

is not up to this task. As such, I will oppose the nomination and encourage my colleagues to do the same.

I yield the floor.

Mr. President, I request the ability to yield the remainder of my postcloture time to Senator WYDEN.

The PRESIDING OFFICER. The Senator has that right.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

TRUMPCARE

Mr. WYDEN. Mr. President, here we are, with our colleagues on their way home, and I thought it would be helpful to take a minute and give an assessment of where the TrumpCare debate is at this point because we have seen the two major committees in the House act. Some \$300 billion was slashed from safety net health programs, while insurance company executives making over \$500,000 annually were given a juicy tax break as a bonus.

To put this into perspective, this tax break that the insurance companies' CEOs seem to have after two committees in the other body have acted on TrumpCare—the amount of the bonuses for the insurance company executives would be enough to cover the TrumpCare-created shortfall in Oregon's community-based services for the elderly and the disabled two or three times over.

What we are talking about is how hundreds of billions of dollars in tax breaks are going to the fortunate few and special interests, while some of the money is coming from stealing a chunk of those dollars from the Medicare trust fund. And this is very much intertwined with the nominee's work because she would be overseeing Medicare payments to rural hospitals in places like Louisiana and Oregon.

What I am going to turn to now is what TrumpCare, based on these two committees, means for rural areas. And, of course, it repeals the Medicaid expansion. It caps the Medicaid Program. In my own view, and I know the Senator from Louisiana knows a lot about healthcare, in rural communities—and most of our towns are under 10,000 in population. I am from southeast Portland. I love southeast Portland. The only regret is I didn't get to play for the Portland Trail Blazers. Most of the communities in our State are under 10,000 in population. As the Senator from Louisiana knows, we are talking about critical access facilities. We are talking about sole community hospitals. We are talking about the facilities that deal with acute care.

During the last major break over the President's holiday, I started what is going to be a yearlong effort for me,

and I called it the rural healthcare listening tour. It is eye-popping to have those rural healthcare providers who in my State have worked so hard to find ways to get beyond turf and battles, to work together—the hospitals, the doctors, the community health centers, and the like. They have built an extraordinary effort that helps to wring more value out of scarce dollars. Their programs are based on quality, not on volume.

By the way, they are a huge source of economic growth and jobs for our rural communities. I spent the President's Day recess, and the next major recess as well getting out and listening to them. The verdict from Oregon's healthcare providers, who have worked very hard at being innovative, trying to make better use of what are called nontraditional services, said these kinds of cuts are not an option if you want to meet the needs of so many who have signed up as a result of the Medicaid expansion.

TrumpCare ends the Medicaid expansion, rolling back Federal matching funds in 2020. The rural hospitals in my State are frequently the only healthcare provider available for hundreds of miles. The Medicaid expansion helped these hospitals keep their doors open.

I don't think it is hard to calculate why the hospitals are speaking out against the flood approach of TrumpCare. They have a lot of facilities in rural areas that are already on tight margins. If these communities lose the ability to cover needy people, some of the essential hospitals—and I just described three types of them—are going to have to close, and the reality is going to be that patients aren't going to have any doctor anywhere nearby.

Understand, if the majority insists on ramrodding TrumpCare through—and at this point we have, I believe—staff just told me that there aren't any budget estimates. As of now, the Congressional Budget Office is tasked with providing accurate assessments of the budget implications. There are not any budget implications.

So here is the latest. It comes from media that I think is not considered by many Trump supporters to be a purveyor of fake news. This comes from FOX News. They said: Unknown in the new healthcare plan, unknown in TrumpCare—the cost. How many lose or gain insurance?

I am very pleased that my colleague from New Hampshire has come to join me because some of this, I would say to my friend from New Hampshire, leaves you incredulous because this comes from FOX News. FOX News is hardly a source for what many Trump supporters would consider fake news. FOX News is asking the question because they are saying it is unknown. It is unknown in the new healthcare plan, Senator SHAHEEN, according to FOX News. The cost is unknown, and how many lose or gain insurance is unknown.

I would say to my colleagues, because my friend from Louisiana has joined the Finance Committee, and I remember welcoming him and Senator MCCASKILL, our new members. My colleague from Louisiana is a physician and is very knowledgeable about these issues. I don't know how you have a real healthcare debate in America—and I have been working on this since I was director of the Gray Panthers at home back in the days when I had a full head of hair and rugged good looks. When we would start a debate, nobody would consider starting it without having an idea of costs or how many lose or gain insurance. How much more basic, I say to Senator SHAHEEN, does it get than that? Are these "gotcha" questions? Are these alternative facts? Are these people who are hostile to conservatives? I think not. FOX News—unknown in the new healthcare plan.

