest of the Medicaid Program—the part that predates the ACA by decades. It does so by putting a cap on overall funding that States can receive and then strictly limiting the growth in that cap. This growth rate is deliberately set lower than the actual growth rate in medical costs for Medicaid beneficiaries. Why? So Republicans can cut the Federal Government's commitment to Medicaid without using the word ''cut.''

I don't know if they think we are just too dumb to notice, but they are cutting Medicaid. Of course, people will still get sick and will still need medical care, so what the Republicans are doing is shifting hundreds of billions of dollars in Medicaid costs to State governments, which will struggle to pick up the tab, or shifting those costs to hospitals and doctors, who will not get paid, or shifting it to the families themselves, who will try to manage those bills.

Understand what that means. Right now, if you qualify for Medicaid coverage, you get Medicaid coverage. That has been the law for decades, but the Republicans want to change that. With the cap, if you qualify for Medicaid coverage, you will get something. Nobody is really sure what. All we know is that it will not cover your expected costs of care. Think about the impact of that.

The reckless Republican plan will blow huge holes in State budgets. The Republican plan will blow huge holes in rural hospitals' budgets and in the budgets of opioid treatment centers and community health centers all across this country.

Massachusetts is using some of its Medicaid funding right now to fight the opioid crisis, but the Republican plan makes it harder to wage that fight in Massachusetts and in every other State that is battling this terrible epidemic.

The Republican plan will leave millions of people who have decent Medicaid coverage holding the bag when they get sick. That is not healthcare; that is a con job.

But it gets even worse. The bill cuts funding for Planned Parenthood, which provides maternity care and birth control. It gives insurance companies the green light to jack up costs for people over 50, blowing up the limits that were established in the ACA to make sure seniors could afford healthcare.

But there is one more very, very ugly reason the Republicans should be ashamed, and that is because while they are gutting Medicaid, slashing health coverage for sick Americans, and slapping penalties on people who lose insurance through no fault of their own, Republicans are also handing out hundreds of millions of dollars in tax cuts to rich people and giving a special gift to insurance company CEOs.

The Republican plan repeals two Medicare taxes that apply only to high-income taxpayers. Who benefits most from this repeal? Millionaires. They get a full 80-percent of the tax cut. It is a benefit that is worth an average of $50,000 each. That is right. The tax cut that millionaires will get from the Republican plan to rip up healthcare is more than many families make in a year.

The Republican plan also hurts Medicare by taking money away from the Medicare trust fund, where it really belongs.

Right now, the law says insurance companies can deduct only $500,000 in executive compensation, but the Republicans think that is too hard on insurance companies and their CEOs. So sad. So they have lifted the cap to a full $1 million. The Republicans are determined to help boost the pay of insurance company CEOs. No wonder the Republicans didn't want to let anyone see this plan.

This is literally a backroom deal to strip away lifesaving healthcare from babies, to drive the costs out of sight for seniors, to deny help for people with disabilities, and to make insurance more expensive for hard-working entrepreneurs. In exchange, insurance company CEOs and millionaires get giant tax deductions. Unbelievable. Less health insurance for people who need it; more tax cuts for wealthy insurance company CEOs. This is the deal it took Republicans years to come up with? They should be ashamed.

I have received letters and emails and calls from families in Massachusetts who depend on Medicaid and the ACA. These families are shouting as loudly as they can about how important Medicaid and the ACA are to them. We need someone running the CMS who is listening and someone who has their backs, who will tell Republican politicians that their secret deals are terrible, who will tell them that their plans to take away coverage will hurt people, who will tell them that their recklessness will blow up State budgets.

Seema Verma has a deep knowledge of the Medicaid Program, having worked at the State level to design and implement Medicaid waivers. Ms. Verma says she wants to help States like Massachusetts invest in innovative ways to improve care for Medicaid beneficiaries while lowering costs—improve care and lower costs. That sounds great, but she has also advocated for changes to Medicaid that violate the fundamental principles of the program. She has designed Medicaid plans that impose work requirements as a condition of receiving Medicaid coverage even when they make no sense. She has sought to increase the out-of-pocket costs that Medicaid beneficiaries must pay and has put in place rules that lock people out of the program just at the moment they most need coverage.

