

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

Senate process on this bill is productive and that it yields a result we can support.

Long story short: This process is far from over. We have a lot more work to do. It is worth pointing out that the vast majority of the policies at play in this discussion and virtually all of the spending fall under the exclusive jurisdiction of the Senate Finance Committee, which I chair. Make no mistake. The Finance Committee is already hard at work and has been for some time. In many respects, I suppose you could say we have been working on this effort since the day ObamaCare was signed into law. However, for obvious reasons, our work has intensified over the past several months.

In working through this process, I have been in constant contact with Chairmen BRADY and WALDEN, who head up the relevant committees in the House. I have also been working closely with the Speaker's office, and I have been gathering input from Governors around the country. In addition, I have been working closely with the distinguished chairman of the Senate Budget Committee, Senator ENZI, who has the chief responsibility of navigating the budget process and shepherding a final repeal-and-replace bill through all the necessary rules and restrictions.

In all of those conversations, we have been talking about the process, and we have been talking about the timing. Most importantly, we have been talking about the substance of the healthcare reforms and how we can best serve the interests of the American people.

Throughout this effort, we have been reminded that Republicans currently control the White House and both Chambers in Congress due, in large part, to our stated commitment to repeal and replace ObamaCare, and we intend to deliver on that promise.

I would like to take a few minutes to talk about some of the policies we will need to tackle as we take up the House healthcare bill in the coming weeks.

Once again, the vast majority of the policies and virtually all of the spending involved in this effort fall under the Finance Committee's exclusive jurisdiction, and I intend to make sure all of my colleagues are well informed on the issues and that in the end whatever version of the bill we pass in the Senate reflects the collective will of a majority of Senators.

All told, there are five major policy areas that are addressed in the House bill that fall under the Finance Committee's purview.

First, there are the provisions to repeal the ObamaCare taxes. This is big. If one recalls, I came to the floor a few weeks ago and pointed out how misguided it would be, in my view, to start picking and sorting through the ObamaCare taxes to decide which to keep and which to leave in place. The House bill repeals them, along with the individual and employer mandates, both of which reside in the Tax Code. I

have been working with Chairman BRADY on this issue. In the end, I believe the Senate version of the bill should do the same, and I am going to continue to push to ensure it does.

Second, there is the issue of premium tax credits. Chairman BRADY and I have been working extensively on this issue as well. The House bill replaces the ObamaCare premium subsidies with a refundable tax credit for the purpose of State-approved health insurance, limited to those who do not qualify for other governmental healthcare programs and who have not been offered insurance benefits from their employers. Most major ObamaCare replacement proposals that we have seen contain some version of health insurance tax credits. The House approach represents a significant improvement over the ObamaCare premium subsidies. The Senate, when it takes up the bill, will have to consider how best to implement the tax credits. I will continue to work with my House and Senate colleagues to ensure that the tax credits are designed to help those lower and middle-income Americans who are the most in need.

Third, there are the issues surrounding Medicaid. Chairman WALDEN and his predecessor, Chairman UPTON, and I have been working extensively on this matter. As we know, the vast majority of the newly insured people who the proponents of ObamaCare have cited as proof that the system is working have been covered by the expanded Medicaid Program.

The problem, of course, is that the Affordable Care Act did not do anything to improve Medicaid, which was already absurdly expensive for States, and ultimately unsustainable, not to mention the fact that it provides substandard healthcare coverage.

The House bill draws down the ObamaCare Medicaid expansion and makes a number of significant changes to the underlying program. Most notably, it establishes per capita caps on Federal Medicaid spending, which are intended to give States more flexibility and predictability while also controlling Federal outlays related to the program.

We have received substantial input on this matter from Governors around the country, and virtually all of them agree changes need to be made. Given these concerns and the sheer vastness of the Medicaid Program under ObamaCare, the Senate will have to tackle this issue when it takes up the budget reconciliation legislation in the next few weeks.

I am confident that in working with my colleagues in the House and Senate and with the Governors, we can find the right solution.

Fourth, there is the issue of savings accounts for healthcare costs. I have long been an advocate for the expanded use of HSAs and FSAs. Needless to say, I was particularly opposed to the ObamaCare provisions that limited the use of these savings accounts and es-

sentially marginalized their usefulness for consumers and patients.