I have been outlining what this means in terms of the transfer of wealth from working families in New Hampshire and Oregon to the most fortunate in our country—people who make \$250,000 or more. They are actually going to be the only people in America who get their Medicare tax cut. So you have this enormous transfer of wealth, what I call the reverse Robin Hood: taking from the working people and giving to the fortunate few.

After two committees have now acted in the other body—two committees have acted—FOX News says the big questions are outstanding. The Senator from New Hampshire knows a lot about rural healthcare. I was just outlining to my colleagues what this means for critical access hospitals, sole community hospitals, acute care facilities. These are the centerpieces of many rural communities, the essence of rural life. You can't have rural life without rural healthcare.

Here we are on Thursday afternoon—with many of our colleagues out there tackling jet exhaust fumes heading home—and the big questions, according to FOX News, are outstanding.

I am very pleased the Senator is here. As usual, she is very prompt and appreciated.

I look forward to her remarks.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, before my colleague from Oregon leaves, I want to ask him a question.

I am reminded, in 2009 and 2010, as we were working on the Affordable Care Act, that the HELP Committee held 14 bipartisan roundtables, 13 bipartisan hearings, 20 bipartisan walkthroughs on healthcare reform. The HELP Committee then considered nearly 300 amendments and accepted more than 160 Republican amendments, and the Finance Committee—where my colleague is the ranking member—held 17 roundtables, summits, and hearings on the topic. The Finance Committee also held 13 member meetings and walkthroughs, 38 meetings and negotiations, for a total of 53 meetings on

healthcare reform. During its process, the Finance Committee adopted 11 Republican amendments.

Don't you find it particularly ironic that we are seeing this TrumpCare legislation being pushed through on the House side—and what we are hearing, the rumors about what is going to happen in the Senate is it is not going to have any hearings and it is going to be brought to the floor and we are expected to vote on it without having a chance for the public to know what is in it.

Mr. WYDEN. My colleague is making a very important point. I think we all know the Senate budget process is a lot of complicated lingo. People in the coffee shops in New Hampshire and Oregon don't follow all the fine points of reconciliation.

As the Senator has just said, what they are using is a process that is known as reconciliation. That is the most partisan process you can come up with. There is no more partisan kind of process, and we were talking about the tally. As of this afternoon, two committees in the House have acted.

The Senator from New Hampshire just mentioned, I think, there were 11 Republican amendments in just one of the committees.

Mrs. SHAHEEN. Right.

Mr. WYDEN. As of this afternoon at 4, after hours and hours of debate, I am of the impression that not a single significant Democratic amendment has been adopted—so the Senator's point of highlighting the difference in the process, where we had all of the hearings and all of the opportunities that you have to have to get a good, bipartisan bill.

As my colleague knows, I don't take a backseat to anybody in terms of bipartisan approaches in healthcare. I have worked with Republicans—Chairman HATCH, chronic care. Senator BENNET and I worked on a bill with eight Democrats and eight Republicans. I appreciate your making this point.

As of this afternoon, as far as I can tell, no Democratic amendment has been adopted. You highlighted 11 Republican amendments getting adopted in just one committee. As we indicated, FOX News—not exactly hostile to some of the ideas being advanced by the majority—has certainly called them out on this.

Mrs. SHAHEEN. I appreciate the eloquent comments from the Senator from Oregon and all of his efforts to make sure we don't take away healthcare for so many people who desperately need it.

That is why I came to the floor today, because I spent the week we were back home—not last week but the week before—talking to constituents in New Hampshire and listening to what their concerns were.

What I heard was that people were deeply, deeply concerned and very upset by the efforts here to repeal the Affordable Care Act, when they didn't know what the replacement meant for

them. In dozens of conversations and roundtable discussions at a townhall forum, Granite Staters shared stories of how the Affordable Care Act has been a lifeline for them. I heard from people who say their lives have been saved by the law.

In fact, we can see what is at risk in the State of New Hampshire, where we have almost 600,000 Granite Staters who have preexisting conditions. We have 118,000 people who could lose coverage. We have 50,000 Granite Staters with marketplace plans who are in the exchange, 42,000 who are enrolled in Medicaid, and 31,000 who have tax credits that lower the cost of healthcare for them. If that is taken away, so many of those people have no option for getting healthcare.

What we know now, after we have finally seen the plan Republican leaders are talking about, we know those fears were well founded that they were worried they were going to lose their healthcare. What we have seen is legislation to repeal the Affordable Care Act that would have catastrophic consequences not only for people in New Hampshire but for people across this country.

It is especially distressing that TrumpCare—as it has been introduced by the Republicans—would roll back expansion of the Medicaid Program, which has, in New Hampshire and across this country, been an indispensable tool in our efforts to combat the opioid epidemic. In addition, we are seeing, as the Senator from Oregon pointed out, that TrumpCare would terminate healthcare subsidies for the middle class and for other working Americans, and it would replace those subsidies with totally inadequate tax credits—as low as \$2,000, which doesn't begin to pay for healthcare coverage for an individual, much less a family. This means as many as 20 million Americans could lose their healthcare coverage.