We need a CMS Administrator who will stand up to the backroom bullies who are plotting to gut Medicaid, not one who wants to sneak cuts into the very programs that need to be defended. For that reason, I oppose Ms. Verma's nomination.

One of my constituents who receives Medicaid coverage in Massachusetts, Lee from Holliston, wrote me to say: ''I just need to know it is going to be okay.''

Lee, I wish I could tell you that it is going to be OK, but I cannot tell you that. What I can tell you is that you are not alone. Americans depend on the ACA and Medicaid to provide healthcare coverage. They depend on it when they get sick, and they depend on it to stay alive. Now that the Republican politicians have finally emerged from their secret basement room and unveiled their ugly plans, I promise you I am in this fight all the way. We need millions of people like you all across this Nation to make their voices heard so that Republican politicians do not destroy your healthcare.

In January, Senator STABENOW and I held a forum for the then-nominee for Secretary of Health and Human Services, Tom Price. At this forum, we heard from individuals who were concerned about the impact that cuts to Medicare and Medicaid would have on their lives. I would like to share some of my interactions with a few of these individuals back in January by reading from the transcript Senator STABENOW introduced into the record at Congressman PRICE's hearing before the Finance Committee.

I started by thanking everyone for being there and said this about where we were:

Yesterday at the hearing for Congressman PRICE to be Secretary of HHS, I asked him about the cuts that he has proposed to Medicare and Medicaid. He's already proposed $449 billion in cuts to Medicare and over $1 trillion in cuts to the Medicaid program. And so I asked him if he would commit to follow through on Donald Trump's promise, ''I won't cut Medicare or Medicaid.''

There was a lot of dancing back and forth, but the bottom line is that no, he would not make that commitment, which I suppose should not have been a surprise.

What I want to do as briefly as I can is to focus just a little bit on down the line and put a face on that, what it means to put those kinds of cuts into the system.

I started with Ms. Fleming, and here is what I asked her.

I said: ''You used to work at United Airlines. . . . How many years did you pay into the Medicare system?''

Ms. Fleming said: ''Thirty-nine years.''

I asked: ''How long have you worked there?''

Ms. Fleming said: ''Thirty-nine years.''

I said: ''Thirty-nine years that you paid into the Medicare system. Where else is it we need to spend $449 billion so that you can spend more out-of-pocket? So that money can go somewhere else—like tax cuts for rich people?''

I asked Ms. Jensen:

Just because I want to be clear about this, one of the things that Medicaid does is make sure you get access to mental health services. If you lose that access, what happens in your life?

So I had asked Ms. Fleming about the Medicare cuts. Here is what Ms. Jensen told me about the Medicaid cuts:

That would entirely change my life. I wouldn't be able to afford the services I need. My medications alone, right now, run about as much as my rent. And I know that weekly counseling or therapy sessions would really be out of reach. It would threaten not only the growth of my business but the existence of my business.

She runs her own small business.

She said:

Basically: no Medicaid, no business. That would kind of be the end of one of my dreams. And untreated disorders—my untreated disorder—I know I would retreat from society. I would retreat from my loved ones. I would not be a productive citizen. I would probably get into trouble and cost the taxpayers some money. Mental and behavioral health is no joke. There are fatal consequences, and it's a matter of life and death for a lot of people, including me.

Then I turned to the third of our witnesses, Ms. Serafin. She has dealt with both systems—both Medicare and Medicaid—and I asked her to focus just for a minute on the Medicaid part of that. She was taking care of her elderly mother.

I said:

Your mother—after your father passed—your mother declined, needed full time care. And she was supported by Medicaid during that period of time. She was able to be in a facility that could take care of her.

If Medicaid had not been available to you, if there had been a trillion-dollar cut to Medicaid, what would have happened to you and your husband?

