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 preexisting 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.

TRUMPCARE

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

and, of course, my own home State as well.

I remember then-Candidate Trump being particularly strong and assertive about how he was going to fight opioids.

I think what my colleague said—and I am curious, so I am going to ask a couple of questions because I don't think folks even in my home State are aware of some of these things. So I am going to ask my colleague about it.

Are folks in New Hampshire aware at this point—my colleague put up that Trump chart, showing how the people didn't know what was being cut and how much it was going to cost and all the rest. Are people in New Hampshire at this point aware of the fact that this is essentially after a campaign in their home State, which certainly put out a lot of TV commercials and campaign rhetoric in the fight on opioids?

I think my colleague said that when people unpack this, they are going to see that this is a major broken promise, that TrumpCare is a major broken promise on opioids because, in terms of the time sequence, they all had debates and commercials, then we finally got some money in order to have treatment.

And I think what my colleague said is that now, as a result of TrumpCare and the cap on Medicaid, there will not be the funds to get the treatment to people who are so needy. Is that what this is going to be about in New Hampshire?

Mrs. SHAHEEN. That is absolutely correct.

I remember meeting one young man early in the fall, in the middle of the campaign early last year. He came up to me in Manchester and said: I am so worried about what is going to happen in this election because I am in recovery; I am an addict. He said: I am worried that whoever gets elected is not going to continue to make sure that I can get the treatment I need. He said: I am worried about Mr. Trump.

As my colleague pointed out, Donald Trump, when he was campaigning in New Hampshire, made a lot of promises about how he was going to address the heroin and opioid epidemic, how he was going to make sure that people could get treatment, treatment at a cost they could afford.

Well, thanks to the Affordable Care Act and the expansion of Medicaid and the great work by our Republican legislature and our Democratic Governor—then-Governor HASSAN, who is now in the Senate—we passed a plan to make sure that people who had substance use disorders could get treatment.

Last year we had 48,000 applications submitted under the expansion of Medicaid for treatment of substance use disorders. If we pulled the plug on that Medicaid expansion so that people couldn't get that treatment, they wouldn't have anywhere to go.

That is what I heard when I was at Phoenix House in Dublin, in the western part of New Hampshire, a couple of weeks ago. I was sitting around with about 30 people in recovery, people who are hopeful for the first time in a long time because they are in treatment and they can see they can put their lives back together.

I said to them: What happens if we no longer have the Medicaid Program?

They said: We don't have any other options. We don't have treatment.

What we heard from President Trump is that he was going to introduce a healthcare plan that was going to cover more people for less money and better quality. Well, that is not what we are seeing.

The TrumpCare that was introduced in the House this week that they marked up and that is going to be coming to the Senate doesn't do that. It reduces coverage under the Medicaid Program. It would throw thousands of people off of their treatment for substance use disorders, and there is nowhere else for them to go.

This is not an acceptable plan. This does not do what the President promised he was going to do. It is not what he promised in New Hampshire, it is not what he promised in the campaign, and it is not what he has promised since he became President.

Mr. WYDEN. I think my colleague's point is well taken.

As we have been saying, this is very much intertwined with the Seema Verma nomination because what we learned in the committee is, in Indiana, where she touts her pioneering work, if somebody had an inability to pay for a short period of time, they would be locked out of the program. So in terms of Medicaid, this is going to cause a real hardship.

I had already outlined that it is going to cause a hardship in another program that is important to New Hampshire, and that is Medicare, because we are implementing what is called the MACRA, the new reimbursement system for doctors. We asked her questions about rural care, and she didn't know the answer either.

I particularly wanted my colleague to walk us through this situation with respect to how New Hampshire residents are going to see TrumpCare as it relates to opioid addiction after they have all these grandiose promises and the many debates and commercials.

I thought I would ask if my colleague has time for one other question.

In New Hampshire, as in Oregon, we have a lot of seniors. It looks to me as if somebody who is, say, 58 years old or 62 years old is just going to get hammered by what we call the age tax because in these bills, which are now moving like a freight train with the House already moving in two committees, Republicans want to give insurance companies a green light to charge older people five times as much as they charge younger people. So I cited a number of my small, rural counties—Grant County, Union County, Lake County—and how a 60-year-old who makes $30,000 a year can see their insurance costs, because of the age tax, go up something like $8,000 a year.