Even as the bill makes devastating cuts to the middle class, it gives the wealthiest Americans a new tax break worth several hundred thousand dollars per taxpayer. I think this proposed legislation is totally out of touch with the lives of millions of working Americans, people whose health and financial situation would be turned upside down by the bill.

Last week, in his response to President Trump's address to Congress, former Gov. Steve Beshear of Kentucky said something that really resonated with me. He reminded us that people who have access to healthcare thanks to ObamaCare are “not aliens from some other planet.” As he described, “They are our friends and neighbors. . . . We sit on the bleachers with them on Friday night. We worship in the pews with them on Sunday morning. They're farmers, restaurant workers, part-time teachers, nurses' aides, construction workers, entrepreneurs,” and often minimum wage workers. “And before the Affordable Care Act, they

woke up every morning and went to work, just hoping and praying they wouldn't get sick, because they knew they were just one bad diagnosis away from bankruptcy.”

To understand why people in New Hampshire are so upset and fearful about efforts to repeal the Affordable Care Act, we have to look again at this chart because some 120,000 Granite Staters could lose their health insurance. That is nearly 1 in every 10 people in the State of New Hampshire.

In particular, repeal of the Affordable Care Act would very literally have life-or-death consequences for thousands of people who are fighting opioid addiction, who have been able to access life-saving treatment thanks to the expansion of Medicaid and the Affordable Care Act.

Sadly, one of the statistics we are not happy about in New Hampshire is that we have the second highest rate of per capita drug overdose deaths in the country. We trail only West Virginia. The chief medical examiner in New Hampshire projects that there were 470 drug-related deaths in 2016, including a sharp increase in overdose deaths among those who were 19 years old or younger. For a small State like New Hampshire, this is a tragedy of staggering proportions, affecting not just those who overdose but their families and entire communities.

I am happy to say, in the last couple of years, we made real progress in combating this epidemic because we had the Affordable Care Act and its expansion of Medicaid, which has given thousands of Granite Staters access to life-saving treatment. Over the past year, I had a chance to visit treatment centers all across New Hampshire. I met with individuals who are struggling with substance use disorders and providers who are trying to make sure they get the treatment they need.

Last month, at a center in the Monadnock region of New Hampshire, I had an amazing private meeting with more than 30 people in recovery from substance use disorders. They are putting their lives back together, hoping to reclaim their jobs, to get back with their families, and they are able to do that largely because of treatment that is made possible by the Affordable Care Act.

One patient shared her story with me. As with so many others in treatment, her story is one of making mistakes, of falling into dependency, of struggling with all her might to escape her addiction. She is in recovery for the second time, and she said that this time for her is a life-or-death situation. She has no family support. She worries that she will be homeless when she leaves the treatment program, but she is grateful for the Affordable Care Act because it has given her one more shot at getting sober and the chance for a positive future.

At a forum in Manchester—New Hampshire's largest city—a courageous woman named Ashley Hurteau said

that access to healthcare as an enrollee in Medicaid expansion was critical to her addiction recovery. She had been arrested following the overdose death of her husband. Ashley said an understanding police officer and a drug court were key to her recovery. She added this:

I am living proof that, by giving individuals suffering with substance use disorder access to health insurance, we, as a society, are giving people like me the chance to be who we really are again.

Without that access to treatment, where would Ashley be?

Several weeks ago I received a letter from Nansie Feeny, who lives in Concord, the capital of New Hampshire. She told me the Affordable Care Act had saved her son's life. This is what she wrote:

[My son] Benjamin went to Keene State College with the same hopes and dreams many have when building their American dream. While there he tried heroin. Addiction overcame him but did not stop him from graduating. After graduation he suffered a long road of near death existence. After a couple of episodes where he had to be revived (fentanyl) he chose recovery. And it was due to ObamaCare that we were able to get him insured so he could get the proper help he needed and [into] a suboxone program that assisted him with staying "clean."

In April—

She wrote, and you could read between the lines how relieved she was—

it will be a year for Ben in his recovery. Without ObamaCare, this would not have been possible. . . . I can't find the words to define my gratitude to President Obama. I believe my son would not be alive today if it were not for this plan that provided the means he needed to get the help he needed at the time he needed it. Ben still has a long road ahead of him but I will see to it that he never walks it alone.