Here is what Ms. Serafin said:

Well, physically, I could not take care of anyone else.

She had her own disabling medical problems. She said:

I can hardly take care of myself. So, we would have had to hire someone, or we would have had to move because our home was not accommodating for another person with a disability.

Secondly, the care my mother received in the nursing home was so personally gratifying. I could sleep at night. My mother was a really strong woman. She could have been a CEO. She was born in the wrong era. But as a daughter—as mothers and daughters often do—we didn't always see eye to eye on everything!

The people in the nursing home loved her—they loved her feisty manner, they loved the things she would say. And I would think, ''Oh, God, I would never say that!'' But they thought she was wonderful.

I made the point that my mother was a little like that too.

Ms. Serafin said:

I would sleep at night. I could feel good. Because I cannot do things as it is for myself, and there were loving people who would go to her and say, ''I love you, Anita,'' and it just made my heart feel that wonderful feeling.

So that is the face of Medicaid.

We had one more witness, and this witness was Ms. Ornella, who had her son Sam with her.

I said:

Sam is the happy face of Medicaid. Sam is a little boy who was born with multiple difficulties and who flourishes and who receives support from Medicaid.

So I asked:

If there's a trillion dollars in cuts to Medicaid, and Sam is not able to get the help he needs through Medicaid, what happens to Sam?

Ms. Ornella said:

We barely qualified for Medicaid as it was, so if there were any cuts to it, we would have been in that group of people who I believe wouldn't have qualified. Medicaid has provided him to be able to go to his kidney doctors and keep his status check on his kidneys, which is what we think his long-term issues are going to be.

Medicaid has been there to cover tests for swallowing, for swallowing functions, for all the different parts of his body that are affected by his disorder. So my fear is, that if we do get employer-based coverage, anything can happen in life—what if my husband lost his job and then we didn't qualify for Sam to get Medicaid anymore? How would we deal with that double whammy of losing employer coverage and then not qualifying for Medicaid for a medically complex child?

We heard from four people at this forum, and I am very grateful to all four of them for putting a face on what Medicare and Medicaid means. I suggested to Congressman Price that if he is confirmed to be the head of HHS, that he cut out the statement that Donald Trump had made, ''I will not cut Medicare or Medicaid,'' and that he tape it above his desk and look at it every single day. Because that is what the people at that hearing were all about.

They are the reason we must not cut Medicare and we must not cut Medicaid, and I thanked them all for being with us.

Alice, Sam, Diane, and Ann really put a face on the importance of Medicare and Medicaid at that forum.

I have heard from a number of hospitals, community health centers, and behavioral health organizations in Massachusetts about the importance of Medicaid to them for being able to provide essential services to the people who need it most, and I want to share some of the comments they have given to me.

John Nash, the CEO of Franciscan Children's Hospital, highlighted the importance of Medicaid in providing healthcare coverage for our children. Here is what he wrote to me:

Dear Senator Warren, at Franciscan Children's, our mission is to provide a compassionate and positive environment where children with complex medical, mental health, and educational needs receive specialized care for people who are committed to excellence, innovation, and family support, so that these children can reach their fullest potential and live their best lives. Located in the Boston metropolitan area, we are one of four institutions in the country offering this unique array of services to children with complex needs.

In Massachusetts, we are the only pediatric, post-acute care provider that offers hospital-level care for children with complex medical conditions. We are also one of the largest pediatric mental health providers in Massachusetts, offering a complete continuum of inpatient, residential, and outpatient programming to ensure that children have access to the services they desperately need.

Franciscan Children's is proud to be an independent, unaffiliated provider that coordinates across the healthcare system to deliver high-quality, low-cost, specialty services to children who come to us from every major health system and intensive care unit from across the State. Collectively across our programs, we serve more than 12,000 children a year.

Families who have had a child or children with special needs often face tremendous financial burdens. Many view hospitals like ours as a second home. Almost 60 percent of the families that we serve in our inpatient medical program are on Medicaid.