I don't have the numbers as of now—Finance staff is still working on that for every single State—but obviously that tax sure looks like it is going to hit somebody in New Hampshire, an older person, people before they are eligible for Medicare, and particularly in that 55-to-65 bracket. It looks like it is going to hit them very hard. How is that going to be received, because in my time in New Hampshire, we talked about it, and a lot of those people really are walking on economic tightropes. They are balancing their food bill against their fuel bill and their fuel bill against their rent bill. I know my colleague spends a lot of time trying to advocate for them, help them through small business approaches. How are they going to be able to absorb what is clearly going to be thousands of dollars in new out-of-pocket health costs?

Mrs. SHAHEEN. I think that is a huge problem. New Hampshire has a population that is one of the fastest aging in the country. As Senator WYDEN points out, not only does the TrumpCare legislation change how people on Medicare are charged for their health insurance, but it also would change the other aspects of the Affordable Care Act that have been beneficial, such as preventive care under Medicare.

It would also change the effort to close the doughnut hole—the cost of the prescription drugs that seniors buy. That has been a huge benefit to people in New Hampshire over the last few years because they are beginning to see their costs for prescription drugs affected positively. So it will have a huge impact on seniors in New Hampshire.

The other issue that will have an impact not only on seniors but on everybody is what will happen to our rural hospitals. In New Hampshire, because we have a lot of rural areas in the State, we have a lot of small towns. Most of our hospitals are small and rural. They have benefitted significantly under the Affordable Care Act because they have been able to get paid for people who come to the emergency room for treatment. We have gotten a lot of people out of emergency rooms and into primary care. Most hospitals have seen about a 40-percent decline in people using emergency rooms for their healthcare. That has been a huge, important benefit to our rural hospitals that are operating on very thin margins that we need to keep open, not just because of the healthcare they provide but because of the jobs they provide. In most of our small communities, those hospitals are among the biggest employers.

There are huge impacts if we repeal the Affordable Care Act and we put in place this TrumpCare policy that doesn't cover as many people. It is going to cost more, it is going to reduce the help people are getting

through their healthcare coverage, and it is going to have a detrimental impact on people in the State of New Hampshire and across this country.

Mr. WYDEN. I thank my colleague.

We have heard Republicans say repeatedly that anything they are going to do with Medicare is not going to hurt today's enrollees or people nearing retirement. The fact is, TrumpCare hurts both. It is going to shorten the life expectancy of the Medicare trust fund, and those older people—I will be curious, when my colleague returns—I will be very interested to hear what seniors in New Hampshire who are 56 to 68 and are walking on that economic tightrope are going to say.

I thank my colleague from New Hampshire for the excellent presentation.

Mrs. SHAHEEN. I thank the Senator, and thank the Senator for his fight to help as we try to prevent people across this country from losing their healthcare.

Mr. WYDEN. I thank my colleague, and we are going to prosecute this cause together.

I see that the chairman of the Finance Committee has arrived. He graciously said I could take another 5 minutes or so of our time.

Before we wrap up this part of our presentation, I want to point out that we have outlined how people who are dealing with the consequences of opioid addiction would be hurt by TrumpCare. We have outlined how seniors who are not yet eligible for Medicare are going to be hurt and how seniors who are now on Medicare are going to certainly be hurt by reducing access to nursing home benefits. Now I would like to wrap up by going to the other end of the age spectrum and talk for a moment about children.

Nearly half of Medicaid recipients are kids, and the program of the Republicans—now that we have two committees in effect out of chute with their proposals—restructures the program in the most arbitrary way, using these caps, shifting costs to States. And the reality is that Medicaid is a major source of help for children. There is early and periodic screening, diagnosis, and treatment benefits. But with reduced funding, the States are going to be forced to make difficult decisions about which benefits they can keep providing. States are going to be forced to reduce payments to providers, particularly for kids, providers such as pediatric specialists, and limit access to lifesaving specialty care.

My own sense is that this is shortsighted at best, and it is like throwing the evidence about children and their health needs in the trash can. Children receiving Medicaid benefits are more likely to perform better in school, miss fewer days of school, and pursue higher education.