I also want to share a powerfully moving letter from Melissa Davis, an attorney in Plymouth, NH. Ms. Davis writes:

I am a lawyer who frequently works on behalf of clients who are suffering from substance use disorder, mental health conditions, or a combination of both. I have been working with these clients for over 10 years and I can tell you that access to health insurance has always been the biggest obstacle in obtaining quality and consistent treatment. Since passage of the Affordable Care Act and the expansion of Medicaid, my clients are actually able to access real treatment in ways they never were before. Before the ACA, there were far too many times where my clients were unable to afford private substance use disorder treatment, wait lists at community mental health agencies were extremely long, and AA and NA were not enough. Without treatment, these clients often ended up in jail or worse, dead. I still have clients who face obstacles to obtaining quality treatment, but the ability to get insurance removes a huge obstacle.

Ms. Davis concludes with this warning:

I am sincerely afraid for what will happen to my clients and my community if access to quality substance use disorder and mental health treatment is taken away from those people who need it most because they are unable to get insurance. Please do everything you can to save the ACA.

In dozens of visits to New Hampshire during the campaign, President Trump pledged aggressive action to combat the opioid crisis. In his address to Congress last week, he once again promised action to expand treatment and end the opioid crisis. But despite these bold words and big promises, the President's actions have sent a totally different signal. His actions threaten an abrupt retreat in the fight against the opioid epidemic.

By embracing the House Republican leadership's plan to repeal the Affordable Care Act, President Trump has broken his promise to the people of New Hampshire. This misguided bill would roll back the expansion of Medicaid, and it could terminate treatment for hundreds of thousands of people in New Hampshire and across America who are recovering from substance use disorders.

Meanwhile, the President's nominee to serve as Administrator of the Centers for Medicare and Medicaid Services, Seema Verma, has been an outspoken advocate of deep cuts to Federal funding for Medicaid. As we have seen with so many of the Trump administration nominees, Ms. Verma has an underlying hostility to the core mission of the agency that she has been asked to lead.

Seema Verma is currently a health policy consultant who has called for less Federal oversight of the Medicaid Program and advocated for policies expressly designed to discourage patients from seeking care—for instance, by imposing cost-sharing burdens on Medicaid recipients. In addition, she is a staunch advocate of block-granting Medicaid and turning it into a per capita cap system. Over time, this would lead to profound cuts to Medicaid, forcing States to raise eligibility requirements and terminate coverage for millions of recipients.

Let's be clear as to who these recipients are. In 2015, the 97 million Americans covered by Medicaid included 33 million children, 6 million seniors, and 10 million people with disabilities. Seniors, including nursing home costs, account for nearly half of all Medicaid expenditures.

These are some of the most vulnerable people in our society, and they will be the targets of Ms. Verma's determined efforts to cut funding for Medicaid and terminate coverage for millions of current recipients.

I also have deep concerns about this nominee's commitment to protecting women's healthcare. During her confirmation hearing in the Finance Committee, Ms. Verma was asked if women should get access to prenatal care and maternity coverage as afforded under the Affordable Care Act or whether insurance companies should get to choose whether to cover this for women.

Ms. Verma tried to clarify when she met with me that she hadn't really meant what she said. But what she said was that maternity coverage should be

optional, that women should pay extra for it if they want it. Of course, the problem with this position is that it takes us backward to the days before the ACA, when only 12 percent of policies on the individual insurance market offered maternity coverage.

In the State of New Hampshire, before the Affordable Care Act, you could not buy an individual policy that covered maternity benefits. They were not written. Insurers who offered coverage charged exorbitant rates with high deductibles, plus benefit caps of only a few thousand dollars. This is a major reason why, before the Affordable Care Act, women were systematically charged more for health insurance than men. In the eyes of insurance companies, being a woman was seen as a pre-existing condition, and they charged us more accordingly.

Well, the American people don't want drastic cuts to Medicaid, cuts that will threaten coverage for children, for seniors, for people with disabilities, and for those receiving treatment for substance use disorders. That is why I intend to vote against the confirmation of Seema Verma to head CMS.

In recent years, we have made impressive gains, securing health coverage for millions of Americans and significantly improving the health of the American people. I can't support a nominee who wants to reverse these gains.

In recent weeks, all of our offices have been flooded with calls, with emails, with letters opposing the Trump administration's plans to repeal ObamaCare and undermine both the Medicare and Medicaid Programs. We need to listen to these voices. We need to keep the Affordable Care Act and the expansion of Medicaid.

There are things we can do to make it better, and we should work together to do that. But we have heard from people loud and clear across this country. It is time now to respect their wishes, to come together to fix this landmark law, and to ensure that it works even better for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before my colleague from New Hampshire leaves, does she have a quick minute for a question?

Mrs. SHAHEEN. Absolutely.

TRUMP CARE

Mr. WYDEN. I thank her for her presentation. It was factual and very specific, and I think it really highlighted so many of the concerns that we have at this point.

I want to see if I could get this straight on the opioid issue. Here you all are in New Hampshire, right in the center of the Presidential campaign. All of the candidates are coming through, and they are practically trying to outdo each other in terms of their pledges to deal with this wrecking ball that is the opioid addiction that has swept through New Hampshire