In federal discussions about the Affordable Care Act, it is crucial to realize that Medicaid is the most important health coverage program for children. As many as 30 million children nationally and 355,000 children in Massachusetts (29.6% of the state population of children) are covered. Children covered by Medicaid—compared with those who are uninsured—generally go on to enjoy better health, lower rates of mortality, and higher educational and economic outcomes as they become adults.

Massachusetts is seeing the returns on investments made in Medicaid. Our rate of uninsured children is at the lowest on record. Cuts to Medicaid will have a negative impact on children and may increase healthcare costs. Furthermore, any cuts to the Medicaid program will threaten our institution's long-term ability to serve children and their families who may not receive care otherwise. As the population of children with complex needs continues to grow at the rate of 5 percent annually, these funds will be vital to our future and to theirs.

We support the belief that access to affordable care is essential for all individuals. Our families, whose resilience and strength continues to inspire us every day, depend on this principle being upheld. Our children deserve every opportunity to reach their fullest potential and live their best life.

This letter is just a reminder of who gets Medicaid and how Medicaid changes the lives of the children who need it most and of their families. We cannot cut this program without taking away the futures of these children. This is an economic issue, but it is also a moral issue.

I heard from the Behavioral and Health Network, a nonprofit community behavioral health agency in Western Massachusetts, and they shared with me an individual story they wanted to tell me about Tasha.

Tasha went from homelessness to addiction and then to recovery—highlighting the importance of Medicaid funds in supporting individuals who are dealing with substance abuse disorder. The behavioral health network shared a story, and this is how they tell it:

Tasha M. recalls how her addiction started. She never envisioned how and where it would end. As a teenager, she remembers being homeless, her mom surrendering her to foster care twice and living a dysfunctional life, leading to the development of an eating disorder and hospitalization.

It was during that hospital stay where she was also receiving treatment for an injured back, that she was prescribed a bottle of painkillers. That started Tasha on the road to addiction, and ultimately to BHN's, ''My Sister's House''—and her eventual recovery.

Once addicted to pain pills she remembers ''hospital hopping'' to feed the addiction. ''I felt so alone,'' she said. Moving in with an aunt brought the prospect of turning the page and leaving her addiction behind. Instead, Tasha started to work as a bartender, ultimately succumbing to alcohol and hitting bottom. Tasha says, ''I lost everything.''

Moving back to Massachusetts, she ''tried to start anew.'' But instead she found herself back in the clubs and around alcohol and, eventually, in a detox program through BHN's Carlson Center. After that one-week stay, she entered Hope Center, a BHN 30-day recovery addiction treatment program in Springfield. Once released, the grip of addiction surfaced again. ''I remember getting ready to go clubbing with my boyfriend. We were in line to go into a club and I realized I didn't have my ID. I went home and I found my ID lying on top of my AA book. I thought, 'wow, that's a sign'—and I need to get back in the program.''

BHN assisted with entry into My Sister's House, a BHN community-based program for women in recovery, where its residents have daily therapy and support, peer meetings and are connected to community resources.

It is also where Tasha met an intern who inspired her. ''I remember I was one of her first clients. She said I couldn't go back to my old ways . . . she really believed in me.''

Tasha's recovery has come full circle. After successful re-entry into the community, she acquired a job as an administrative assistant at a daycare center, and eventually became a social worker helping mothers of children navigate the complexities of parenting.

Tasha's story doesn't end there. Tasha was offered a position at My Sister's House, where she assists other young women who find themselves on the sometimes bumpy road to recovery. ''For me, it's about giving back . . . I'm grateful to them.''

About the new opportunity to help others at My Sister's House, Tasha said: ''I always said to myself I was going to come back to this House . . . this is my second home.''

Tasha's journey was supported by an organization whose funding is 56 percent State and Federal contracts and 42 percent fees from Medicaid, Medicare and a small percentage of private insurances. Clearly, the impact of affordable insurance and funds from CMS and the State creates needed access and opportunities for changing lives [like Tasha's]. Individuals can embrace help, move beyond despair and hardship, and establish meaningful life experiences, employment and self-sufficiency. Without affordable insurance, Medicaid and Federal and State funds, that could not happen.