The House bill removes a number of restrictions on these accounts that have been imposed by ObamaCare, and it goes further to remove longstanding restrictions on HSAs in order to expand their use and give patients and consumers more options to pay for health expenses.

I am very supportive of this approach. In fact, the language from the House bill mirrors the legislation I introduced this year—the Health Savings Act of 2017.

Fifth, there are some important transition issues that need to be addressed.

To get at these issues, the House bill creates a Patient and State Stability Program, under the Social Security Act, that would distribute \$100 billion to States over 10 years to enhance flexibility for States in how they manage healthcare for their high-risk and low-income populations.

For example, the funds could be used to, among other things, help individuals with cost-sharing. This program was proposed with the idea of giving States an expanded role in the healthcare system, a goal that is shared by most Republicans in Congress and something that almost all of the Governors have told us they want to see.

There are other issues from the House bill in the broader healthcare debate that will demand some attention when we consider the bill in the Senate. However, almost all of them fall under these general categories. Once again, the vast majority of them fall under the sole jurisdiction of the Senate Finance Committee, the primary committee.

There are other critical issues out there which do not involve the Tax Code, the Social Security Act, or Federal health programs. Yet they are extremely important.

The biggest mistake made by those who drafted ObamaCare and forced it through Congress was their failure to address healthcare costs in any meaningful way. After all, cost is the largest barrier preventing people from obtaining health insurance coverage, and the increasing healthcare costs are among the most prominent factors leading to wage stagnation for U.S. workers. Yet ObamaCare did little to address this problem, and in fact it has made things worse.

If we are going to fully keep our promises to the American people with regard to ObamaCare, we are going to have to eventually address these issues. After all, most people's negative interaction with the Affordable Care Act has come in the form of increased healthcare costs. If we are going to truly right all of ObamaCare's wrongs, we need to tackle the costs head on.

This will mean, among other things, fixing the draconian regulatory regime in our health insurance markets and giving individuals the ability to select only the coverage they want and need.

Many of these types of issues fall far outside of the Finance Committee's jurisdiction and are under the watchful eye of the distinguished chairman of the Senate HELP Committee.

The House bill also includes some provisions that are intended to address these concerns. I assume our distinguished colleague running the HELP Committee is working tirelessly to address the issues, and others, both through the reconciliation exercise or some alternative means.

Ultimately, if our goal is to place the healthcare system in a better position than it has been under ObamaCare, costs will have to factor heavily into the equation. I am looking forward to receiving guidance and leadership on the HELP Committee on these important market reform issues.

Overall, I believe we can and will be successful in this endeavor to fix our broken healthcare system. The American people are counting on us to do so. At the end of the day, success in that endeavor is, in my view, going to require a robust Senate process that allows this Chamber to work its will.

We have two Chambers in Congress for a reason. The House reconciliation bill needs 218 votes to pass. The Senate will also have to act when we receive the bill, and we will need to produce a package that can get at least 51 votes in this Chamber and hopefully more. That may mean some differences between the Senate and the House versions of the bill, but that is not problematic in my view. It is not particularly novel or unusual for different views and ideas to be resolved through the legislative process rather than simply dissipating when a bill is introduced. It seems to me that is not novel, and I am not the only one who has this view.

Earlier this week, Secretary Price sent a letter to the chairmen of the House Ways and Means and Energy and Commerce Committees. The letter commended the chairmen for their work and praised the legislation they unveiled to repeal and replace ObamaCare.

The Secretary also noted that this was not the end of the process but that the introduction of the House bill was a "necessary and important first step" and that the administration anticipated that the Congress would be "making necessary technical and appropriate changes" to get a final bill to the President that he can sign, which reminds us of the other important advocate in this endeavor. President Trump ultimately needs to support the bill that is passed by each Chamber of Congress, and his support for our efforts is paramount.

While, at this point, it may not be entirely clear what the final bill will look like, we do know two things for certain. First, we know that ObamaCare is not working. As the majority leader said yesterday, ObamaCare is a direct attack on the American middle class. Thanks to sky-

rocketing premiums, shrinking options in the health insurance market, burdensome mandates, and harmful taxes, millions of Americans are dealing with the failures of ObamaCare on a daily basis. We need to act now to fix these problems.