Before I yield the floor to my good friend and colleague Chairman HATCH, I want to come back to what disturbs me the most about all of this. All of these dramatic changes to Medicare and Medicaid that strip seniors and some of our most vulnerable citizens are being made at the cost of hundreds of billions of dollars to these programs while, in effect, there is an enormous transfer of wealth given to the most fortunate in America in the two bills that were passed by the other body today in the committee. In effect, for example, people who make over $250,000 will not have to make the additional payments under the Medicare tax. If ever there were a group of people in America who doesn't need additional tax relief, it is those people.

As we wrap up this portion of the presentation, I want people to just think about looking at their paycheck. Every time you get a paycheck in America, there is a line for Medicare tax. Everybody pays it. It is particularly important right now because 10,000 people will be turning 65 every day for years and years to come.

What the tax provisions of this legislation mean—and they are part of hundreds of billions of dollars of tax cuts—for insurance executives making over $500,000 annually, there are yet additional juicy writeoffs, while seniors and those of modest means are going to bear the brunt of those reductions. Nothing illustrates it more than cutting the Medicare tax, colleagues.

I don't know how anyone can go home in any part of the country and say: You know, we are going to have to charge older people between 50 and 65 a lot more for their coverage, and by the way, insurance company executives making $500,000 a year are going to get more tax relief. I don't think it passes the smell test in America. It is reverse Robin Hood. There is no other way to describe it. It is transferring wealth from working families and those who are the most vulnerable. When working Americans see their paycheck and see the Medicare tax, I hope they remember that in this bill, the Medicare tax is reduced for only one group of people—people making more than $250,000 a year.

I want tax reform. The chairman of the Finance Committee knows that. I have introduced proposals to do that. But I don't know how we get tax reform when they are giving the relief to the people at the top of the economic ladder and it is coming out of the pockets of working people and working families. Everybody is going to be able to see it right on their paycheck, right there with the Medicare tax.

I think we will continue this debate, but on issue after issue, with the nominee on the floor, Ms. Verma, what she will do if confirmed is directly related to TrumpCare. For example, we told her in the committee that we wanted her to give one example—just one—of an idea to hold down pharmaceutical prices, which is something else that is important to older people.

TrumpCare, by the way, could have included proposals to try to help hold down the cost of medicine. Guess what, folks. On pharmaceutical prices, there is no there, there either. It doesn't do anything to help people.

This vote we will have on Tuesday is the first step in the discussion of how this particular nominee would handle the implementation of TrumpCare. Her job oversees Medicare payments to hospitals. It is really intertwined, this nomination and TrumpCare, and we couldn't get any responses to how she meets the needs of working families, as I just mentioned, with respect to pharmaceuticals, and we are pretty much in the dark with respect to how she would carry out her duties. As of now, we don't see how she is going to do much to try to eliminate some of the extraordinary harm that is going to be inflicted on the vulnerable and seniors on Medicare and Medicaid as a result of TrumpCare.

I reserve the remainder of my time, and I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

REPUBLICAN HEALTHCARE BILL

Mr. HATCH. Mr. President, I rise today to speak once again on the so-called Affordable Care Act and the ongoing effort to repeal and replace. We all know the House of Representatives has produced a repeal and replace package, and both the Ways and Means and Energy and Commerce Committees have been marking it up. We don't know what it is right now. In other words, the endeavor to right the wrongs of ObamaCare is moving steadily forward on the other side of the Capitol, and soon it will be the Senate's turn to act. I commend my colleagues for introducing this legislation and moving it forward. This is an important step, and I don't think I am alone when I say that I am watching the progress in the House very carefully to see how things proceed and what the final House product will look like.

Of course, virtually all Republicans in Congress want to repeal and replace ObamaCare. We are in unison there. While there are some differences of opinion on how best to do that, there is generally unanimity on that point. I am confident that whatever differences exist among House Members will be worked out through the House's legislative process.

In addition, whatever passes in the House will be subject to the input and review of the Senate and to the rules of the budget reconciliation process. I want to note that I have heard from a number of Senators who have items they would like to see included when the bill comes before the Senate. I actually have several ideas of my own. However, there are limits as to what we can do under the budget reconciliation rule. Many of the proposed policy changes I have heard, although they have merit, would be banned by the rules and subject to the 60-vote threshold. That said, I am committed to working with my colleagues on both sides of the floor to ensure that the