Thank you, Tasha, for telling your story. Thank you to the Behavioral Network for sharing your story. Thank you for all of the amazing work that you do every single day.

The Boston Medical Center, the State's largest safety net hospital, also shared their perspective on how changes and cuts to Medicaid would seriously impact the progress they have made in working to provide high-quality, cost-effective care to their patients. Here is what Boston Medical Center said:

At Boston Medical Center (BMC), our mission is to provide Exceptional Care without Exception to all of our patients. As the largest health safety net system in Massachusetts and in New England, BMC and the patients we serve would be severely impacted by major changes to the Affordable Care Act.

Massachusetts health care reform in 2008, and subsequently the Affordable Care Act, supported our efforts to provide high-quality, cost effective care to the many, formerly uninsured, patients who became insured through Medicaid and subsidized products. BMC has worked diligently with the Commonwealth of Massachusetts and the Center for Medicare and Medicaid Services (CMS) to transition the payment and delivery of Medicaid services in a more cost effective manner. With a strong understanding of the need to ensure that the future of Medicaid is sustainable, our collective efforts have begun to produce encouraging results.

Medicaid—and access to affordable, subsidized health care insurance—is an important federal/state partnership that allows the most vulnerable in our population to receive the health care they need. At BMC, we see firsthand how it affects the lives of our patients. In addition to providing funding for important primary care services, it is a lifeline for those with chronic diseases and mental health and substance abuse needs.

BMC has used Medicaid funding to develop and implement a number of very promising programs aimed at improving the quality of care for our low-income population and doing it in a manner that is the most cost effective. We aim to keep our patients out of the hospital while giving them the care necessary to lead fulfilling lives.

Some of these efforts include innovative programs for pregnant women and babies both before and after delivery. Post-partum depression is an all-too-common issue for new mothers. BMC has designed a program that embeds necessary behavioral health services into the OB/GYN visit setting, thereby allowing them to receive the necessary mental health care along with their medical visit.

At the same time, we have several successful programs focusing on newborn infants—ranging from babies born prematurely to those born addicted to drugs. As New England's largest trauma center, we routinely treat large numbers of patients who have been victims of violence. In an effort to help break the trend of violence in the inner city, BMC offers many programs that help those victims break that cycle through counseling, education and support.

Boston, like many cities across the country, has seen an unacceptable level of opioid related deaths. Probably our most critical efforts today include programs that successfully treat opioid and other drug addictions while guiding patients toward prevention of future drug abuse and a life where they can hold a job and maintain their relationships with their families.

Working with the Commonwealth, BMC has also used Medicaid funding to redesign how health care is provided in a manner that ensures the highest quality patient care in the most affordable, patient-centric manner. The groundwork has been laid over the last several years with Medicaid waiver funding. As we prepare for implementation of the Medicaid waiver extension, we have just begun to roll-out our Medicaid Accountable Care Organization, (ACO). The ACO structure requires that we will be accountable for the full cost of each Medicaid patient's health care, while it will allow the flexibility to provide the right care that might not have previously been covered (e.g. purchase of humidifier for an asthmatic child that will help prevent hospitalizations). Patients will benefit through further integration of care across the delivery system continuum,

while reimbursement for the cost of treating those patients will be contained in a defined agreement.

These important Massachusetts efforts of transforming the delivery and payment system for Medicaid will be dealt a serious blow if the underlying Medicaid funding is changed. Additionally, if Medicaid and subsidized healthcare eligibility changes result in our patients losing access to affordable health care, not only will the patient's quality of life suffer, but the lack of funding will not allow [us] to continue to provide those patients with many of these critical services.

BMC is committed to maintaining the provision of exceptional care without exception and it will require the financial partnership with the federal and state government to ensure that our low-income patients have access to that care.

Boston Medical Center absolutely provides ''Exceptional Care without Exception,'' and Medicaid helps them carry out that critical work.