Second, we know that by introducing its bill and moving it through the legislative process, the House has taken significant steps in advancing this effort, and the leaders in the House should be commended for doing so.

Long story short, I have nothing but praise for the leaders in the House this week for the work they have done on these issues. Remember, this is just the beginning. I look forward to working with my colleagues in both Chambers to get this over the finish line so the Republicans can collectively make good on our promises with regard to ObamaCare.

#### NOMINATION OF NEIL GORSUCH

Mr. President, I rise to speak on the nomination of Neil Gorsuch to the U.S. Supreme Court.

Later this month, Judge Gorsuch will come before the Senate Judiciary Committee for his confirmation hearing. I wish to speak today on what we can and should expect to happen during that hearing.

First, some background. This will be the 14th Supreme Court confirmation hearing I have participated in. I have seen some truly outstanding hearings in which both the nominee and the Senators acquitted themselves well. I have also seen some hearings that have gone far off the rails, in which some Senators hurled unfounded allegations or sought to twist the nominee's clearly distinguished record. I am hopeful Judge Gorsuch's hearing will be the former type.

We have before us a supremely qualified, highly respected, and extremely thoughtful nominee. Judge Gorsuch has had a stellar legal career, and by all accounts, he is a man of tremendous integrity, kindness, and respect. He is the sort of person all Americans should want on the Supreme Court. He does not approach cases with preconceived outcomes in mind. He seeks to apply the law fairly and impartially in line with what the democratically elected representatives who enacted the law had in mind. He will be a truly outstanding Justice.

Judge Gorsuch's hearing will focus on his background, his temperament, and his approach to judging. So let's talk a little about what we know about Judge Gorsuch. We know he has an outstanding academic record. He graduated from Columbia University and Harvard Law School and obtained a doctor of philosophy in law from Oxford University. We know he had a highly successful legal career before becoming a judge.

He clerked for two Supreme Court Justices before entering private practice here in Washington. He made partner in only 2 years, which shows how highly his colleagues at the firm thought of him and his work.

Following a decade in private practice, Judge Gorsuch was appointed Principal Deputy Associate Attorney General at the Department of Justice, where he oversaw the Department's antitrust, civil, and environmental tax units.

In 2006, President Bush nominated Judge Gorsuch to the U.S. Court of Appeals for the Tenth circuit—the circuit in which I reside. The Senate confirmed Judge Gorsuch unanimously by voice vote a short 2 months later. At Judge Gorsuch's investiture, then-Senator Ken Salazar, who later served as President Obama's Interior Secretary, praised Judge Gorsuch's "sense of fairness and impartiality." That fairness and impartiality, which was evident to my colleagues even then, was a large reason why Judge Gorsuch won confirmation without a single dissenting vote.

Judge Gorsuch's hearing will also affect us on his temperament and approach to judging. No one can seriously doubt that Judge Gorsuch has an excellent judicial temperament. A recent article in *Slate*—no rightwing paper, by any means—described the judge as "thoughtful and fair-minded, principled, and consistent."

The *Denver Post*, which twice endorsed President Obama for President and endorsed Hillary Clinton in this past election, also recently endorsed Judge Gorsuch's nomination, saying: "From his bench in the U.S. Tenth Circuit Court of Appeals, he has applied the law fairly and consistently."

Clearly, Judge Gorsuch has the right temperament to serve on the Supreme Court.

His approach to judging is also spot-on. Judge Gorsuch's opinions show that he is not only an excellent writer but also that he understands the proper role of a judge in our constitutional system. He consistently explains his reasoning by reference to fundamental constitutional principles. He does not seek to push the law toward the outcomes he favors but instead tries to apply it in harmony with the understanding of those who wrote and passed it. In so doing, he shows a healthy respect for the legislative process and for the democratically elected branches of government.

As Judge Gorsuch said in a speech shortly after Justice Scalia's passing, "Judges should be in the business of declaring what the law is, using traditional tools of interpretation, rather than pronouncing the law as they might wish it to be in light of their own political views."

Judge Gorsuch's opinions demonstrate that he understands fundamentally the importance of this principle and that he seeks faithfully to apply it in his own judging.

Against this impressive list of qualifications, Democrats and their liberal allies strain mightily to find plausible grounds to oppose Judge Gorsuch's nomination. They misread his opinions, misstate his reasoning, and in