The Boston Center for Independent Living shared with me a story from a constituent named Ty who receives healthcare from One Care, a program in Massachusetts that integrates care for beneficiaries who are dually eligible for both Medicare and Medicaid. So I will tell a little bit about Ty's story.

Ty Muto, a 39-year-old transgender man, was recovering from colon surgery in 2014 when he stopped outside of his work and was assaulted by three men yelling homophobic slurs. He survived the attack with a traumatic brain injury and spinal cord injury and is only alive thanks to several necessary, timely medical interventions. A former mediator and American Friends Service Committee volunteer, Ty is enrolled in One Care with the Commonwealth Care Alliance. They provide medical care, visiting nurse support, physical therapy, and medical rides. His Care Manager helped him apply for Social Security and find housing, which really improved his life! On several occasions his visiting nurse has identified urgent medical conditions and he has been able to take a medical ride to the hospital where he receives care—avoiding lengthy and expensive emergency room visits at local hospitals that aren't equipped to care for his specific condition. Ty says the only reason he's alive today is because of all of the services and care he gets through One Care.

That is the work being done at the Boston Center for Independent Living, and it can only be done because they receive the support of Medicare and Medicaid.

The Boston Center for Independent Living also shared with me a story from another constituent named Olivia.

Olivia Richards is a 33-year-old woman on One Care and, as she emphasizes, a lifelong Bruins fan! Her plan with CCA allows her to be an active member of the community and her care coordinator assists her in managing her seizure disorder, paraplegia, PTSD, and ADHD. Olivia grew up in the foster care system and, after college, rather than move in with an abusive family member, she tried to make it on her own and she ended up homeless. Left without insurance—and trying to keep up with her di-lanthin, ADHD and asthma medications from seven- to fourteen-day sample packs from a free clinic—she went on and off medication and eventually ended up in a psychiatric hospital for a month.

If she had been making that transition in the post-Romneycare age, she would have maintained her health insurance and been able to stay on MassHealth. Olivia raves about her coordinated care manager (CCA) and how she's helped stabilize Olivia's health—recognizing issues before they become emergencies. Prior to One Care, Olivia went to the emergency room every few months with a severe UTI that landed her in the hospital. Her care coordinator recommended she see an infectious disease doctor, who prescribed a preventive antibiotic—something none of the many doctors she'd seen had put together. Olivia hasn't been to the hospital for a UTI since.

This time around, when Olivia needed emergency care, her care coordinator sent community medics to her apartment—providing her with better care and avoiding an expensive emergency room visit and other complications. Before One Care, Olivia was using a third-hand wheelchair with a bent frame and a wheel that she had to weld back together every few months. Medicare and Medicaid kept dodging responsibility for wheelchair repairs. Olivia's care coordinator helped her get a new chair.

That is a real quality-of-life improvement for Olivia.

I want to say a special thank you to both Ty and to Olivia for sharing their stories, for letting us make them public, and a very big thanks to the Boston Center for Independent Living for all that you are doing every single day to help the people of Massachusetts. We are all deeply grateful for your work, and we want to continue to support it here in Congress.

Many of my constituents have written to me, fearful of what changes to Medicare or Medicaid might actually mean to them. Jeffrey, who is from Gardner, wrote to me to share his constant worries about health insurance coverage. This is what he wrote:

Dear Senator Warren,

I hope this message finds you well, and I want to thank you for your continued fight for the rights of everyone in Massachusetts & the nation.

Unfortunately, this election has left me with some constant worry, as I'm sure it has many. I'm a graduate student and have a year and a half left until I complete my masters degree in counseling psychology.

Obviously because of this, I work part-time, and am not offered health insurance through my employer. I have been on MassHealth (Tufts Network Health, to be exact) since 2013 when I decided to make a career change.

I have some issues that require prescriptions and doctors visits monthly. I'm not sure if they can be deemed as preexisting conditions, but these are prescriptions I can certainly not go without, nor could I go without insurance for a year and a half.

Obviously I don't enjoy being on MassHealth, but for right now it's what is necessary. My question may be a difficult one to answer, due to the fact that no one truly knows what will happen after inauguration day. I do know Massachusetts is better protected than other states to keep its citizens insured, and I know that you and Governor Baker have vowed to fight for this right, as well as for many others—which I could not be more thankful for!

If the new establishment has their way and repeals federal funding to Medicaid, will people in Massachusetts such as myself be thrown off their insurance? I know we rely heavily on a waiver that was signed recently, and it's a ''wait and see matter,'' but I suppose my question is, will I be protected since I have documented needs for insurance already in place? Or are my conditions going to be deemed ''not severe enough?''

All I can say, Jeffrey, is we don't know yet, but I can promise you that I am fighting to make sure you remain protected.

Elise from Scituate wrote to me about the importance of Medicare and Medicaid funds in supporting nursing homes, adult day health programs, and other needs of older adults. Here is what Elise had to say:

Dear Senator Warren,

I am writing to you because I am very concerned about the direction of the incoming administration, President-Elect Trump, and his cabinet choices. It was certainly a difficult election period. The policies and direction of these individuals is particularly troubling for those who are older, or who may have mental illness, disabilities, or developmental challenges.

As many are not aware, the federal rules, regulations, and budget do affect the management of services in the states. As a consultant in Massachusetts in both nursing homes and adult day health programs, I see the strong need for cooperative and supportive federal and state funding as well as regulatory processes for ongoing care. Very few of the individuals in these settings are paying privately. Medicare and Medicaid—as well as the VA—are the major funders for these programs.

In Massachusetts, we have 45,000 nursing home beds, or approximately 400 skilled nursing facilities. Home care incorporates adult day health, and we have roughly 14,600 participants in Massachusetts alone. Our population is aging, and access to good services are critical to good care and quality of life.

In addition, there are many programs that continue to need commitment and funding to manage necessary services to individuals. These include: housing (Section 8), elder and those with disabilities home care, services to the blind, and community mental health care—to name a few.

Changes in these benefits would jeopardize the delicate balance of home and community care, rehabilitation, and perhaps ultimately end up costing more for care. For example, if we don't have resources to assist people to return to the community, institutional care may be the only answer—and a costly one.

The notion of having poor individuals pay for their Medicaid benefits, and/or privatizing this to an insurance base is ill-founded and often becomes costly to manage, as well as lowers benefits. Aside from providing services to our citizens, the reduction in these programs will drag the overall economy down.

The healthcare industry (private enterprise) is dependent upon a multitude of programs to generate profit. For example, if Mr. X needs a wheel chair and Medicare does not pay for one, Mr. X will not pay for a new wheel chair. He will either borrow one, or purchase one used, or perhaps ''do without.'' This scenario, regardless of the product, will duplicate itself throughout health care and service provision. Companies that have dependency upon Medicare funds may have to close or cut back. Service providers, such as Visiting Nurses, will be facing similar results.

I have been in the older adult/health care/medical field since 1969. I have seen changes over time to services from government provisions to privatization. Privatization is the one of the poor outcomes when government monies are used to pay for services rendered. I remain a very strong advocate for individuals and their families as they try to meet

the challenges of obtaining just and fair services.

Thank you, Elise. I appreciate your writing. Medicare and Medicaid provide critical funds to support nursing homes and senior citizens in Massachusetts. I agree that we must fight to protect these programs.

I have many constituents writing in. My constituents are shouting as loudly as they can about the need to protect Medicare and Medicaid. We need a CMS Administrator who will stand up for Tasha and for other individuals who are struggling with addiction, who will stand up for those who are relying on Medicare to help with Parkinson's, who will stand up for our hospitals and healthcare providers to ensure that they have the resources they need to adequately serve their patients. I am listening. I am fighting.

Republicans are trying to cut backroom deals to end these protections. I promise you, I will do everything in my power to prevent them from destroying your healthcare. That is why I am here.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 8:34 p.m., adjourned until Thursday, March 9, 2017, at 10 a.m.